

Registered pharmacy inspection report

Pharmacy Name: Ipharmacy Princess Road, 167 Princess Road, Moss Side, MANCHESTER, Lancashire, M14 4RL

Pharmacy reference: 1033624

Type of pharmacy: Community

Date of inspection: 18/07/2023

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, and the pharmacy 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

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 had recently introduced a new set of written operating procedures that covered safe dispensing, the responsible pharmacist (RP) regulations and controlled drugs (CD). Staff had only been recently provided with these procedures, so they were still reading through them. They already had a reasonable understanding of how to carry out all the activities required of them as they had discussed them as a team and were familiar with the previous set of procedures.

Randomly selected prescription medications prepared in the pharmacy suggested that the dispenser consistently initialled dispensing labels for prescription medicines they prepared. This helped to clarify who was responsible for each prescription medication supplied and this assisted with investigating and managing mistakes. However, the checker did not always initial the dispensing label which meant the audit trail was sometimes incomplete.

The pharmacy team recorded mistakes it identified when dispensing medicines, and it discussed each of these incidents as they arose. The team reviewed these records collectively on a regular basis, so they could consider learning points. The records did not always include enough details clarifying why the team thought each mistake happened. So, the team may miss additional learning opportunities to identify trends and mitigate risks in the dispensing process.

The pharmacy had written complaint handling procedures, so staff members could effectively respond to any concerns. There was no publicly displayed information on how to make a complaint, so people may be less confident about raising a concern. The pharmacy had not completed a patient survey recently since the pandemic. The managing director said that there were plans to complete a survey.

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 maintained the records required by law for the RP record, and CD transactions, including medicines that it had obtained and supplied. The team 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. The team kept records of unwanted CDs returned to the pharmacy for destruction. It maintained records for the medications prepared under a specials license that it had supplied.

Staff members had completed data protection training, and they securely stored and destroyed confidential material. Most team members had their own security card to access NHS electronic patient data and they used passwords to access this information. Security cards had been requested for the remaining team members. No information was not publicly displayed explaining how the pharmacy handled and managed people's personal information as required by the General Data Protection Regulation. The pharmacy was registered with the Information Commissioners Office, which demonstrated that the pharmacy values protecting people's information.

The two regular locum pharmacists, one of who was the RP, both had level two safeguarding accreditation. Staff members had discussed safeguarding issues, so they had a basic understanding of safeguarding issues. But they had not completed any formal training. The pharmacy had a list of the local safeguarding contacts. The team had raised concerns about people who were consistently missing their medication doses with the local substance misuse treatment teams.

The pharmacy kept records of the next of kin or carer's details and specific care requirements for people who received compliance packs. This helped the team to deal with queries relating to these vulnerable people. The pharmacy informally assessed which people needed their compliance pack medicines limited to seven days per supply. And it checked which of them need detailed information about the identity of each of their medicines.

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.

Inspector's evidence

The staff present included the RP, the manager who was not directly involved in providing services, two dispensers, and a college student on two week's work experience. The pharmacy's other staff included the other regular locum pharmacist, a dispenser, a delivery driver, and a trainee pharmacist who was completing their foundation training. A new trainee pharmacist was due to start working at the pharmacy.

The pharmacy had enough staff to comfortably manage its workload. The two regular locum pharmacists covered most weeks, and the pharmacy usually did not have any significant difficulties finding a pharmacist when they were not available. The team usually had repeat prescription medicines ready on time. The pharmacy had low footfall and most people had their prescription medicines delivered. So, the team avoided sustained periods of increased workload pressure and it could promptly serve people.

Staff members worked well both independently and collectively. They used their initiative to get on with their assigned roles and required minimal supervision. Team members effectively oversaw the various dispensing services and had the skills necessary to provide them. One of the dispensers prepared the compliance packs under the supervision of the pharmacist. Other staff members were also trained to prepare compliance packs, and they occasionally assembled them.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean, secure and spacious enough for the pharmacy's services. It has a separate area, so members of the public can have confidential conversations and maintain their privacy.

Inspector's evidence

The pharmacy was situated in a retail unit. 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 compliance pack area provided enough space for the volume and nature of the pharmacy's services. The level of cleanliness was appropriate for the services provided. And staff could secure the premises to prevent unauthorised access.

The pharmacy had a temporary private consultation area in the dispensary, which could accommodate two people. But its availability was not prominently advertised, so people were less likely to know about this facility. The managing director explained that an internal refit was being completed, and a permanent consultation room in the public area of the pharmacy was planned.

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 9am to 5pm Monday to Friday, except for Wednesday when it was open 9am to 1pm, and Saturday 9am to 1pm. It had a low- step 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 anti-coagulants, methotrexate, lithium and valproate. The pharmacy had checked for any people at risk who were prescribed valproate. Staff did not know if the pharmacy had the booklets which should be given to anyone receiving valproate for the first time, as stated under MHRA guidance, but they knew where to obtain them. The pharmacy had valproate stock with MHRA approved pregnancy prevention programme advice cards attached.

The team kept a record of people's current compliance pack medication that also stated the time of day they were to take them, which 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 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 colour coded baskets during the dispensing process to separate people's medicines and organise its workload. The team usually left a protruding flap on medication stock cartons to signify they were part-used, which could be easily overlooked and could increase the risk of not selecting the right quantity when dispensing and supplying medication.

The pharmacy team issued written notes to people when it owed them some of their medication. The team kept them informed about any delays in obtaining these medicines, and it provided them options if these delays were becoming significantly long.

The pharmacy obtained its medicines from a range of licensed pharmaceutical wholesalers and stored them in an organised manner. The team suitably secured its CDs, quarantined its date-expired, and it used destruction kits for denaturing CDs.

It was unclear how often the pharmacy monitored its refrigerated medication storage temperatures, but the managing director stated that they would review this. A check of the medication refrigerator's storage temperature range at the time of the inspection was within safe limits.

The pharmacy team used an alphabetical system to store and retrieve prescriptions and bags of

dispensed medication. This storage area was well organised, which assisted in finding people's medication.

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

The pharmacy had a barcode based electronic medication home delivery record system. So, the pharmacy had an audit trail that tracked when the medication left the pharmacy, was delivered, or returned to the pharmacy.

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 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 and a separate set for methadone. 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. The British National Formulary online was available to check pharmaceutical information if needed.

The pharmacy had facilities that protected peoples' confidentiality. It regularly backed up people's data on the Patient Medication Record (PMR) system, 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.