

Registered pharmacy inspection report

Pharmacy Name: Well, 32 Russell Street, Eccles, MANCHESTER,
Lancashire, M30 0NU

Pharmacy reference: 1033641

Type of pharmacy: Community

Date of inspection: 29/10/2019

Pharmacy context

This is a busy medical centre community pharmacy, situated on a main road of a suburban residential area, serving the local population. It mainly prepares NHS prescription medicines and orders people's repeat prescriptions. A large number of people also receive their medicines in weekly compliance packs to help make sure they take them safely and there is a home delivery service. The pharmacy provides other NHS services such as Medicine Use Reviews (MURs) and flu vaccinations.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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	2.1	Good practice	Staff do not feel pressurised when working and complete tasks properly and effectively in advance of deadlines. And the pharmacy reviews its staffing levels so that they remain appropriate.
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. It provides the pharmacy team with written instructions to help make sure it provides safe services. The team records and reviews its mistakes so that it can learn from them. It keeps people's information secure. And the team understands its role in protecting and supporting 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. A trainee medicines counter assistant (MCA), who recently started, had read the important core procedures, including prescription receipt and handing out prescription medicines. So, the team members understood the procedures that were relevant to their role and responsibilities.

The dispenser and checker initialled dispensing labels, which helped to clarify who was responsible for each prescription medication they had 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 mistakes separately. However, staff usually did not record the reason why they thought they had made each mistake. The manager, who was a registered pharmacy technician, reviewed each month's records for any trends. But their review was not always shared with the rest of the team. So, other staff could miss additional opportunities to learn and mitigate risks in the dispensing process. The team discussed any significant incidents that directly affected people's safety in a timely manner. And they regularly discussed any superintendent office bulletins that helped to improve service delivery safety.

The pharmacy team received positive feedback across several key areas from people who used its services in its last satisfaction survey conducted between June 2018 and August 2018. Publicly displayed information explained how people could make a complaint, and staff had completed the pharmacy's complaint handling procedures, so they could effectively respond to them.

The pharmacy had professional indemnity cover for the services it provided. The RP, who was the resident pharmacist, displayed their RP notice, so the public could identify them. The pharmacy maintained the records required by law for the RP, CD and private prescription medicine transactions and any medicines that people requested urgently without a prescription. The pharmacy also maintained its records for MURs and flu vaccinations. The pharmacy also kept records of medicines manufactured under a special licence that it had obtained and supplied, but it did not include the identity of the people to whom it supplied each of them. So, it may find it difficult to confirm this information in the event of a query.

All the staff had completed the pharmacy's data protection training, and they securely stored and destroyed confidential material. Staff used passwords to protect access to people's electronic data and used their own security cards to access people's electronic NHS information. A publicly displayed notice briefly explained how the pharmacy protected people's information and where to look online for its privacy notice. The pharmacy obtained people's written consent to obtain their information in relation to the flu vaccination and MUR services. It had obtained people's verbal consent to provide the

electronic prescription service, but it did not always obtain written consent for the prescription ordering service, as required on the pharmacy's records. The manager said that the pharmacy had implicitly obtained people's consent to have their medication dispensed at the pharmacy owner's hub pharmacy as it had issued written information about the service when it recently supplied their medication. However, the pharmacy did not subsequently obtain their explicit consent, as required under the GDPR, as staff did not confirm it either verbally or in writing. The pharmacy had completed a data protection audit.

The manager and the RP had level two safeguarding accreditation, and all the staff had completed the pharmacy's safeguarding training. The pharmacy had the local safeguarding board's procedures and contact details. The manager said that the staff would discuss any safeguarding concerns with the GP if they noted anyone who might be showing signs of forgetfulness, confusion or difficulties staying independent. Most of the people who used compliance packs had their medication supplied every seven days, which could help them to avoid becoming confused. However, the manager did not know if staff had completed the pharmacy's annual assessment of these people's needs or kept a record of their care arrangements, and they could not locate them as the staff who usually provided the service were not present.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide safe and effective services and keeps its staffing under review. Team members have the skills and experience needed for their roles. They each have a performance review and complete relevant training on time, so they keep their skills and knowledge up to date.

Inspector's evidence

The staff present included the manager, the RP, a second pharmacist and a registered technician who were both providing temporary cover, a dispenser and a trainee MCA. The other staff included an experienced dispenser who covered the compliance pack service. The pharmacy owner's logistics division managed the delivery driver.

The pharmacy had enough staff to comfortably manage its workload. It usually had repeat prescription medicines, including those dispensed in compliance packs ready in good time for when people needed them. The pharmacy received most of its prescriptions via the prescription ordering and electronic prescription services. And the owner's hub pharmacy dispensed a significant number of these prescriptions. So, these systems collectively helped to increase service efficiency. The pharmacy had a steady footfall, which meant the team avoided sustained periods of increased workload pressure and it could promptly serve people.

