

Registered pharmacy inspection report

Pharmacy Name: Well, 475 Moorside Road, Flixton, Urmston,
MANCHESTER, Lancashire, M41 8TW

Pharmacy reference: 1033588

Type of pharmacy: Community

Date of inspection: 06/06/2019

Pharmacy context

This is a community pharmacy situated on a traditional shopping-parade along a main road in an urban residential area, serving the local community. Its main services are preparing NHS prescription medicines and ordering repeat prescriptions on behalf of people. A large number of people receive their medicines in weekly multi-compartment compliance aids, to help make sure they take them safely. And there is a home delivery service. The pharmacy also provides other NHS services such as Medicines Use Reviews (MURs) flu vaccinations emergency hormonal contraception (EHC) and minor ailments.

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	1.7	Good practice	Each pharmacy team member receives regular training on protecting people's information. And the pharmacy checks how effectively it protects information.
2. Staff	Standards met	2.1	Good practice	The staff profile and skill mix are effective. They do not feel pressurized and complete tasks properly and effectively in advance of deadlines.
		2.4	Good practice	The team works well together and it takes part in reviewing errors. And team members have regular performance reviews, so they continue to develop their skills.
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 has written instructions that the pharmacy team understands and helps it to provide safe services. The team records and reviews its mistakes so that it can learn from them. And it keeps people's information secure and understands its role in protecting vulnerable people.

Inspector's evidence

The pharmacy had written procedures that it kept under review. These covered safe dispensing of medicines, the responsible pharmacist (RP) regulations and controlled drugs (CDs). All the staff had passed knowledge tests on each procedure. So, they understood the procedures that were relevant to their role and responsibilities.

The RP said that the pharmacy team discussed and recorded mistakes they identified while dispensing medicines. And it took steps to address each mistake in isolation. The team also reviewed the mistakes each month. But, the team often did not record why they thought they had made each error. So, it was harder for it to identify trends and mitigate risks in the dispensing process.

A dispenser and checker initialled dispensing labels to provide an audit trail. This assisted in investigating and managing risk in relation to near miss or dispensing incidents. And it provided some transparency around who was responsible for dispensing each medication.

The pharmacy team received positive feedback in their last satisfaction survey. A public notice explained how patients could make a complaint. And the RP said staff referred complaints from the public to them, as required by the company.

The pharmacy had professional indemnity cover for the services it provided. The RP displayed their RP notice so that the public could identify them. And the pharmacy maintained its records required by law for controlled drug (CD) transactions, the RP and private prescriptions. It checked its CD running balances regularly on a weekly basis. So, it could detect discrepancies at an early stage. However, the private prescriptions were not filed in any clear order, so it could be difficult to find a prescription if needed.

The pharmacy also maintained its records for special medications, flu vaccinations and MURs. The pharmacy made records of the occasional emergency medication supply requests it received from patients. However, the patient's GP details were sometimes missing from these records.

The pharmacy had policies and procedures on protecting people's private information, and it recently completed an internal audit on protecting patient data. All the staff had completed their annual information governance and data protection refresher training, and securely stored and destroyed confidential material. The pharmacy team used passwords to protect access to electronic patient data. And each staff member used their own security card to access electronic patient data nearly all the time. So, there was a small possibility that it could be unclear who had accessed this information.

The RP recalled several examples of the staff and delivery driver raising concerns about patients increasingly exhibiting signs of confusion. They discussed these concerns with the GP or carer which in some cases led to monitoring patients more closely. The pharmacy also kept records of each event.

The team annually assessed each compliance aid patient's needs. And they assessed whether these patients needed their medication limited to seven day's supply, which helped them to avoid becoming confused. The pharmacy also kept records of each of these patient's next of kin details. So, it had easy access to this information if needed urgently.

Each team member had received in-house safeguarding training and they had passed tests to check their understanding of it. And the RP had completed level 2 safeguarding training. The delivery driver recalled completing dementia friends training but had not been given the pharmacy's safeguarding training to complete. So, they might not know about some of types of abuse or the signs to look for. The pharmacy had its own safeguarding procedures and had the pharmacist professional body's guidance available. However, it did not have the procedures and contact details for the local safeguarding board.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide safe and effective services. Each team member has the skills and experience necessary for their role and they work well together. Each team member has a performance review and completes relevant training on time, so their skills and knowledge are up to date.

