

Registered pharmacy inspection report

Pharmacy Name: Elliotts Pharmacy Whalley Range, 201 Upper Chorlton Road, Whalley Range, MANCHESTER, Lancashire, M16 0BH

Pharmacy reference: 1033671

Type of pharmacy: Community

Date of inspection: 17/10/2019

Pharmacy context

This is a traditional community pharmacy that has recently changed ownership. It is situated in a shopping-parade on a main road through a suburban area, serving the local population. It mainly supplies NHS prescription medicines and orders prescriptions on behalf of people. The pharmacy also 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 most of its risks adequately. The pharmacy team has written instructions to help make sure it provides safe services. The team reviews some of its mistakes which helps it to learn from them. It keeps people's information secure. And the team has some understanding of its role in protecting and supporting vulnerable people.

Inspector's evidence

The pharmacy had written procedures that covered the safe dispensing of medicines, the responsible pharmacist (RP) regulations and controlled drugs (CDs). The pharmacy owner, who only recently acquired the pharmacy, had issued these procedures around a month earlier, and staff were still to read them. So, team members might always follow these in practice.

The dispenser and checker did not always initial the dispensing labels, which could make it difficult identifying who was responsible for each prescription medication supplied and investigating and managing mistakes. The pharmacy team discussed mistakes it identified when dispensing medicines and addressed each of them separately. However, staff usually did not discuss the reason why they thought they had made each mistake. They also did not make records of these mistakes, so could miss additional opportunities to identify any patterns and mitigate risks in the dispensing process.

The team had not yet completed a survey of people's views on the services under the new owner as it had not provided them for a long enough period. The pharmacy did not publicly display any information about how to make a complaint, and staff had not read the pharmacy's procedures on handling complaints, but they usually referred these to the pharmacist to deal with.

The pharmacy had professional indemnity insurance 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 CD and private prescription transactions. It kept an RP record, but the RP consistently forgot to make an entry when they ceased in their role. The pharmacy did not always make a record of each medication it supplied urgently to people whose prescription was still in the process of being issued, as required by law. And staff could not locate any records of medicines supplied under a special licence. These missing records and details could make it more difficult for the team to resolve queries or explain what had happened.

Staff securely stored and destroyed confidential material and the trainee medicines counter assistant (MCA), who recently started, had a basic understanding of protecting people's information but had not signed a confidentiality agreement. There was a lack of other formal information governance processes as the pharmacy did not display any information about its privacy notice, or have any written policies on protecting people's data, and it had not completed a data protection audit. Staff used passwords to protect access to electronic patient data, and the RP had their own security card to access people's NHS electronic data. However, a card application for the trainee, who regularly accessed this data when they helped dispense medications, had not been made. So, there was a small risk that it could be unclear who had accessed this information. The pharmacy obtained people's verbal consent to order their prescriptions and obtain them electronically but did not obtain it in writing.

The pharmacy had assessed the needs of people using compliance packs, including whether they needed their medication limited to seven day's supply, which could help them to avoid becoming confused. It also kept records of each compliance pack patient's care arrangements, including their next of kin details, which meant the team had easy access to this information if needed urgently. The RP had level two safeguarding accreditation and the pharmacy had its own written procedures for safeguarding. However, staff had not read them and the pharmacy had not arranged access to the local safeguarding board's procedures or contact details.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide an efficient service. Team members work well together but training for new staff members is not carefully planned. So, it may not always meet their needs or fully prepare them for their role.

Inspector's evidence

The staff present included the RP who was the resident pharmacist and manager for the last four months, and a trainee MCA who started employment with the owner around three months ago. The other staff included a delivery driver who the pharmacy shared with one of the owner's other nearby pharmacies.

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, which supported dispensing efficiency. The pharmacy had a low footfall, so the team avoided sustained periods of increased workload pressure and it could promptly serve people.

