

Registered pharmacy inspection report

Pharmacy Name: Manor Pharmacy, 251 Branston Road, BURTON-ON-TRENT, Staffordshire, DE14 3BT

Pharmacy reference: 1036874

Type of pharmacy: Community

Date of inspection: 05/09/2019

Pharmacy context

This is a community pharmacy located in a parade of local shops on a main road into Burton-On-Trent. People using the pharmacy are generally from the local community. The pharmacy primarily dispenses NHS prescriptions and provides some other NHS funded services. The pharmacy team dispenses some medicines into weekly packs for people that can sometimes forget to take their medicines and it supplies medicines to care 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

The pharmacy effectively manages the risks associated with the services to make sure people receive appropriate care. Members of the pharmacy team follow written procedures to make sure they work safely. They record their mistakes so that they can learn from them. And they make changes to stop the same sort of mistakes from happening again.

Inspector's evidence

A range of standard operating procedures (SOPs) were in place which covered the operational activities of the pharmacy and the services provided. SOPs had been prepared and reviewed by the Superintendent's Office on various dates. Signature sheets were used to record staff training. Roles and responsibilities of pharmacy staff were highlighted within the SOPs.

A near miss log was used and the dispenser involved was responsible for correcting their own error to ensure they learnt from the mistake. The responsible pharmacist (RP) explained that each near miss was discussed at the time to see if there were any reasons for the near miss, and it was used as a learning opportunity. The near miss log was reviewed for patterns and trends approximately every six months and the outcome was recorded as part of the NHS Quality Payment Scheme (QPS). The SOP stated that a monthly review should be carried out and there was a space at the bottom of the near miss log to record this. The lack of regular reviews could mean some additional learning opportunities are missed. Various medicines were highlighted or separated to reduce the risk of them being selected in error. Dispensing errors were recorded using an online template forms and reported to the superintendent (SI). An example of a previous dispensing error was discussed, and the RP explained how the branch processes had been updated to reduce the risk of a similar error occurring in the future. Regular internal audits were completed to check compliance with various aspects of the business, such as pharmacy, trading standards and human resources. A GPhC inspection checklist had also been completed. The internal audits and checklists were used to create an action plan for the responsible pharmacist to work through to make improvements.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A member of staff answered questions related to medicine sales and responsible pharmacist (RP) absence correctly. Pharmacy staff were wearing uniforms and name badges which stated their job role.

A complaints procedure was in place. The RP explained the process for handling a complaint or concern. She identified that she would speak to the person first and would try to resolve the issue and would refer to the area manager or superintendent if the complaint was unresolved. A customer leaflet was available which explained the complaints process. People could give feedback to the pharmacy team in several different ways; verbal, written, to head office and the annual NHS CPPQ survey.

The pharmacy had up-to-date professional insurance arrangements in place. The Responsible Pharmacist (RP) notice was displayed and the RP log complied with requirements. Controlled drug (CD) registers also complied with requirements. A regular CD balance check took place and was documented in the CD register. A random balance check matched the balances recorded in the register. The balance check for methadone was done every week and the manufacturer's overage was added to the running

balance. A patient returned CD register was used. Private prescription and emergency supplies were recorded electronically, and records were generally in order. Specials records were maintained with an audit trail from source to supply. Medicines Use Review (MUR) consent forms were signed by the patient. Home delivery records were signed by the recipient as proof of delivery.

The branch had an Information Governance (IG) policy and staff had completed IG training. Confidential waste was stored separately from general waste and sent off site for destruction. The pharmacy staff had NHS Smartcards and confirmed that their passcodes were not shared. Verbal or written consent was obtained before the RP accessed NHS Summary Care Records (SCR). The pharmacy had a safeguarding policy and a list of local safeguarding contacts was available. The RP had completed a Centre for Pharmacy Postgraduate Training (CPPE) training package on safeguarding on safeguarding children and vulnerable adults.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage the current workload and the services that it provides. The team members plan absences in advance, so they always have enough cover to provide the services. They work well together in a supportive environment and can raise concerns and make suggestions.

Inspector's evidence

The pharmacy team comprised of the pharmacy manager (RP at the time of inspection), two dispensing assistants, a trainee dispensing assistant and a medicine counter assistant. Holidays were planned in advance with the pharmacy manager and cover was provided by other staff members as required. Additional cover could be requested through the relief dispenser co-ordinator if there were any gaps in the schedule that could not be covered by the team. Tasks were planned throughout the day so that the workload was manageable. For example, multi-compartment compliance pack dispensing was done when the more staff were present.

The pharmacy manager was due to carry out appraisals with the pharmacy team members and had printed off appraisal forms in readiness. A member of staff could not recall when their last one had been. The team said the pharmacy manager gave them ongoing feedback within the dispensary. There was no formal ongoing training programme that the team were aware of. Some ongoing training had been completed and this was linked to NHS Quality Payment Scheme, such as, oral health training and healthy living pharmacy training.

The team appeared to work well together during the inspection and were observed helping each other and moving onto the healthcare counter when there was a queue. As the pharmacy team worked closely together they discussed any near misses, incidents and pharmacy issues on a regular basis within the dispensary rather than at a formal meeting. The team also sent emails to the pharmacy manager if they had a question. The pharmacy staff said that they could raise any concerns or suggestions with the pharmacy manager, area manager or head office.

