

Registered pharmacy inspection report

Pharmacy Name: Carlow Pharmacy, 74 Long Street, Middleton,
MANCHESTER, Lancashire, M24 6DN

Pharmacy reference: 1033557

Type of pharmacy: Community

Date of inspection: 14/09/2023

Pharmacy context

This is a traditional community pharmacy, situated on a main road of a suburban residential area, serving the local population. It mainly prepares NHS prescription medicines and it orders people's repeat prescriptions on their behalf. A large number of people also receive their medicines in weekly multi-compartment compliance packs to help make sure they take them safely. The pharmacy provides NHS flu vaccinations and substance misuse treatment services, and it has a home delivery service.

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

The pharmacy generally manages its risks well. The pharmacy team follows written instructions to help make sure it provides safe services. The team reviews its mistakes which helps it to learn from them. Pharmacy team members receive training on protecting people's information, and they understand their role in protecting and supporting vulnerable people. And the pharmacy keeps the records it needs to by law.

Inspector's evidence

The pharmacy had written procedures that covered safe dispensing, the responsible pharmacist (RP) regulations and controlled drugs (CDs). Most of the pharmacy team members had signed to confirm they had read these procedures. The RP, who started as a temporary locum pharmacist around one year ago and now worked full-time at the pharmacy, had briefly read the procedures, but they had not signed them. The pharmacy's head office had reviewed the written procedures in January 2022. The pharmacy team could not locate the latest version of these procedures, but head office was able to forward them to the pharmacy.

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.

The pharmacy team discussed and recorded mistakes it identified when dispensing medicines, and it addressed each of these incidents as they arose. The team did not periodically review these records collectively, and the records did not always include details indicating why the team thought each mistake happened. This meant the team might miss additional opportunities to learn from its mistakes and identify trends or mitigate risks in the dispensing process.

The pharmacy had written complaint handling procedures, so staff members knew how to effectively respond to any concerns. 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.

The pharmacy had professional indemnity cover for the services it provided. The RP displayed their RP notice so the public could identify them. The pharmacy kept records of the RP in charge of the pharmacy and for CD transactions as required by law. The team regularly checked its CD running balances and made corresponding records, which helped it to identify any discrepancies. A randomly selected running balance was checked and found to be accurate. Records of CDs returned to the pharmacy for safe disposal were kept. A few CD record keeping issues were identified which the RP agreed to address.

The pharmacy had policies and procedures on protecting patient information. Team members had each signed a confidentiality agreement when they started employment at the pharmacy. They secured and destroyed any confidential papers. Team members had their own security card to access NHS electronic patient data and they used passwords to access this information. There was no publicly displayed information about the pharmacy's privacy policy. So, people may have more difficulty finding out how the pharmacy protects their data.

The RP had level three safeguarding accreditation. The pharmacy had written safeguarding procedures, and staff members had completed basic training on identifying and handling safeguarding concerns. The pharmacy liaised with the local substance misuse team if people missed collecting consecutive methadone supplies.

The pharmacy informally assessed new patients who requested the compliance pack service, which included assessing whether they needed to be limited to seven day's medication per supply to avoid them becoming confused. However, it did not make corresponding records of these assessments to demonstrate this.

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 special arrangements about who collected and when to supply their medication. This meant the team members had easy access to this information if they needed it urgently.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide safe and effective services. Team members work well together, and they have the qualifications and skills necessary for their roles. The pharmacy monitors service capacity to make sure it matches the available staffing resource.

Inspector's evidence

The staff present included the RP, three dispensers, and a locum dispenser. The pharmacy's other staff included a dispenser who was qualified to accurately check prepared prescription medicines. The pharmacy also employed a delivery driver. A recruitment process had started around two months ago to replace a dispenser who had left, and a locum dispenser was occasionally employed in the interim when necessary.