The RP said that the trainee would be starting an MCA accreditation course shortly. They did not know if the owner would simultaneously enrol the trainee, who was also involved in dispensing, on a dispenser accreditation course. The RP said that they would seek clarification on this.

The pharmacy did not have any formal targets for the volume of services it provided.

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 retail unit, which had shop and dispensary fittings that were suitably maintained. It was spacious, bright and professional in appearance. The retail area and counter design could accommodate the typical number of people who presented at any one time. The open-plan dispensary along with its work tops provided enough space for the volume and nature of the pharmacy's services, which meant these areas were organised and staff could dispense medicines safely. The consultation room, accessible from the retail area, could accommodate two people. But its availability was not prominently advertised, so people may not always be aware of 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 services are suitably managed, so that people receive appropriate care. It gets its medicines from licensed suppliers and generally handles them appropriately. But there are some inconsistencies and the team could do more to make sure it manages all its medicines effectively.

Inspector's evidence

The pharmacy was open normal working hours Monday to Friday and it had a low-step entrance. Staff were able to see anyone needing assistance entering the premises.

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

The pharmacy team scheduled when to order prescriptions for people using compliance packs, so it could supply their medication in good time. The team kept a record of people's current medication that also stated the time of day they should take them, which helped it effectively identify and query any medication changes with the GP surgery. The pharmacy recorded verbal communications about medication changes for people using compliance packs, so it had the necessary information to help make sure they received the correct medicines. However, the descriptions of medicines on each compliance pack only stated if they were tablets or capsules, which provided limited assistance to people needing to identify each medicine.

The pharmacy did not have any written procedures that covered the safe dispensing of higher-risk medicines. However, the RP checked that people on these medicines had a recent blood test each time they presented a prescription but did not keep any supporting records. The RP also advised these people on the possible side effects when they started taking their medicine, but they did not check if any of them were experiencing side effects or interactions with subsequent prescriptions. The RP had checked all the people prescribed valproate, which confirmed that the pharmacy did not have anyone who could be in the at-risk group. However, the pharmacy did not have the MHRA approved valproate advice booklets or cards to give people, as stated under the MHRA guidance, which meant it might not always supply the necessary information if valproate was dispensed.

The pharmacy team used baskets during the dispensing process to separate people's medicines and help organise its workload. The team marked part-used medication stock cartons, which aided in making 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. It did not have a scanning system needed to comply with the Falsified Medicines Directive (FMD), as required by law. The RP recalled that the pharmacy's head office had said it would install a system but had not suggested when this would happen.

The pharmacy suitably secured its CDs, had destroyed its date-expired and patient-returned CDs, and it had destruction kits for destroying CDs. Records indicated that the pharmacy checked the medication refrigerator's maximum and minimum temperatures regularly up until the end of August 2018. The RP

said that they had checked these temperatures daily since that time but did not have any corresponding records to support this. The refrigerator was found to be operating within the safe storage temperatures for medicines. The RP also explained that staff had checked all the pharmacy's stock monthly for the last three months because it only held a minimal amount of medicines, but the pharmacy did not keep any confirmatory records. Several randomly selected medicines had a long shelf-life. However, a few eye and nasal products had either expired one or two months earlier or were due to expire at the end of this month, which suggested this small section of stock had been overlooked. The team took appropriate action when it received alerts for medicines suspected of not being fit for purpose, but its supporting records did not always make clear who handled the alert and when they did so. The pharmacy 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 team used an alpha-numeric system to store patient's bags of dispensed medication, which meant it could efficiently retrieve people's medicines when needed. The RP checked the prescription issue date before supplying each CD, so made sure they only supplied CDs when they had a valid prescription. However, the pharmacy did not have an audit trail that identified the pharmacist who supplied each CD, which could make it more difficult to resolve any queries.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy team kept the dispensary sink clean. It also had hot and cold running water and an antibacterial hand-sanitiser. It had a range of clean measures, with separate ones for methadone dispensing, so had the 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 latest versions of the BNF and cBNF, so it could refer to the latest pharmaceutical information if needed.

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