

# Registered pharmacy inspection report

**Pharmacy Name:** Manns Pharmacy, 852a Woodborough Road,  
Mapperley, NOTTINGHAM, Nottinghamshire, NG3 5QQ

**Pharmacy reference:** 1035762

**Type of pharmacy:** Community

**Date of inspection:** 26/05/2022

## Pharmacy context

The pharmacy is on a main road in the Nottingham city suburb of Mapperley. Its main services include dispensing NHS prescriptions and selling over-the-counter medicines. The pharmacy supplies some medicines in multi-compartment compliance packs, designed to help people remember to take their medicines. And it offers a medicine delivery service. The inspection took place during the COVID-19 pandemic.

## Overall inspection outcome

### Standards not all met

**Required Action:** Improvement Action Plan

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 not all met	1.2	Standard not met	The pharmacy does not make adequate records when people receive the wrong medicine. And its team members cannot demonstrate learning from these types of events.
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards not all met	3.3	Standard not met	The pharmacy does not store all its medicines and equipment as it should. It stores some over-the-counter medicines and equipment in an unhygienic environment.
<b>4. Services, including medicines management</b>	Standards not all met	4.3	Standard not met	The pharmacy stores some of its higher risk medicines in a cabinet that does not meet requirements. And it stores some patient returned medicines in an unsuitable place in the pharmacy.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance Standards not all met

### Summary findings

The pharmacy doesn't always manage identified risks to patient safety. It does not act appropriately to review and reduce risk following a mistake during the dispensing process. And its team members do not engage in learning following a mistake. This increases the risk of a similar mistake occurring. The pharmacy generally keeps the records it needs to by law up to date. And it protects people's private information appropriately. Its team members understand how to recognise and report safeguarding concerns to help protect vulnerable people.

### Inspector's evidence

The pharmacy had addressed some risks associated with providing pharmacy services during the pandemic. There was a plastic screen positioned across some of the medicine counter. This helped to maintain social distancing and reduced the risk of spreading the virus. And signage inside the pharmacy advised people to wait a good distance from the medicine counter and to move forward when greeted by a member of the pharmacy team.

The pharmacy had standard operating procedures (SOPs) in place. They covered responsible pharmacist (RP) requirements, controlled drug (CD) management, dispensary processes and services. The SOPs had been due for review in 2020. But due to the pandemic this review had not taken place. Team members were observed working in accordance with the SOPs. But not all pharmacy team members had signed SOPs relating to their role. For example, the delivery driver had not signed SOPs relating to the medicine delivery service. Apprentices on duty demonstrated an understanding of their job roles and understood when to refer to the RP for support. One apprentice explained clearly what tasks couldn't be completed if the RP took absence from the pharmacy.

The pharmacy had templates for recording adverse safety events. A near miss record provided basic details of recent mistakes made during the dispensing process. But regular opportunities to share learning following mistakes was not evident. For example, the team could not demonstrate any recent actions taken to reduce risk following mistakes involving 'look-alike' and 'sound-alike' (LASA) medicines. The GPhC had been made aware of a dispensing incident made by the pharmacy in Autumn 2021. And a team member recalled another dispensing incident since this date. The RP on duty was a locum pharmacist and had a clear understanding of the action they would take to resolve and report an incident. And a team member provided details of how an incident should be reported electronically on the patient medication record (PMR) system. But there was no evidence of either dispensing incident being reported. And observations of stock placement on the dispensary shelves confirmed the pharmacy team hadn't acted to reduce risk by highlighting or separating the medicines involved in these incidents or in recent near misses.

The pharmacy had a complaints procedure. And pharmacy team members understood how to manage feedback and escalate a concern to either the RP or superintendent pharmacist (SI). Pharmacy team members were polite and respectful when interacting with members of the public. A member of the public and the RP shared positive comments about the level of care provided by the pharmacy team. Pharmacy team members had an understanding of how to recognise a safeguarding concern, and safeguarding procedures were available. The team members on duty were aware of the need to share

any concerns with the RP. The RP had completed level two safeguarding training. And they had experience of reporting a safeguarding concern.

