

# Registered pharmacy inspection report

**Pharmacy Name:** Well, 187 Victoria Avenue, Blackley, MANCHESTER,  
Lancashire, M9 0RB

**Pharmacy reference:** 1033674

**Type of pharmacy:** Community

**Date of inspection:** 10/02/2020

## Pharmacy context

This community pharmacy is situated on a main road of a suburban residential area, serving the local population. It mainly prepares NHS prescription medicines and it manages some people's repeat prescriptions. A large number of people also receive their medicines in multi-compartment compliance packs to help make sure they take them safely and the pharmacy offers a home delivery service. The pharmacy also supplies medicines to care homes. It provides other NHS services such as minor ailments and flu vaccinations.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	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. Pharmacy team members receive training on protecting people's information. And they understand their 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 of the staff members had passed knowledge tests on each procedure that were relevant to their role and responsibilities.

The pharmacy team discussed and recorded mistakes it identified when dispensing medicines and addressed each of them separately. The team also regularly reviewed these records. However, staff did not always record the reason why they thought they had made each mistake, so they could miss additional opportunities to learn and mitigate risks in the dispensing process.

The pharmacy team received positive feedback across several key areas in its last patient 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 insurance 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 it supplied that people requested urgently without a prescription. It also maintained its records for CD destructions, flu vaccinations, minor ailments, and medicines manufactured under a special licence that it had obtained and supplied. Records indicated that the team regularly checked methadone running balances, which assisted in detecting any discrepancies at an early stage.

All of the staff members 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. The pharmacy obtained written consent for the prescription ordering and electronic prescription services. The pharmacy had a General Data Protection Regulation audit in August 2019. It had information on its privacy notice, but this was not publicly displayed.

The RP and accredited checking technician (ACT) had level two safeguarding accreditation, and all the staff had completed the pharmacy's safeguarding training. The pharmacy had not arranged access to the local safeguarding board's policies or contact details.

The team annually assessed the needs of people using compliance packs, which included whether they needed to be limited to seven days' medication per supply to help them to avoid becoming confused. The pharmacy also kept records of each compliance pack patient's care arrangements, including their next of kin details, which facilitated easy access to this information if staff needed it urgently. Staff

recalled a few occasions when they suspected people exhibited signs of confusion, which they promptly resolved.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy usually has enough staff to provide safe services. But it has experienced some staff shortages due to difficulties in recruiting new team members. The team members have the qualifications needed for their roles and they work well together. Each team member has a performance review and they complete relevant training to help keep their skills and knowledge updated. However, there could be delays in them completing some larger and more complex pieces of training.

### Inspector's evidence

The staff present were the RP, ACT and two dispensers. The other staff who was not present was a dispenser. The pharmacy also employed two delivery drivers.

There had been some delays in recruiting staff. Since the previous manager, who was a pharmacist, left in September 2019 the RP had assumed this role in an unofficial capacity, and the vacancy was now about to be filled. The pharmacy also had a full-time dispenser vacancy for around three months due to recruitment challenges, but this also was about to be covered.

In the interim, staff had been working additional hours to make sure they maintained the services. The team usually had repeat prescription medicines, including those dispensed in compliance packs, ready in good time. 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. These systems helped to increase service efficiency. The steady footfall meant the team avoided sustained periods of increased workload pressure and it could promptly serve people.

Staff worked well both independently and collectively, they used their initiative to get on with their assigned roles and required minimal supervision. They effectively oversaw the various dispensing services and had the skills necessary to provide them. However, the care home dispenser usually provided the service alone, as other staff were unable to provide support due to the staff shortages. The RP prepared methadone for people and provided the minor ailment service alone.

The pharmacy had an effective strategy for covering planned and unplanned leave. Only one team member could take their annual leave at any time, and staff covered their colleague's leave. The pharmacy's local relief team provided some cover for a staff member on long-term leave. However, this was only partial, which left a significant proportion uncovered.

The care home dispenser had been enrolled on an accuracy checker's (AC) course since January 2019. They had not had an opportunity to start the course partly because they did not have any protected study time, but also as the care home work load meant there was usually not any clear time during the working day to allocate to training.

Staff last had an annual appraisal between January 2019 and September 2019. 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 any protected study time, so they had to find time during their working hours to complete this training.

## 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. Shop and dispensary fittings 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 and rear compliance pack dispensing area 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 was accessible from the retail area, and it could accommodate two people. Its availability was prominently advertised in the front window, so people were made 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 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 from 8.30am to 6.30pm Monday to Friday and 9am to 1pm on Saturday. It had a step-free public entrance with power-assisted doors. The full-time RP was flu vaccination trained, so people could usually access the service at a time convenient to them. And they followed written procedures to provide this service.

