

Registered pharmacy inspection report

Pharmacy Name: Peel Green Pharmacy, 625 Liverpool Road, Peel Green, Eccles, MANCHESTER, Lancashire, M30 7BY

Pharmacy reference: 1033555

Type of pharmacy: Community

Date of inspection: 26/06/2024

Pharmacy context

This community pharmacy is located on a main road in a residential area serving the local population. Its main activity is dispensing NHS prescriptions. It also provides a large number of people with medicines in multi-compartment compliance packs, including those living in assisted living and care home establishments. The pharmacy provides other NHS services which includes substance misuse treatment, and it has a home delivery service.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.1	Standard not met	The pharmacy team does not have written procedures for some aspects of its services. For example, preparing compliance packs or services to care establishments. Its existing procedures have not been reviewed for several years, and team members have either not read or refreshed their understanding of the procedures for some time. And the pharmacy team does not effectively record and review near misses and dispensing errors, to make sure it learns and makes improvements to its working processes.
2. Staff	Standards not all met	2.2	Standard not met	The pharmacy doesn't have a structured approach to training. Team members are not always enrolled on appropriate training courses for the roles they are undertaking, so the pharmacy cannot provide assurance that they are acquiring the skills and knowledge that they need for their roles.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards not all met	4.3	Standard not met	The pharmacy does not always manage medicines safely and effectively. It has accumulated an unnecessarily large quantity of date expired CDs. Patient returned CDs are not stored according to requirements. The pharmacy does not monitor medication refrigerator temperatures. Some medicine stock does not have a batch number or expiry date, and the pharmacy team does not keep any records to confirm it regularly checks medicine stock expiry dates. The team does not keep records for non-CD deliveries to domiciliary patients.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy does not manage several critical risks well. The pharmacy team does not have access to some important written procedures to help make sure it provides safe services. And team members have either not read or refreshed their understanding of existing procedures, so they might not know what is expected of them. The team does not always effectively manage its mistakes or take appropriate steps to prevent them being repeated. The pharmacy has policies on protecting people's information, and team members understand their role in protecting and supporting vulnerable people.

Inspector's evidence

The pharmacy had written procedures that covered safe dispensing, management of controlled drugs (CDs), the responsible pharmacist (RP) and dealing with concerns raised. Some staff had signed to confirm they had read them. However, staff members had last read them in 2017 and newer staff members, including trainees had not read the procedures. The procedures did not specify the author and they had not been reviewed since March 2017, so they may not contain the most up to date information. And procedures did not cover some aspects of the service, for example the compliance pack and care home provision. The regular pharmacist explained that they had demonstrated the dispensing process to all dispensers including the trainees, and that they closely supervised them to make sure they worked safely.

Pharmacy team members explained that they discussed and recorded mistakes they identified when preparing medicines, and addressed each of these incidents as they arose. However, they could not locate any records, including those for dispensing errors for supplied medicines. The incident procedures stated that staff should complete an incident report form, but the pharmacy did not have a form for staff to complete. And the pharmacy had not always taken appropriate action following errors to prevent mistakes happening again. For example, separating medicines in similar packaging, and quarantining medicines that should not be supplied to people. Consequently, some errors had been repeated.

The pharmacy had professional indemnity insurance for the services it provided. The RP displayed their RP notice, so the public could identify them. The RP record did not always include the time when the pharmacist ceased acting as the RP, as required by law.

The superintendent pharmacist explained that team members referred all complaints to him or the regular pharmacist, so they knew how to respond to any concerns. The pharmacy did not have a written complaint handling procedure. And there was no publicly displayed information explaining how people could make a complaint, so people may feel less encouraged to raise a concern. The pharmacy had not completed a patient survey since the pandemic.

A randomly selected electronic CD register indicated that the pharmacy maintained records for CD transactions, as required by law. The pharmacy regularly checked CD running balances. They were checked at time of each transaction and recorded in the CD register, and the regular pharmacist confirmed that all CD stock was balance checked every two weeks. A single running balance was checked during the inspection and was found to be accurate. The pharmacy kept a record of CDs returned for disposal.

The pharmacy had written policies about protecting people's information, and some staff members had signed that they had read these policies. But most team members, including the trainees, had not read these policies. Team members had received basic training on protecting people's information, and they secured and destroyed confidential papers. They used passwords to access NHS electronic patient data. Some staff each had their own security card to access this data, but others still needed to apply for a card. There was no publicly displayed information about the pharmacy's privacy notice, which made it more difficult for people to find out about its policies on protecting their data.