The pharmacy had up-to-date indemnity insurance arrangements in place. The RP notice displayed was changed at the beginning of the inspection to reflect the correct details of the RP on duty. Other pharmacy records examined were generally made in accordance with legal and regulatory requirements with some minor omissions noted. These omissions did not raise safety concerns. For example, occasional RP sign-out times were missing from the RP register and wholesaler addresses were not always completed in the CD register. The pharmacy maintained running balances within its CD register. But it did not complete regular physical balance checks of all CDs against the register. The pharmacy had procedures in place to support the safe handling of people's private information. The team generally held personal identifiable information on a computer and within the dispensary. It shredded confidential waste onsite.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to manage its workload. It has some support systems to help members of the pharmacy team in learning roles. But it does not encourage its team members to regularly reflect on their practice and share learning to help support continual improvement. Pharmacy team members do communicate well with each other. And they are aware of how they can raise a professional concern at work.

### Inspector's evidence

The RP was a locum pharmacist who had begun working at the pharmacy recently. They were supported by two apprentices and a delivery driver on the day of inspection. One of the apprentices on duty was based at another of the company's pharmacies and was providing absence cover. The pharmacy had enrolled the apprentices on accredited training through Nottingham College. The delivery driver had commenced their role within the last year. The driver had completed internal learning related to the tasks they undertook. But this did not meet the GPhC's requirements for the education and training of pharmacy support staff. These requirements changed in October 2020. And a discussion with the SI following the inspection revealed they had been unaware of the changes. Confirmation relating to the enrolment on an accredited training course associated with the delivery role was received by the GPhC shortly after the inspection. The pharmacy also employed two qualified dispensers and another three locum pharmacists regularly worked at the pharmacy.

The apprentices received time for learning in accordance with the requirements of the apprenticeship scheme. And pharmacy team members had completed internal learning associated with delivering the pharmacy's services. But the team did not take regular opportunities to share learning following mistakes made during the dispensing process. This increased the risk of the same mistake or a similar mistake being made in the future. Pharmacy team members understood how to raise a concern at work. And team members could contact the SI or owner when needed. They were not aware of whether the pharmacy had a formal appraisal process to support their learning and development needs.

Pharmacy team members communicated well with each other throughout the inspection. And they were observed supporting each other when managing workload. The pharmacy did not have specific targets associated with the delivery of its services. And the RP confirmed they felt supported in applying their professional judgment whilst working at the pharmacy.

## Principle 3 - Premises Standards not all met

### Summary findings

The pharmacy does not store all its medicines and equipment to a suitably hygienic standard. The pharmacy premises are secure and the team maintains its working areas appropriately. But people may not have access to some services in private due to the clutter in the pharmacy's consultation room.

### Inspector's evidence

The pharmacy was suitably secure against unauthorised access when it was closed. It was clean but some fittings were worn. For example, the carpet in the public area of the pharmacy. Lighting throughout the premises was bright. The pharmacy had a range of heaters for use during colder weather. Hot and cold water was available alongside antibacterial hand wash, alcohol hand gel and towels at sinks. The dispensary was small for the work activity carried out. But team members used space efficiently. There was designated bench space for completing dispensing and checking tasks. Staff break facilities were provided in small rooms beyond the dispensary.

The open plan public area of the pharmacy stocked health related items and toiletries. A gate at the medicine counter prevented unauthorised access into the dispensary. A private consultation room was available to the side of the public area. But this was small and cluttered with boxes of retail stock, paperwork and patient returned medicines. Access to a table and chairs in the room was comprised by the clutter. This meant the room could not be easily accessed by a member of the public in its current state. Team members confirmed private conversations could generally take place in the public area of the pharmacy when nobody else was present.

