

Registered pharmacy inspection report

Pharmacy Name: Well, 203 Eccles Old Road, SALFORD, Lancashire,
M6 8HA

Pharmacy reference: 1033907

Type of pharmacy: Community

Date of inspection: 26/06/2019

Pharmacy context

This is a community pharmacy situated on a shopping-parade along a busy main road in a suburban residential area, serving the local population. It mainly prepares NHS prescription medicines and orders repeat prescriptions on behalf of people. It has a home delivery service and prepares medicines in weekly multi-compartment compliance aids to help make sure people take them safely. The pharmacy also provides other NHS services such as Medicines Use Reviews (MURs) 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
1. Governance	Standards met	1.8	Good practice	The pharmacy team effectively protects and supports its vulnerable patients.
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

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. So, they understood the procedures that were relevant to their role and responsibilities.

The pharmacy team recorded mistakes it identified when dispensing medicines. And, it took steps to address each of its mistakes in isolation. Team members participated in reviewing these records each month. But, the team often did not discuss or include in the record why it thought it had made each mistake. So, it could be harder for them to identify trends and mitigate risks in the dispensing process. The dispenser and checker initialled dispensing labels, which helped to clarify who was responsible for each prescription medication and assisted with investigating and managing mistakes.

The pharmacy team received positive feedback in its recent patient satisfaction survey from June 2018 to September 2018. A public notice explained how patients could make a complaint. And the team had completed the pharmacy's training on handling complaints, so it could effectively respond to them.

The pharmacy had professional indemnity cover for the services it provided. The RP displayed their RP notice so that the public could identify them. The pharmacy maintained its records required by law for controlled drug (CD) transactions, private prescriptions and the responsible pharmacist (RP). And it checked its CD running balances regularly on a weekly basis. So, it could detect discrepancies at an early stage. It occasionally omitted the patient's GP details from its emergency supply records. But records complied with the law.

The pharmacy also maintained records for its MURs and flu vaccinations. And it kept records of its special medications that it had supplied to patients. However, it had not entered the patient's details on many of these records. So, it could be more difficult to identify the manufacturer and batch number for the medication supplied to the patient.

The pharmacy had completed a data protection audit in the last year. All the staff had completed the pharmacy's annual data protection training. Staff stored and disposed of confidential material securely. Each team member used their own security card to access electronic patient data, so that it would be clear who had accessed this information. And they used passwords to protect access to electronic patient data. The pharmacy had a sliding screen near its front counter behind which it stored dispensed medicines so people's information was not visible to the public. However, the screen was sometimes left open. The manager said that staff would be reminded to be more vigilant.

The RP, who was an employee relief pharmacist, the resident pharmacist and the ACT, who was the manager, had level 2 safeguarding accreditation. All the staff had completed the pharmacy's safeguarding training and passed tests to check their understanding of it. The pharmacy had the local safeguarding boards procedures and contacts details. And it had its own procedures and case studies about safeguarding as well as the pharmacist professional body's guidance. The pharmacy also had formal documentation on which it could record its safeguarding concerns and actions.

The team annually assessed each compliance aid person's needs. This included whether these people needed their medication limited to seven day's supply. And it supplied medication weekly to most of them, which helped these people to avoid becoming confused. The pharmacy also kept records of each compliance aid person's care arrangements, which included their next of kin details. So, the team had easy access to this information if needed urgently. The pharmacy transferred people who seemed to be struggling with managing their medication to compliance aids. And it limited other people's medication to seven day's supply following discussions with their GP. The pharmacy's delivery driver had also contacted the emergency services when people did not answer the door.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide safe and effective services. And the team members have the skills and experience needed for their roles. Each team member has a performance review and completes relevant training on time, so their skills and knowledge are up to date.

Inspector's evidence

The staff present were the RP and an experienced dispenser. A second pharmacist was providing additional cover due to short-term staff sick leave. The other staff included the manager, who was also an accredited checking technician (ACT), a part-time registered technician, and three part-time dispensers. All the pharmacy's staff were experienced.

The pharmacy had enough staff to comfortably manage the workload. The team usually had its repeat prescription medicines, including those dispensed in compliance aids ready in good time for when patients needed them. The pharmacy received most of its prescriptions via the prescription ordering and electronic prescription services. And the pharmacy owner's hub pharmacy dispensed around a quarter of these prescriptions. So, these systems helped to reduce staff workload pressure. The pharmacy had a low footfall, so the team avoided sustained periods of increased workload pressure and it could promptly serve patients.

The pharmacy had an effective strategy to cover planned staff leave. It included only allowing one team member to be on leave at any one time. And the remaining staff increased their working hours during these periods. Several staff could provide the compliance aid service. So, the pharmacy could maintain its service continuity.

The manager believed that, following discussions with the pharmacy's head office, a proposed reduction in the pharmacy's staff working hours would be small. And the pharmacy was aiming to send half of its prescriptions to the hub pharmacy for dispensing. So, they were optimistic that the changes to the staffing resource and dispensing would not significantly increase the pharmacy team's workload.

Staff had an annual appraisal with the manager, which they found a useful opportunity to discuss their performance. The team was up to date with its mandatory e-Learning training that covered its procedures and services. The team had weekly huddles and participated in patient safety reviews, which included it discussing case studies from the pharmacy's superintendent office.

The pharmacy had targets for the number of MURs it completed, patients who used its prescription ordering and electronic prescription services, and flu vaccinations that it achieved. It obtained people's written consent for MURs, NMS, prescription ordering and flu vaccinations. And it obtained people's verbal consent for the electronic prescription service. So, it could confirm that people requested these services.