Inspector's evidence

The staff present were the RP, who was the manager and had been employed around ten years, two part-time dispensers and a full-time dispenser, all of whom were experienced. The pharmacy shared the deliver driver with another Well pharmacy nearby.

The pharmacy had enough staff to comfortably manage the workload. It received most of its prescriptions via the prescription ordering and electronic prescription services. And it dispensed medicines via these services in good time. The RP also said that the team usually had compliance aid medicines ready in good time. The pharmacy consistently had repeat medicines ready the day after the GP had issued the prescription. So, it rarely delayed supplying medication to patients. Footfall was low, and staff served people promptly. So, the team avoided sustained periods of increased workload pressure. Each staff member worked well both alone and with the team. They effectively oversaw the various dispensing services and had the skills necessary to provide them.

The pharmacy had an effective contingency for planned staff absence. Only one staff member would be on leave at any time, and the other staff increased their working hours to cover the absence. And the company usually sent one of its employee relief pharmacists who were familiar with the pharmacy's systems to cover the RP's absence. So, the pharmacy's services continued smoothly over the long-term.

The pharmacy team was up to date with its mandatory e-Learning training that covered its procedures and services. And the RP said the team had completed around 60 percent of its additional learning modules which were optional. However, staff did not have protected study time to complete each module. So, team members usually completed modules in their own time if they hadn't managed to do it during the working day.

Each team member had a regular appraisal with the RP. A dispenser said the RP told staff when their appraisal would be, so it gave them time to prepare. And during the appraisal they had a positive discussion about their performance, training requirements and areas for improvement. So, they felt that the process was a good chance to receive feedback about their performance.

The team had weekly meetings where they discussed the superintendent office's bulletins on shared learning from other pharmacies. And it regularly reviewed its recorded near misses.

The pharmacy was set formal targets for the number of MURs and NMS it completed, and the number of patients that used its prescription ordering service and electronic prescription service (EPS).

The RP said they spent around ten minutes with the patient on each MUR consultation, and conducted them in the consultation room. They felt that the MUR target was realistic and could comfortably manage the competing MUR and dispensing workloads.

However, the RP said that the average number of NMS reviews that the pharmacy completed was below its target over the long term. They explained that this was due to the pharmacy receiving less potential NMS opportunities than it expected. So, the target could be too high. Nevertheless, the pharmacy's senior management were supportive in helping to meet its targets.

The team obtained written patient consent for MURs and flu vaccinations. It obtained verbal consent for the prescription ordering service and EPS and sometimes obtained it for these services in writing. So, it may not be able to effectively confirm the patients who wanted to these services if needed.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean, safe, secure and spacious enough for the services provided. And the pharmacy has a private consultation room that enables it to provide members of the public with the opportunity to have confidential conversations.

Inspector's evidence

The level of cleanliness was appropriate for the services provided. The premises had the space necessary to allow medicines to be dispensed safely for the scale of services provided. And it could be secured to prevent unauthorised access. The consultation room offered the privacy necessary to enable confidential discussion. And its availability was prominently advertised. So, patients were more likely to take advantage of this facility.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices generally help make sure people receive safe and efficient services. It gets its medicines from licensed suppliers and it generally manages its medicines well to make sure they are in good condition, so are suitable to supply.

Inspector's evidence

The pharmacy was open from Monday to Friday 9am to 6pm and half-day Saturday, meaning patients could access services across most of the week. The pharmacy had a low-step at its entrance and the staff could see people entering the premises. So, they could assist anyone having difficulty. The RP was flu vaccination accredited. So, patients could access the service across the week at a time convenient to them.

The pharmacy team prompted patients to confirm the repeat medications they required in good time. This helped limit medication wastage and patients received their medication on time. And the team made records of requests, so it could effectively deal with queries if needed.

The pharmacy followed the superintendent office's higher standards for efficient dispensing. It produced dispensing labels only on the first day of prescription receipt. Then it assembled medication on the second day. This generally meant the pharmacy had medications ready at least one day before patients needed them.

The pharmacy had around 20 percent of its repeat medications assembled via the company's central hub pharmacy. This reduced workload pressures on the team and allowed it to gradually increase its compliance aid service capacity.

The pharmacy team scheduled when to order compliance aid patients' prescriptions. So, it could supply their medication in a timely manner. The team kept a record of each of these patient'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 prescriptions with the GP surgery, and reduced the risk of them overlooking medication changes.

