

Registered pharmacy inspection report

Pharmacy Name: Sterling Pharmacy, 103 Lapwing Lane, West Didsbury, MANCHESTER, Lancashire, M20 6UR

Pharmacy reference: 1033544

Type of pharmacy: Community

Date of inspection: 08/02/2023

Pharmacy context

This traditional community pharmacy is situated on a shopping-parade in a suburban area. It serves the local population. The pharmacy mainly prepares NHS prescription medicines, and it supplies some medicines in weekly compliance packs to help make sure people take them safely.

Overall inspection outcome

✓ **Standards met**

Required Action: None

Follow this link to [find out what the inspections possible outcomes mean](#)

Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards met	N/A	N/A	N/A
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	N/A	N/A	N/A
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

Overall, the pharmacy manages the risks associated with its services. It has written policies and procedures to help make sure it operates safely. The pharmacy team usually reviews its mistakes so that it can learn from them. Team members understand their role in protecting and supporting vulnerable people, and they secure people's confidential information.

Inspector's evidence

The pharmacy's superintendent pharmacist and management team had recently changed. A new set of written procedures that covered safe dispensing of medicines, the responsible pharmacist (RP) regulations and controlled drugs (CDs) were being implemented. Staff members were in the process of reading the new procedures.

The dispenser and checker initialled dispensing labels for prescription medicines that the pharmacy prepared and supplied. This helped to clarify who was responsible for each prescription medication supplied and assisted with investigating and managing mistakes.

Pharmacy team members discussed mistakes they identified when dispensing medicines. They addressed each of these incidents as they arose and reviewed them as a team collectively at the end of each month.

Staff members referred any complaints they received to the pharmacy's management team, so they effectively responded to any concerns. Publicly displayed information explained how people could make a complaint. The pharmacy had not completed a patient survey recently due to the pandemic.

The pharmacy had professional indemnity cover for the services it provided. The RP, who was the superintendent pharmacist, displayed their RP notice so the public could identify them. The pharmacy kept records of the RP in charge of the pharmacy, but it did not always include the time they ceased being the RP. So the record was incomplete, which could cause confusion if a query arose.

The pharmacy maintained the records required by law for CD transactions. The team regularly checked its CD running balances and made corresponding records, which helped it to identify any discrepancies. A randomly selected CD balance was found to be accurate. Records of CDs returned to the pharmacy for safe disposal were kept.

The pharmacy was registered with the Information Commissioners Office, which helped to make sure the pharmacy complied with its obligations to protect people's data. The pharmacy's new management team had recently reviewed the pharmacy's data protection arrangements, and it had discussed protecting people's data with the staff to make sure they understood what was required, including considering different scenarios. Team members securely stored and destroyed confidential material. Each team member used their own security card to access NHS electronic patient data and they used passwords to access this information. A privacy notice was not publicly display, which might make it more difficult for people to understand how the pharmacy handled and managed people's personal information as required by the General Data Protection Regulation.

The RP, managing director and a locum pharmacist, who were the regular pharmacists, each had level

two safeguarding accreditation. The management team had recently discussed safeguarding examples with the staff. The local safeguarding contact details were available for team members when needed.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide safe and effective services. Team members receive the right training for their roles. But the pharmacy does not have a structured approach to training and development, which means team members could have gaps in their skills and knowledge.

Inspector's evidence

The staff present included the RP, who provided cover usually two days each week, the managing director who provided pharmacist cover three days each week, a staff member working as a dispenser who had started working at the pharmacy around two months ago and had been enrolled on a medicine counter assistant (MCA) training course, and an unqualified MCA who had been working on the medicines counter for around three years. Neither staff member had started the appropriate qualification course for their role, but the new management team had recently enrolled them both on a dual dispenser and MCA training course. Trainee staff members confirmed that they referred all requests for over-the-counter medicines to the pharmacist.

The team members who were not present included a locum pharmacist who provided cover one day each week, a dispenser who worked on Saturdays, an undergraduate pharmacy student who worked two days each week, and an MCA, who had been employed around twenty years. Some of these team members had not completed any refresher training for a prolonged period. So, their skills and knowledge might not be up to date. The pharmacy was recruiting a full-time dispenser.