The superintendent and regular pharmacists each had level two safeguarding accreditation. Team members had completed local authority safeguarding training. The pharmacy provided the compliance pack service to existing patients who needed the service or people who adult social services or hospitals had requested needed the service. The team was reviewing with the GP whether any existing compliance pack patients needed to be limited to seven day's medication per supply to help them avoid becoming confused. The pharmacy kept records of the care arrangements for people using compliance packs, including their next of kin's or carer's details and any specific medication delivery arrangements. This meant the team members had easy access to this information if they needed it urgently.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy has enough staff to provide safe and effective services. Team members work well together. But the pharmacy does not have a structured approach to training and new team members are not always enrolled on essential training courses promptly. So, the pharmacy cannot provide assurance that they are acquiring the skills and knowledge they need for their role.

Inspector's evidence

The staff present included the RP, who was the superintendent pharmacist, four dispensers and three trainee dispensers. The pharmacy's other staff included the regular pharmacist, who was the manager, a pharmacy undergraduate student, who worked Saturdays and during vacation periods, and a locum pharmacist.

The pharmacy had enough staff to comfortably manage its workload. It had experienced some staffing challenges when three full-time dispensers left simultaneously in November 2023. But the pharmacy quickly recruited a dispenser with compliance pack service experience and the three trainee dispensers.

The team usually had repeat prescription medicines ready in good time for when people needed them, including those who had their medication supplied in compliance packs and delivered. Staff members used their initiative to manage their assigned roles and required minimal supervision. Three of the four dispensers shared the responsibility for maintaining the compliance pack service under the pharmacist's supervision.

The pharmacy received most of its prescriptions via the prescription management and NHS Electronic Prescription Service. The pharmacy had a steady footfall, but the team worked well together to manage the service demand. Team members communicated effectively with each other, so they avoided sustained periods of increased workload pressure, and they promptly served people. The team did not have any official targets or incentives for the scale of services it provided.

One of the trainee dispensers, who started working at the pharmacy in February 2024, had not been enrolled on a dispenser qualification course. The two other trainee dispensers, who started working at the pharmacy in November 2023 and December 2023 respectively, had started their training promptly. One of these trainees had made positive progress towards qualifying for their role and received support from the regular pharmacist when necessary. But the other trainee was still on the first module. And none of the trainees had read the pharmacy's written procedures when they first started working at the pharmacy.

Principle 3 - Premises ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy was situated in a traditional retail unit. It was professional in appearance and well-lit. The shop and dispensary fittings were suitably maintained. The retail area and counter could accommodate the number of people who usually presented at any one time. The dispensary and additional compliance pack area provided enough space for the volume and nature of the pharmacy's services.

The pharmacy's consultation room was available for people to have private conversations or receive services. The room was accessible from the retail area, it could accommodate two people, and it was suitably equipped. But its availability was not prominently advertised, so people were less likely to know about this facility.

The dispensary was partitioned behind the front counter, which meant it was difficult to view any confidential information from the public areas and team members held private conversations without being overheard. The level of cleanliness was appropriate for the services provided. And staff could secure the premises to prevent unauthorised access.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy's core dispensing practices are generally safe, and people usually receive their medicines on time. It gets its medicines from licensed suppliers. But the pharmacy does not manage medicine stock effectively to make sure it is securely stored, in good condition and suitable to supply. And it does not always keep records of deliveries so it can confirm people receive their medicines.

Inspector's evidence

The pharmacy opened 9am to 6pm Monday to Friday, and 9am to 1pm Saturday. Team members could see anyone who needed assistance entering the pharmacy.

The pharmacy had written procedures that covered the safe dispensing of higher risk medicines. But staff members had not read these because the pharmacy had only recently obtained them. The regular pharmacist explained that the team had checked for any people at risk who were prescribed valproate, and whether they were aware of the risks and in the Pregnancy Prevention Programme. The pharmacy supplied valproate sealed in the original packaging unless otherwise appropriate. Team members were not fully familiar with some of the additional checks that might be needed, but the regular pharmacist agreed to review the requirements with the team.

The pharmacy was reviewing the compliance pack service capacity to help keep the workload manageable. As part of this review, it had started to check with the carers of existing patients using the service whether they needed a weekly supply or could safely move to a monthly supply.

The team had a scheduling system to make sure people received their compliance pack on time. But it did not have a written procedure for this system. It kept a record of people's current compliance pack medication that also stated the time of day they were to take them. This helped it effectively query differences between the record and prescriptions with the GP surgery and reduced the risk of it overlooking medication changes. The pharmacy also kept records of verbal communications about medication queries or any changes for people using compliance packs. The team did not include descriptions of each medicine contained inside each compliance pack, which may make it more difficult for people to identify them.