The pharmacy had enough staff to comfortably manage its workload. The team usually had repeat prescription medicines ready on time, including compliance packs. The pharmacy had low footfall, and the flu vaccination service was provided on an appointment only basis. The team had informally reviewed the compliance pack and delivery service capacity, and only accepted new patients onto these services when existing spaces were freed. This helped the pharmacy to avoid sustained periods of increased workload pressure and meant it could promptly serve people.

Staff worked well both independently and collectively and they used their initiative to get on with their assigned roles and required minimal supervision. The RP had assumed many of the operational tasks associated with providing services efficiently, and he was accredited to provide the flu vaccination service. So, he was effective at managing the workload and supervising team members. The dispensers each had several years' experience. And they effectively oversaw the various dispensing services and had the skills necessary to provide them. One of the dispensers managed the compliance pack service under the regular pharmacist's supervision.

The team did not have any formal targets for the scale of each service provided.

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 retail unit. The level of cleanliness was appropriate for the services provided. 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 premises had the space that the staff needed to dispense medicines safely. The pharmacy had a separate area for preparing compliance packs. The team could secure the pharmacy to prevent unauthorised access.

The consultation room provided the privacy necessary to enable confidential discussion. But its availability was not prominently advertised, so people may not always be aware of 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 the team makes some checks to make sure they are in good condition and suitable to supply.

Inspector's evidence

The pharmacy opened on weekdays from 9am to 6pm. It had steps and a handrail to the entrance, and staff could see anyone who needed assistance entering the premises.

The pharmacy had written procedures that covered the safe dispensing of higher-risk medicines including insulin, anti-coagulants, methotrexate, lithium and valproate. A notice displayed in the dispensary listed important information about reviewing people at risk who were prescribed valproate, and the team had checked for these people when supplying valproate. The pharmacy did not have the booklets which should be given to anyone receiving valproate for the first time, as stated under MHRA guidance, but the RP knew where to obtain them. Stock had the MHRA approved valproate advice cards attached.

The team scheduled when to order prescriptions for people who used compliance packs, so that it could supply their medication in good time. It kept a record of these people's current medication that also stated the time of day they were to take them. This helped it to effectively query differences between the record and the prescriptions it received with the GP practice, and it reduced the risk of it overlooking medication changes. The team recorded any communications about medication queries or changes for people using compliance packs. Descriptions for different medicines contained inside compliance pack were included, which helped people to identify them.

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

The pharmacy team members had refused to sell over-the-counter (OTC) codeine-based pain relief medication to some people who repeatedly requested these products and they advised them to consult their GP. Team members asked appropriate questions when people requested OTC medicines.

The pharmacy used baskets during the dispensing process to separate people's medicines and organise its workload. Team members permanently marked medication stock cartons to signify they were part-used, which helped make sure they selected the right 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 pharmacy had a suitably secured CD cabinet, but it was full to

capacity which made storing CDs more difficult. It quarantined obsolete CDs, and it used destruction kits for denaturing unwanted CDs. The pharmacy monitored its refrigerated medication storage temperatures.

Records indicated that the team had checked the expiry dates on some sections of the medicine stock recently and in early 2022. Staff members recalled regularly checking stock expiry dates in interim although this had not been recorded. Several randomly selected stock medicines were each found to have a long shelf-life, and no expired stock was identified.

The team used an alpha-numeric system to store bags of dispensed medication, which meant it could efficiently retrieve people's medicines when needed. The deliver driver usually returned undelivered medicines to the pharmacy. However, they did not always sign the delivery record to confirm the medicines that had been delivered, which may lead to difficulties in the event of a query.

The pharmacy took appropriate action when it received alerts for medicines suspected of not being fit for purpose, and it kept supporting records that confirmed this. The team 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 pharmacy team kept the dispensary sink clean and it had hot and cold running water and an antibacterial hand-sanitiser. The team had a range of clean measures, including separate ones for methadone. So, it had facilities to make sure it did not contaminate the medicines it handled and could accurately measure and give people their prescribed volume of medicine. The team had access to the British National Formulary (BNF) online, which meant it could refer to pharmaceutical information if needed.

The pharmacy 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. And it 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.