The pharmacy had an effective strategy for covering planned and unplanned leave. It only allowed one of its staff to be on planned leave at any time, and it had access to the company's local team of dispensers and pharmacists who could cover unplanned leave. For example, the registered technician was providing temporary cover while an experienced dispenser was on long-term leave. And the manager said that the pharmacy would be receiving further staffing support shortly.

The pharmacy was also planning its staffing for the long term, which should enhance its skill mix. The trainee MCA was promptly recruited to fill a recently created vacancy. An accredited checking technician (ACT), who had been recruited to fill a vacancy created around six weeks ago, was due to start working shortly. And the second pharmacist was providing temporary cover two or three days each week in the interim. In addition, a full-time experienced dispenser was starting at the pharmacy. One of the dispensers was about to start an accuracy checking course.

Staff worked well both independently and collectively. They used their initiative to get on with their assigned roles and did not need constant management or supervision. The dispensers and registered technicians efficiently provided the compliance pack service, and the trainee MCA comfortably managing the front counter and prescription reception area on their own.

Staff had an annual appraisal and all the team members were up-to-date with the pharmacy's mandatory e-Learning training that covered its procedures and services. However, they did not have protected study time, so had to find time during their working hours to complete their training.

The pharmacy had targets for the volume of some of the services it provided, which the manager said could be achieved in most cases. They also said that senior management took local circumstances into account and understood that, on reflection, the flu vaccination target may not be achievable.

Principle 3 - Premises ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy was situated in a purpose-built unit, which had shop and dispensary fittings that were suitably maintained. It was professional in appearance: the retail area and counter could accommodate the number of people who usually presented at any one time. The open-plan dispensary and additional compliance pack area provided enough space for the volume and nature of the pharmacy's services. The consultation room, accessible from the retail area, could accommodate two people, and its availability was prominently advertised, so people were more likely to know about this facility. The level of cleanliness was appropriate for the services provided. And staff could secure the premises to prevent unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy was open 8.30am to 6pm Monday to Friday. It had a step-free entrance and staff could see anyone needing assistance entering the premises. The RP was flu vaccination accredited, so people could usually access the service at a time convenient to them.

The pharmacy had a written procedure for dispensing higher-risk medicines that covered anticoagulants, lithium, insulin and valproate. The RP was completing an audit of people on valproate, which should identify anyone in the at-risk group. However, they could not locate the MHRA approved advice booklets or cards to give these people, so people may not be able to easily access this information. The team consistently consulted people on higher-risk medicines to check if they were experiencing any side effects or interactions with other medicines, including those that could be purchased without prescription. But the team did not always check if these people had a recent blood test each time it received a prescription.

The team prompted people to confirm the repeat medications they required, which helped it limit medication wastage and made sure people received their medication on time. The team also made records of these requests, which assisted in effectively resolving any queries if needed.

The team scheduled when to order prescriptions for people who used compliance packs, so that it could supply their medication in good time. However, it did not always know the day each of these people were due to start taking their medication, which could help to manage its workload. The superintendent's office was also in discussions with the medical centre about prescriptions for some people on compliance packs as these were not being issued until the day their medication was due to be supplied, so that the workload could be managed more effectively.

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 detailed communications about medication queries or changes for people using compliance packs. So, it had a record that helped make sure these people received the correct medicines. The team labelled each compliance pack to identify if they were tablets or capsules. However, it did not always include enough detail in each description, which could make it more difficult for people to identify each individual medicine.

The pharmacy team used baskets during the dispensing process to separate people's medicines and organise its workload. And it marked part-used medication stock cartons, which helped make sure it gave patients the right amount of medication.

The pharmacy obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers and stored them in an organised manner. Staff had completed the pharmacy's training for implementing the

Falsified Medicines Directive (FMD). However, the pharmacy did not yet have a system for complying with the FMD, as required by law, because the pharmacy owner was delaying the installation of a system until it resolved some technical issues.

The pharmacy suitably secured its CDs quarantined its date-expired and patient-returned CDs and had kits to destroy them. The team suitably monitored the medication refrigerator storage temperatures and records indicated that it monitored medicine stock expiry dates. The team also took appropriate action when it received alerts for medicines suspected of not being fit for purpose and kept confirmatory records. It disposed of obsolete medicines in waste bins kept away from medicines stock, which reduced the risk of these becoming mixed with stock or supplying medicines that might be unsuitable.

The RP checked the prescription issue date before dispensing each CD, so the pharmacy made sure it only supplied CDs when it had a valid prescription. The team used an alpha-numeric system to store people's dispensed medication. So, it could efficiently retrieve patient's medicines when needed. The pharmacy also kept a record of the pharmacist who supplied each CD, so it had an audit trail that identified the pharmacist responsible for the supply, including for CDs that it delivered. And records showed that the pharmacy securely delivered medication to people.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment that it needs to provide its services effectively, which it properly maintains. And it has the facilities to secure people's information.

Inspector's evidence

The team kept the dispensary sink clean, 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. Staff had access to the latest version of the BNF and a recent cBNF, which meant they could refer to pharmaceutical information if needed.

The pharmacy team had facilities that protected peoples' confidentiality. It viewed their electronic information on screens 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.