Assisted living and care establishments ordered repeat prescriptions for their residents directly with the GP. The pharmacy encouraged care homes to request prescriptions for when required medication directly to the GP. But the pharmacy did not have any written procedures that covered care establishments ordering prescriptions. Residents at assisted living and some care establishments had their medication supplied in their original packaging.

Some care establishments did not always communicate missing prescriptions for repeat medication to the pharmacy until the weekend before residents were due to start taking them. Compliance pack dispensers worked on Saturdays to mitigate against this delay, and the pharmacy signposted care establishments to where they could obtain medication urgently if it was unable to fulfil a supply.

The pharmacy issued medication administration record (MAR) sheets for care home residents to help support staff in administering medication to their residents. And it checked if any assisted living residents needed a MAR. The pharmacy also checked if care homes required a missed dose record for

residents. Team members confirmed with care homes the area to apply externally applied medicines if this was unclear from the prescription. But these checks were not always recorded, and the pharmacy had not asked care homes if they required bespoke MAR sheets designed to support administering high risk medications or injections or body maps for external applications. The superintendent agreed to address this.

Care establishments contacted the pharmacy when it had an acute prescription for urgent medication. However, the pharmacy did not keep a record of these prescriptions, and it did not have a written procedure for fulfilling these types of prescriptions. So, there was a risk that the pharmacy may not always supply these medications promptly.

The superintendent pharmacist explained that team members were trained to check the NHS electronic prescription system for any anticipated acute prescriptions and to update people on the status of these prescriptions. However, the pharmacy did not have any written procedures that covered this.

The team had methadone instalments ready in advance of people presenting for them, which helped the pharmacy to manage its workload. The pharmacy prepared instalments for more than one day in divided daily doses, which supported people to take an accurate dose.

The team prompted people to confirm the repeat medications they required, which helped it limit medication wastage and people usually received their medication on time. It made records of these requests, including the medication, which helped it to effectively resolve queries if needed. The pharmacy had a message board displayed in the dispensary for communicating outstanding prescriptions for the team to query with the GP practice.

The team used baskets during the dispensing process to separate people's medicines and organise its workload. Staff members did not permanently mark part-used medication stock cartons, which might lead to 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 its CD stock and quarantined its obsolete CDs. The CD cabinets were organised but full due to a large quantity of date expired CDs that had accumulated. And patient returned CDs were not stored according to requirements.

There were a few examples of prescription medicines that had not left the pharmacy and returned to stock without a batch number or expiry date. Team members explained that they checked medicine stock expiry dates weekly, but they did not keep any corresponding records that supported this.

The pharmacy had two medication refrigerators. Records indicated that the pharmacy checked the first refrigerator's operating temperatures up to the end of December 2023. The superintendent pharmacist explained that the replacement thermometer that the pharmacy received in January 2024 was not functioning, but he had not rectified this. The second refrigerator, which the pharmacy installed in December 2023, had never had its operating temperatures checked.

The team took appropriate action when it received alerts for medicines suspected of not being fit for purpose. But it did not keep corresponding records to support this. It disposed of obsolete medicines in waste bins kept away from its medicines stock, which reduced the risk of these becoming mixed with stock or supplying medicines that might be unsuitable.

The pharmacy was reviewing the delivery service capacity to help make sure people who needed the service received their medication on time. As part of this review, it had started to encourage people to collect their compliance packs where possible.

The pharmacy obtained staff signatures for care home and assisted living resident's medication deliveries. But it did not keep records for non-CD deliveries to domiciliary patients, which meant it could make it harder to resolve queries or concerns. The pharmacy kept records of all Schedule 2 CDs that it had delivered. Care home and assisted living staff separately signed for each delivered CD. But the pharmacy did not keep records of whether the delivery driver requested care or assisted living staff for proof of identity or if it was shown.

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 pharmacy had hot and cold running water facilities and antibacterial hand sanitiser. The team had a range of clean measures. So, it had facilities to make sure it accurately measures and gives people their prescribed volume of medicine. But the pharmacy did not have a separate set of measures exclusively for preparing methadone. So, there was an increased risk of contaminating other medicines if the measures were not thoroughly washed. The team members had access to the British National Formulary (BNF) online.

The team had facilities that protected people's confidentiality. It viewed people's electronic information on screens which were not visible from public areas and regularly backed up people's data on its patient medication record (PMR) system. So, it secured people's electronic information and could retrieve their data if the PMR system failed. The pharmacy had facilities to store people's medicines and their prescriptions away from public view.

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.