The pharmacy had a written procedure for dispensing higher-risk medicines that covered anticoagulants, lithium, insulin and valproate. It had completed two valproate audits, which identified any people in the at-risk group, and the RP said they had counselled them. The pharmacy also had the MHRA approved valproate advice booklets and cards to give people in the at-risk group. It had also audited its lithium patients and checked if they were having a regular blood test. The RP checked if people taking anti-coagulants and methotrexate understood their dose, whether any of them were experiencing any side-effects or medicine interactions, and they counselled them if necessary during their MUR. However, the team did not always check if these people had a recent blood test.

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 pharmacy directed a relatively low proportion of its prescriptions to the pharmacy's owner's hub pharmacy, because it usually did not have enough staff to process these prescriptions via this route to make sure the medication arrived at the pharmacy in good time. And only a small percentage of people were using the medication text reminder service. Increases in people using these services could help to make dispensing services more efficient and reduce any sustained work load pressure on the team.

The team scheduled when to order prescriptions for people living at home 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, which helped it effectively query differences with prescriptions, and reduced the risk of it overlooking medication changes. The pharmacy kept detailed verbal communications about medication queries or changes for people using compliance packs. However, several randomly selected packs only included the dosage form in each medicine's description, which could make it more difficult for people to identify each medicine.

The care home dispenser and previous manager had completed a formal annual medicines management audit at some of the care homes that the pharmacy supplied. These homes were due their scheduled audit shortly, but there was no plan to conduct them. And there were a few new homes that had not received a baseline audit.

Care homes requested prescriptions from the GP surgery via the pharmacy, and the pharmacy kept a record of what they had requested. These records did not include the medication quantities that the

home already held. And the pharmacy only kept these records for around a month, which made it difficult to audit each home's ordering. The pharmacy communicated any missing prescriptions to the home, but corresponding records of this were not kept for very long, and staff did not always make a record. So, the pharmacy may not always be able to effectively handle any queries if needed.

The monthly care home medicine preparation was unevenly distributed across the month. Consequently, the pharmacy had to supply a significant number of care homes' medication during one in every four weeks, which disproportionately increased the work load during this week. The team planned to discuss obtaining interim prescriptions with the local GP surgery so that the work was more evenly distributed.

The team supplied a single medication in each compliance pack it prepared for around half of the care home residents, which reduced the risk of carers not being able to identify the medicine. The pharmacy had moved half of the residents over to original pack dispensing, which helped make the service more efficient.

The pharmacy issued standard medication administration records (MARs) and missed doses forms to each care home to complete to help them manage each resident's medicines. The pharmacy also had bespoke MARs for patients on externally applied medicines such as creams and patches, but it did not have an equivalent for higher-risk medicines, which could help the carers administer and managed these people's medicines more safely and effectively.

The team used baskets during the dispensing process to separate people's medicines and organise its workload. It marked part-used medication stock cartons to help make sure it gave patients the right amount of medication. The RP prepared methadone instalments in advance of people presenting. However, people were not always advised about the safety benefits of having their instalment dispensed in divided daily doses.

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 have a system for complying with the FMD, as required by law, and staff did not know when a system would be installed.

The pharmacy suitably secured its CDs, quarantined its date-expired and patient-returned CDs and had kits to denature 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 recorded the action that it had taken.

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. A large number of filled pharmaceutical waste bins that had been stored in the care home area for around four months were making it difficult to move the bulky care home deliveries on their trollies through to the dispatch area.

The staff labelled each dispensed CD with the deadline date by which it must be supplied, and they checked these dates at the time they handed them out. So the pharmacy had a system to make sure it only supplied CDs when it had a valid prescription. The team used an alpha-numeric system to store people's dispensed medication to help efficiently retrieve patient's medicines when needed. The pharmacist recorded their details on each CD delivery record, which meant the pharmacy could identify who was responsible for each of these supplies. And records showed that the pharmacy securely



delivered medication to people. The pharmacy kept a robust audit trail for the CDs it delivered, including the delivery driver's and the recipient's details, and whether they provided proof of their identity.

## 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 handsanitiser. The team had a range of clean measures, including a separate set for methadone. So, it had facilities to make sure it did not contaminate the medicines it handled, and the staff 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 flu vaccination equipment necessary to provide this service was available.

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
<span style="color: green;">✔</span> <b>Excellent practice</b>	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.
<span style="color: green;">✔</span> <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✔</span> <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.