The RP was observed making herself available to discuss queries with people and giving advice when she handed out prescriptions. Targets were in place for services and the RP explained that she would use her professional judgement to offer services, such as, MURs when she felt that they were appropriate for the person.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. The pharmacy team uses a consultation room for services and if people want to have a conversation in private.

Inspector's evidence

The premises were smart in appearance and appeared to be well maintained. Any maintenance issues were reported to head office using an online form. The dispensary was an adequate size for the services provided; an efficient workflow was seen to be in place. Dispensing and checking activities took place on separate areas of the worktops. There was a stock room upstairs which was used as a staff rest area, and to store excess shop stock, pharmacy consumables and medicine waste bins.

There was a private soundproof consultation room which was used by the pharmacist during the inspection. The consultation room was professional in appearance. The door to the consultation room remained closed when not in use. Prepared medicines were held securely within the pharmacy premises and pharmacy medicines were stored behind the medicines counter.

The dispensary was clean and tidy with no slip or trip hazards evident. The pharmacy was cleaned by pharmacy staff. The sinks in the dispensary and staff areas had hot and cold running water, hand towels and hand soap were available. The pharmacy was heated by plinth heaters and cooled with portable fans. The temperature was comfortable during the inspection. The lighting was adequate for the services provided.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy manages its services and supplies medicines safely. It gets its medicines from licensed suppliers, and stores them securely and at the correct temperature, so they are safe to use. The pharmacy team supports members of the public that may forget to take their medicines by placing them into weekly multi-compartment compliance packs and manages this service effectively.

Inspector's evidence

The pharmacy had step free access from the pavement and a home delivery service was available for people that could not access the pharmacy. The services provided by the pharmacy were advertised and health promotion leaflets were available. Pharmacy staff referred to people to other local services using local knowledge and the internet to support signposting. Pharmacy staff could communicate with people in English, Urdu and Mirpuri. Google Translate was also used.

Prescriptions were dispensed in baskets with different colours used for different prescription types. Dispensing baskets were also used to keep medication separate. Staff signed the dispensed and checked boxes on medicine labels, so there was a dispensing audit trail for prescriptions.

Multi-compartment compliance packs were supplied, and the process was usually managed by one of the dispensing assistants. Prescriptions were ordered in advance to allow for any missing items to be queried with the surgery ahead of the intended date of supply. Each person had a record sheet to log where they wanted each medicine packed and which external items they required. A sample of dispensed compliance packs were seen to have been labelled with descriptions of medication, and provided an audit trail for who had been involved in the dispensing and checking process. Patient information leaflets (PILs) were included with each monthly supply. Monthly and acute prescriptions were supplied to two care homes and there were processes in place for setting up a new resident, providing acute or emergency prescriptions and for ordering prescriptions for the monthly cycle.

A prescription collection service was offered, and various options were available dependent on what the person preferred. The pharmacy kept a list containing the items that the patient had requested and chased any outstanding items ahead of the person returning to pick up their prescription.

Stickers were attached to completed prescriptions to highlight people suitable for certain services or that needed fridge or CD items adding. The team were aware of additional counselling for people prescribed valproate and there were leaflets and stickers available to support this.

Date checking was carried out in accordance with a plan issued by head office and there was evidence of regular date checking. Medicines were obtained from a range of licensed wholesalers and a specials manufacturer. Medicines were stored in an organised manner on the dispensary shelves. All medicines were stored in their original packaging. Split liquid medicines were marked with the date of opening. Barcode scanners, computer updates and staff training to support implementation of the Falsified Medicines Directive (FMD) compliance had taken place and had been tested in branch. But the team were waiting for guidance from head office before they started using it. Patient returned medicines were stored separately from stock medicines in designated bins. The pharmacy was alerted to drug recalls via emails from head office and NHS England. A record of recalls was seen, and recalls were

annotated and signed as evidence.

The CD cabinets were secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. Secure procedures for storing the CD keys during the day were in place. Substance misuse prescriptions were dispensed in advance of the patient coming to collect them. This reduced work load pressure and the risk of dispensing incorrect doses when the patient came to collect the prescription. Assembled substance misuse prescriptions were stored in the CD cabinet. There was a medical fridge used to hold stock and assembled medicines. The medicines in the fridge were stored in an organised manner. Fridge temperature records were maintained, and records showed that the pharmacy fridge was working within the required temperature range of 2°C and 8°Celsius.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide services safely. And the pharmacy team uses it in a way that keeps people's information safe.

Inspector's evidence

The pharmacy had a range of up to date reference sources, including the BNF and the children's BNF. Internet access was available. Patient records were stored electronically and there were enough terminals for the workload currently undertaken. A range of clean, crown stamped measures were available. Separate measures were available for preparation of methadone. Counting triangles were available and there was a separate, marked triangle used for cytotoxic medicines. Screens were not visible to the public as members of the public were excluded from the dispensary. Cordless telephones were in use and staff were observed taking phone calls in the back part of the dispensary to prevent people using the pharmacy from overhearing.

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.