

Registered pharmacy inspection report

Pharmacy Name: Oldham Pharmacy, 497 Oldham Road, ROCHDALE,
Lancashire, OL16 4TF

Pharmacy reference: 1033883

Type of pharmacy: Community

Date of inspection: 29/06/2022

Pharmacy context

This is a traditional community pharmacy situated on a main road. It serves the local population. The pharmacy mainly prepares NHS prescription medicines, and it manages people's repeat prescriptions. A large number of people receive their medicines in weekly multi-compartment compliance packs to help make sure they take them safely. Medicines are delivered to people in their homes.

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 and team members generally follow these in practice. The team usually reviews and records its mistakes so that it can learn from them. Team members know how to protect and support vulnerable people, and they understand their role in securing people's confidential information.

Inspector's evidence

The pharmacy had some COVID-19 infection control measures. A large screen on the front counter protected people and staff. Hand sanitiser was available for staff members, but not the public. Some of the staff members opted to wear face masks.

The pharmacy had written procedures which covered safe dispensing of medicines, the responsible pharmacist (RP) regulations and controlled drugs (CDs). Records indicated that staff members had read and understood the procedures relevant to their role and responsibilities.

The dispenser and checker initialled dispensing labels for prescription medicines prepared in the pharmacy, which helped to clarify who was responsible for each prescription medication supplied and assisted with investigating and managing mistakes.

The pharmacy team recorded mistakes it identified when dispensing medicines, and it addressed each of these incidents separately. The team reviewed these records collectively each month. The records included details indicating why the team thought each mistake happened. So, the team effectively used additional learning opportunities to identify trends and mitigate risks in the dispensing process.

Staff had completed training on the pharmacy's complaint handling procedures, so they could effectively respond to any concerns. Publicly displayed leaflets included information on how people could make a complaint. The pharmacy had not completed a patient survey recently due to the pandemic.

The pharmacy had professional indemnity cover for the services it provided. The RP, who had been the manager for around one year, displayed their RP notice. So, the public could identify them. The pharmacy maintained the records required by law for the RP and CD transactions. The team regularly checked its CD running balances and made corresponding records, which helped it to promptly identify any significant discrepancies. A randomly selected balance was found to be accurate. The team kept up-to-date records of unwanted CDs returned to the pharmacy for destruction.

Staff members had completed the pharmacy's training on protecting people's data, and they securely stored and destroyed confidential material. Each team member used their own security card to access electronic patient data and they used passwords to access this information. The pharmacy recorded that people had given it permission to access their information in relation to the flu vaccination service. A privacy notice was publicly displayed, which helped people understand how the pharmacy handled their information.

Staff members had read the pharmacy's written safeguarding procedures, and the RP had level two safeguarding accreditation. The second pharmacist's safeguarding accreditation had recently expired, so they planned to re-train shortly. 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 team had formally assessed people's needs to confirm if the compliance pack system it used was suitable for them and if they should be limited to seven days' medication per supply.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide safe and effective services. Team members understand their individual roles and work well together.

Inspector's evidence

The staff present included the RP, a second pharmacist, a registered pharmacy technician, a dispenser who was waiting for their NVQ level three accreditation, a locum dispenser, and a medicines counter assistant (MCA). The team members who were not present included a dispenser and an MCA. The pharmacy also employed a delivery driver.

The pharmacy had enough staff to comfortably manage the 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 its prescriptions via the prescription management and electronic prescription services. These systems helped to increase service efficiency and manage the team's workload. The pharmacy had minimal footfall, so the team avoided sustained periods of increased workload pressure and it could promptly serve people.

Staff members worked well both independently and collectively, and they used their initiative to get on with their assigned roles and required minimal supervision. The second pharmacist supervised the compliance pack service, which helped the RP to manage the other services. The RP was qualified to provide the flu vaccination service, and the second pharmacist was scheduled to complete their training shortly. One of the MCAs was a dispenser, which meant the team had some flexibility to address any sudden prescription workload increases.

The pharmacy was recruiting a second delivery driver to provide cover when the main driver was on leave. It had started the process to recruit three dispensers to replace two who had left recently, and the technician who was due to leave shortly. Overall, this meant that the staffing hours were planned to be reduced by one third over the coming months. The pharmacy had suspended accepting new compliance pack patients due to this uncertainty.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean, secure and spacious enough for the pharmacy's services. It has consultation facilities which are used for some services such as vaccinations, so the pharmacy team members can speak to people in private.

Inspector's evidence

The pharmacy had well-maintained dispensary fittings that were professional in appearance. All areas were generally clean and tidy. The level of hygiene was appropriate for the services provided. The dispensary size and available dispensing bench space was enough for the team to safely prepare medication. The separate area used to prepare compliance pack medication was large enough to provide this service safely.

The consultation room was accessible from the retail area. It could accommodate two people and was suitably equipped. The dispensary was on a raised floor above the front counter, so any confidential information could not be easily viewed from the public areas. Staff could secure the premises from unauthorised access.

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 manages them appropriately to make sure they are in good condition and suitable to supply.

Inspector's evidence

The pharmacy operated between 9am to 6.15pm Monday to Friday and Saturday 9am to 12.30pm. There was a low step at the public 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 and valproate. The RP had checked for any people taking valproate to help identify anyone in the at-risk group and counselled them appropriately. The pharmacy had the valproate advice booklets to give people in the at-risk group.

The team prompted most people to confirm the repeat prescription medications they required, which helped it 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 scheduled when to order prescriptions for people 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. This helped it to effectively query differences between the record and prescriptions with the GP practice and reduced the risk of it overlooking medication changes. The team also recorded communications about medication queries or changes for people using compliance packs. The team labelled compliance packs that it prepared with a description of each medicine contained inside them, but these were not always clear enough to distinguish between medicines in the same pack. So, people occasionally might have difficulties identifying them.

The team used colour-coded baskets during the dispensing process to separate people's medicines and organise its workload. Staff members permanently marked part-used medication stock cartons, which helped selecting the right medication quantity when dispensing and supplying medication.

The pharmacy obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers and stored them in an organised manner. The team suitably secured CDs, quarantined its date-expired and patient-returned CDs, and it used destruction kits for denaturing unwanted CDs. The pharmacy monitored its refrigerated medication storage temperatures. Records indicated that staff members regularly checked medicines stock expiry dates.

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

The pharmacy team used an alpha-numeric system to store and retrieve prescriptions and bags of dispensed medication. The storage area was well organised, which assisted in finding people's

medication.

The delivery driver had a supply of hand sanitiser. They wore a face mask when handing over people's medicines at their front door, and they recorded each confirmed supply. The recipient counter-signed records for CD deliveries.

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 general daily clean included the work surfaces, IT equipment, telephones, and consultation room surfaces. 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. 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 RP used recent versions of the BNF and cBNF to check pharmaceutical information if needed.

The pharmacy had facilities that protected peoples' confidentiality. It regularly backed up people's data on the PMR, which had password protection. So, it secured people's electronic information and it could retrieve their data if the PMR system failed. And it 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.