The pharmacy wrote detailed records for verbal communications about medication queries or changes for compliance aid patients. So, it had a record that helped it make sure these patients received the correct medicines. And the team dispensed medicines in compliance aids, which it labelled with descriptions of each medicine. This helped patients and carers to identify each medicine.

The pharmacy had a written procedure for dispensing higher-risk medicines that covered anti-coagulants, lithium, insulin and valproate. And all the staff had passed a test on their knowledge of the procedure. The team had also completed bespoke in-house training on dispensing valproate and an associated knowledge test. So, staff knew about the risks associated with taking valproate during pregnancy, and the need to counsel patients.

The pharmacy completed two audits in the last year that confirmed it did not have any female patients who could be in the at-risk group. The RP said that the pharmacy had the approved MHRA guidance

booklets and cards, and all its valproate patients who may become pregnant had been issued the card, as recommended under the MHRA guidance. However, they could not locate the booklets or cards.

The pharmacy regularly obtained its warfarin patient's INR test results. The RP counselled them on their dose, potential side-effects and interactions during an MUR. And they checked they understood their dose when they dispensed each prescription.

The pharmacy regularly checked that its methotrexate patients had a recent blood test but did not keep records of them. It counselled these patients on their dose, potential side-effects and interactions via the NMS or when it received their prescription for the first time. The pharmacy also regularly checked that lithium patients had a recent blood test.

The RP counselled fentanyl patch patients on the safe use and disposal of fentanyl patches when it received their prescription for the first time. However, they did not verbally remind them to keep their patches out of the reach and sight of children.

The pharmacy team used colour-coded baskets during the dispensing process. This helped it to prioritise prescriptions and avoid each patient's medicines becoming confused with others. However, the team only left a protruding flap on medication stock cartons to signify they were part-used, which could lead to patients receiving the incorrect medication quantity.

The pharmacy dispensed CD instalments in advance of patients presenting, which helped manage workload pressures. And it dispensed those for more than one day in divided daily doses for most patients. This supported patients to take an accurate dose.

The pharmacy obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers. The RP said that the pharmacy had the hardware and its staff had received in-house training for the Falsified Medicines Directive (FMD). However, the company was still testing the software required to be FMD compliant. So, it was unclear when the pharmacy would be FMD compliant, as required by law.

The pharmacy team suitably stored medicines that needed to be refrigerated. And it consistently monitored the refrigeration storage temperatures over the long-term. So, the pharmacy made sure these medicines stayed fit for patient use. Records indicated that the pharmacy consistently monitored medicine stock expiry dates over the long-term. So, it made sure patients received their medication before it expired.

The pharmacy stored its CDs in an organised and tidy manner. And it properly segregated its date-expired and patient-returned CDs. The pharmacy had destruction kits for destroying CDs, which reduced the risk of it supplying these medicines by mistake. The RP said that the staff highlighted each CD prescription issue date and checked it when they supplied each CD. And they regularly reviewed stored dispensed CDs awaiting collection each week. So, the pharmacy made sure it only supplied CDs when it had a valid prescription.

The pharmacy team used an alpha-numeric system to store patient's bags of dispensed medication. So, the team were efficient at retrieving patient's medicines when needed. However, records suggested that the delivery driver often signed where the medication recipient should sign. So, the pharmacy could struggle to resolve queries about the home delivery service.

The team disposed of obsolete medicines in waste bins kept away from medicines stock. And it took appropriate action when it received alerts for medicines suspected of not being fit for purpose. It also made records related to the action that it took. So, the pharmacy reduced the risk of supplying these medicines to patients.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide the services it offers.

Inspector's evidence

The pharmacy team kept the dispensary sink clean. It also had hot and cold running water and an anti-bacterial hand-sanitiser. So, it had facilities to make sure they did not contaminate medicines they handled. The team had a range of clean measures, including separate ones for CDs. So, it could accurately measure and give patients their prescribed volume of medicine. It also had access to the latest versions of the BNF and cBNF. So, it could refer to the latest clinical information for patients.

The pharmacy team had facilities that protected patient confidentiality. It viewed electronic patient information on screens not visible from public areas. The pharmacy regularly backed up patient data on the PMR system. So, it secured patients' electronic information and could retrieve their data if the PMR system failed. The team had a consultation room to enable confidential discussion with patients. And it had facilities to store bags of dispensed medicines and their related 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.