Due to limited storage room available within the premises, the pharmacy used another secure storage area close by. It used this building to store some retail stock, including a small quantity of Pharmacy (P) medicines and dispensary sundries. The space observed did not provide a suitable environment for storing medicines and equipment. For example, the building was not pest-proof and there was evidence of spider infestation. And the team did not complete any regular checks to ensure it was storing medicines in accordance with the manufacturer's instructions. The pharmacy stored some open boxes of single-use multi-compartment compliance packs in this area. This risked the packs becoming contaminated by dust or insects prior to use.

## Principle 4 - Services Standards not all met

### Summary findings

The pharmacy does not store some of its medicines as required by law. And some of its storage arrangements present a safety risk to people using the pharmacy. The pharmacy obtains its medicines from reputable sources. Its team members complete a range of checks and audit processes which assist the pharmacy in providing its dispensing services safely. And its services are generally accessible to people.

### Inspector's evidence

The pharmacy was accessed through a simple door, up a small step from street level. The public area of the pharmacy was accessible to people. And it provided seating for people waiting for prescriptions or other pharmacy services. Pharmacy team members were aware of how to signpost people to another pharmacy or healthcare provider if they were unable to provide a service.

The pharmacy protected P medicines from self-selection as it displayed them behind the medicine counter. This meant the RP could supervise sales taking place. The RP had engaged in learning associated with the valproate pregnancy prevention programme (PPP), and understood the requirements of the programme. The pharmacy had a range of tools associated with managing higher risk medicines including patient cards associated with the valproate PPP and steroid emergency cards for adults. The RP confirmed they would counsel people taking higher risk medicines. But pharmacy did not regularly record these types of interactions on people's medication records.

The pharmacy used baskets throughout the dispensing process. This kept medicines with the correct prescription form. And pharmacy team members took ownership of their work by signing their initials in the 'dispensed by' and 'checked by' boxes on medicine labels. The pharmacy team kept original prescriptions for medicines owing to people. It used the prescription throughout the dispensing process when the medicine was later supplied. It kept audit trails to support the delivery of medicines to people's homes. The pharmacy did not require people to sign for receipt of their medicines through the delivery service.

Work associated with the multi-compartment compliance pack service was suitably managed with dispensing audit trails completed. Pharmacy team members had access to a hard copy of people's medication regimen to support the dispensing process. This clearly identified each medicine and time of day it should be taken. The sheets were regularly updated when changes occurred. But team members did not always record details of the change on the PMR. Pharmacy team members took care to ensure descriptions on backing sheets matched the brand of medicine they dispensed. But the pharmacy did not routinely issue patient information leaflets when issuing medicine in a compliance pack.

The pharmacy stored some higher risk medicines in a locked cabinet. But this cabinet did not conform to safe custody requirements. The cabinet was at its storage capacity but medicines inside were generally held in an organised manner. The pharmacy stored out-of-date CDs separately from other stock, whilst they awaited destruction. The pharmacy held cold chain medicines in a medical fridge. The

fridge was clean but it was also nearing its storage capacity. There were some minor gaps within the fridge temperature record. But the temperature range either side of these gaps had remained within two and eight degrees Celsius as required.

Pharmacy team members carried out and recorded regular date checking tasks across all stock. Stickers on medicines helped to highlight those with a short shelf life. The team annotated liquid medicines with the date of opening. This informed additional safety checks during the dispensing process. The pharmacy had appropriate medical waste bags available. But it did not always store bags of waste medicines as it should between collections. For example, it stored some bags of patient returned medicines in its consultation room creating significant clutter and risks for people using it. The pharmacy received medicine alerts through email, and it kept an audit trail of appropriate checks made in response to these alerts.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has a suitable range of equipment to support the delivery of its services. And its team members use the equipment in a way which protects people's privacy.

### Inspector's evidence

The pharmacy had up-to-date written reference resources available. These included the British National Formulary (BNF). Pharmacy team members could access the internet to help resolve queries and to obtain up-to-date information. The pharmacy's computer was password protected. And information displayed on the computer monitor was not visible from the public area. The pharmacy stored bags of assembled medicines in a way which protected people's personal details from public view. It had a range of equipment available to support the delivery of its services. And separate equipment for measuring and counting higher risk medicines was available.

### 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.