Staff said that the pharmacy had a realistic MUR target, which they usually achieved. And they said they did not have any difficulties managing the competing MUR and dispensing workloads. The resident pharmacist spent an appropriate amount of time on average on each MUR consultation. And they

always conducted each MUR with the patient in the consultation room. So, the pharmacy had an MUR target that did not affect its ability to provide the service.

Principle 3 - Premises ✓ Standards met

Summary findings

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

Inspector's evidence

The level of cleanliness was appropriate for the services provided. The premises had the space needed to allow the pharmacy to dispense medicines safely. And staff could secure it to prevent unauthorised access. The consultation room provided the privacy necessary to enable confidential discussion. And its availability was prominently advertised, so patients were more likely to take advantage of this facility.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices generally help make sure people receive safe and efficient services. It gets its medicines from licensed suppliers and it generally manages its medicines well to make sure they are in good condition, so are suitable to supply.

Inspector's evidence

The pharmacy opened Monday to Friday 8.30am to 5.30pm and half-day on Saturday. It had a low-step entrance with automatic doors. And staff could see people entering the premises, which meant they could help anyone needing assistance. The resident pharmacist and relief pharmacists who provided cover when they were away, were each accredited to provide the flu vaccination service. And all the staff could provide the minor ailment service. So, people could easily access the pharmacy's services.

The pharmacy team prompted people to confirm the repeat medication they required 28 days before it was due. This helped it supply medication on time. And the team made records of these prescription requests, so it could effectively deal with queries if needed. However, the pharmacy usually did not check if people still wanted the medication it supplied when they collected it. So, it might supply medicines that people no longer needed.

The pharmacy had a written procedure on dispensing higher-risk medicines that included anti-coagulants, methotrexate, lithium and valproate. In last 18 months the pharmacy had twice audited any people prescribed valproate and identified two patients in the at-risk group. It had advised and given them the MHRA approved guidance booklet, in accordance with the MHRA's guidance. And it had the MHRA approved cards to give to patients who may become pregnant, on valproate.

The resident pharmacist regularly obtained people's latest anti-coagulant and lithium blood test results. And they checked that methotrexate patient had a recent test, which helped these people to monitor their condition. The also regularly counselled people on higher-risk medicines on their dose, potential interactions and side-effects, so that they got the information they needed.

The pharmacy team scheduled when to order compliance aid patients' prescriptions. So, it could supply patient's medication in good time. The team kept a record of each patient's current medication that also stated the time of day they should take them. This helped it effectively identify and query any medications changes with the GP surgery. The pharmacy recorded verbal communications about medication changes for compliance pack patients. So, it had the information that helped it make sure these patients received the correct medicines.

The pharmacy supplied medicines in single medication compliance aids to people living in a care home. And it provided medication administration records (MARs) and missed dose records to care homes for its staff to complete. The pharmacy also had bespoke MARs for people on externally applied medicines such as creams and patches, and higher-risk medicines. These helped the carers administer and managed people's medicines more safely and effectively. The team also audited each of its care home's medicine management arrangements, which helped the homes manage them more effectively.

The team labelled each compliance aid with a description of each medicine. However, these descriptions typically did not include the medicine's shape, colour or markings. So, it could be difficult for people to identify each of their medicines.

The pharmacy team used baskets during the dispensing process to separate people's medicines. This helped it to avoid confusing each patient's medicines with others and organise its workload. The team also marked part-used medication stock cartons. This helped make sure it gave patients the right amount of medication. The pharmacy dispensed CD instalments in advance of patients presenting, which helped it to manage the workload. And it dispensed instalments for more than one day in divided daily doses, which helped people to take an accurate dose.

The pharmacy obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers. Staff said that they had completed the pharmacy's Falsified Medicines Directive (FMD) training. The RP added that the pharmacy expected to have the software and hardware it required to be FMD compliant by the end of the year. So, the pharmacy's system for adhering to the FMD was not yet live, as required by law.

The pharmacy suitably stored all its medicines. It secured its CDs and stored them in an organised and tidy manner. And it quarantined its date-expired and patient-returned CDs and had destruction kits for destroying CDs. The team monitored its medicine refrigerator storage temperatures. Records indicated that the pharmacy had monitored its medicine stock expiry dates over the long-term. So, it made sure people received their medication before it expired. The team took appropriate action when it received alerts for medicines suspected of being defective and recorded the action that it had taken. And it disposed of its obsolete medicines in waste bins kept away from medicines stock. So, it reduced the risk of supplying medicines that may not be fit for purpose.

Staff said that the team regularly reviewed its stored dispensed CDs awaiting collection every week and reminded people to collect them. So, the pharmacy made sure it only supplied CDs when it had a valid prescription. The team used an alpha-numeric system to store its patient's bags of dispensed medication. So, it could efficiently retrieve patient's medicines when needed. And records showed that the pharmacy had a secure medication home delivery service.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities that it needs to provide its services effectively.

Inspector's evidence

The pharmacy team kept the dispensary sink clean. It also had hot and cold running water and an anti-bacterial hand-sanitiser. So, it had facilities to make sure it did not contaminate the medicines it handled. The team had a range of clean measures, including separate ones for CDs. So, it could accurately measure and give people their prescribed volume of medicine. The team had access to the latest versions of the BNF and cBNF and it could access them online. So, it could refer to the latest clinical information for patients.

The pharmacy team had facilities that protected patient confidentiality. It viewed electronic patient information on screens not visible from public areas. And the pharmacy regularly backed up its patient data on its PMR system. So, it secured patients' electronic information and could retrieve their data if the PMR system failed. The team also had a consultation room to enable confidential discussion with patients.

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.