The pharmacy had enough staff to comfortably manage the workload. It usually had repeat prescription medicines ready in good time for when people needed them. The pharmacy received most of its prescriptions via the electronic prescription service and many people used the repeat prescription management service. These arrangements helped to increase service efficiency. So, the team could effectively manage workload. The pharmacy's footfall was minimal. So, the team avoided sustained periods of increased workload pressure and it promptly served people.

The managing director and superintendent pharmacist carried out their management duties at the pharmacy on days when they were not the RP, which helped to make sure services were maintained.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean, secure and spacious enough for the pharmacy's services. There is a private consultation room, so people can have confidential conversations with pharmacy team members and maintain their privacy.

Inspector's evidence

The level of cleanliness was appropriate for the services provided. The dispensary had enough space, so the staff could dispense medicines safely. And the staff could secure the premises to prevent unauthorised access.

The consultation room provided the privacy necessary to enable confidential discussion. Its availability was advertised in the front window, which helped people know about this facility.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are generally effective, which helps make sure people receive safe services. It gets its medicines from licensed suppliers, and it manages them appropriately to make sure they are in good condition and suitable to supply.

Inspector's evidence

The pharmacy was open 9am to 5.30pm Monday to Saturday. The step-free entrance made it easier for people with mobility difficulties to access the premises.

The new management team were drafting written procedures that covered the safe dispensing of higher-risk medicines. The team was reviewing people taking valproate to help identify anyone in the at-risk group. The pharmacy did not have the valproate advice booklets and cards to give anyone in the at-risk group, or emergency steroid cards, but the superintendent confirmed they would address this.

The team prompted people to confirm the repeat prescription medications they required, which helped the pharmacy limit medication wastage, and so people received their medication on time. The pharmacy retained records of the requested prescriptions. So, the team could effectively resolve queries if needed.

The team used baskets during the dispensing process to separate people's medicines and organise its workload. Staff left a protruding flap on several randomly selected part-used stock cartons, which could be easily overlooked and could increase the risk of team members selecting the incorrect quantity when dispensing and supplying medication.

The pharmacy obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers and stored them in an organised manner. The team suitably secured CDs, quarantined date-expired and patient-returned CDs, and it used destruction kits for denaturing unwanted CDs. The pharmacy monitored its refrigerated medication storage temperatures and an additional refrigerator had recently been acquired to increase storage capacity. Records indicated that most medicine stock expiry dates had been checked since the new management team took over around five weeks ago. The pharmacy had a schedule to make sure these date checks were routinely completed. Several randomly checked medicines each had a reasonably long shelf life.

The pharmacy took appropriate action when it received alerts for medicines suspected of not being fit for purpose and it kept supporting records. The pharmacy had facilities in place to dispose of obsolete medicines, and these were kept separate from stock.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy team has the equipment and facilities that it needs for the services it provides. The equipment is appropriately maintained and used in a way that protects people's privacy.

Inspector's evidence

The retail and dispensary areas, including work surfaces were sanitised during each working day. The staff kept the dispensary sink clean; it had hot and cold running water and antibacterial hand sanitiser was available. The team had a range of clean measures. So, it had facilities to make sure it did not contaminate the medicines it handled, and it could accurately measure and give people their prescribed volume of medicine. A recent version of the BNF and the BNF online were available to check pharmaceutical information if needed.

The pharmacy had facilities that protected people's confidentiality. It regularly backed up people's data on the PMR, which had password protection. So, it secured people's electronic information and it could retrieve their data if the PMR system failed. And the pharmacy had facilities to store people's medicines and their prescriptions securely.

What do the summary findings for each principle mean?

Finding	Meaning
✓ Excellent practice	The pharmacy demonstrates innovation in the way it delivers pharmacy services which benefit the health needs of the local community, as well as performing well against the standards.
✓ Good practice	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
✓ Standards met	The pharmacy meets all the standards.
Standards not all met	The pharmacy has not met one or more standards.