

# Registered pharmacy inspection report

**Pharmacy Name:** Manningham Pharmacy, 120 Lumb Lane,  
BRADFORD, West Yorkshire, BD8 7RS

**Pharmacy reference:** 1039465

**Type of pharmacy:** Community

**Date of inspection:** 16/09/2022

## Pharmacy context

The pharmacy is in a parade of shops near Bradford city centre. Pharmacy team members dispense NHS prescriptions and sell a range of over-the-counter medicines. They provide medicines to people in multi-compartment compliance packs to help them take their medicines correctly. They deliver medicines to people's 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 |
|--|-------------------|------------------------------|------------------|-----|
| <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 adequately identifies and manages risks to its services. And it has the written procedures it needs to help pharmacy team members manage its services effectively. Pharmacy team members understand their role to help protect vulnerable people. And they suitably protect people's confidential information. Team members record and discuss the mistakes they make to learn from them. But they don't always identify why mistakes happen or record the actions they take in response to any patterns they find, so they may miss opportunities to reflect and make improvements to the pharmacy's services.

### Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place to help pharmacy team members manage the risks to its services. The superintendent pharmacist (SI) had reviewed the SOPs available in 2020. Pharmacy team members had signed to confirm they had read and understood the procedures since the last review. The SI had set a date to review them again in 2022.

Pharmacy team members highlighted and recorded near miss and dispensing errors they made when dispensing. There were documented procedures to help them do this effectively. They discussed their errors and why they might have happened. And they used this information to make changes to help prevent the same or similar mistakes from happening again. One example of changes they had made was separating look-alike and sound-alike (LASA) medicines, such as ramipril tablets and capsules, to help prevent the wrong medicines being selected. The records available sometimes contained information about why a mistake had happened, but this was rare. Usually, pharmacy team members captured little or no information about why mistakes had been made. Or the changes team members had made to prevent them happening again. Pharmacy team members discussed their errors each month to establish if there were any patterns. And they further discussed the patterns identified at a quarterly patient safety meeting. They recorded their analyses. But the information collected often lacked specific details about the changes team members had made in response to patterns identified. This meant they might miss out on opportunities to reflect, learn, and make improvements to the pharmacy's services. The pharmacy had a system in place to record dispensing errors that had been given out to people. But during the inspection, the pharmacy did not have any records of any errors. Team members explained this was because they had not made any error that had been given out to people since they had taken ownership in late 2019. So, the quality of their dispensing error management could not be assessed.

The pharmacy had a documented procedure to deal with complaints handling and reporting. It collected feedback from people verbally and did not have any records of any feedback received, or any examples of changes made in response to people's feedback. The pharmacy had up-to-date professional indemnity insurance in place. It maintained a responsible pharmacist record which was complete. The pharmacy kept controlled drug (CD) registers that were complete and in order. It kept running balances in all registers. These were audited against the physical stock quantity. But this was not done often. For example, the register for MST 15mg tablets had been audited approximately every four months since November 2021. The inspector checked the running balances against the physical stock for three products. And these were correct. The pharmacy kept private prescription and emergency supply records, which were complete and up to date.

The pharmacy kept sensitive information and materials in restricted areas, and it shredded confidential waste. The pharmacy had a documented procedure in place to help pharmacy team members manage sensitive information correctly. Team members explained how important it was to protect people's privacy and how they would protect confidentiality. A pharmacy team member gave some examples of signs that would raise their concerns about vulnerable children and adults. The pharmacy had a documented procedure for dealing with concerns about children and vulnerable adults. And some printed guidance materials and local contact information for team members to refer to. They explained how they would refer any concerns to the pharmacist. The responsible pharmacist (RP) and another team member had completed training in 2019. But there were no records that other team members had completed safeguarding training. They explained they had completed training, but they did not know when.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

Pharmacy team members have the right qualifications and skills for their roles and the services they provide. They complete some appropriate training to keep their knowledge up to date. But the pharmacy doesn't provide them with a structured training plan. Pharmacy team members feel comfortable discussing ideas and issues.

### Inspector's evidence

At the time of the inspection, the pharmacy team members present were a pharmacist, a trainee pharmacist, a pharmacy technician, and a dispenser. The pharmacy also employed three other dispensers and a delivery driver, who were not present during the inspection. The pharmacy team members present managed the workload well. Team members completed training ad-hoc by reading various materials. And by completing training modules provided by the NHS e-learning for healthcare platform when available. They had recently completed modules about antimicrobial stewardship and infection prevention and control as part of the requirements of the Pharmacy Quality Scheme. The pharmacy did not have an appraisal or performance review process for team members. The pharmacy manager explained it was their plan to implement a system soon. Currently, team members raised any learning needs ad hoc with the pharmacist or manager. And they signposted people to relevant information and discussed topics with them where necessary.

Pharmacy team members felt comfortable sharing ideas to improve the pharmacy's services. They had recently reorganised their system for managing the preparation of medicines into multi-compartment compliance packs for people. Their changes had streamlined the process to help make the system clearer for all team members working on different shifts. Pharmacy team members explained they would raise professional concerns with the pharmacist or the pharmacy's owners. They felt comfortable raising concerns and confident that their concerns would be considered. They explained that if they had a concern they could not raise internally, they would contact the GPhC for advice. The pharmacy also had a whistleblowing policy for team members to use.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and properly maintained. It provides a suitable space for the services provided. The pharmacy has a suitable room where people can speak to pharmacy team members privately.

### Inspector's evidence

The pharmacy was clean and well maintained, and it was tidy and well organised. The floors and passageways were free from clutter and obstruction. Pharmacy team members kept equipment and stock on shelves throughout the premises. The pharmacy had a private consultation room available. Pharmacy team members used the room to have private conversations with people. There was a clean, well-maintained sink in the dispensary used for medicines preparation and another sink for cleaning and hand hygiene. There was a toilet, with a sink which provided cold running water and other facilities for hand washing. The pharmacy maintained heat and light to acceptable levels. Its overall appearance was professional, including the pharmacy's exterior which portrayed a professional healthcare setting. The pharmacy's professional areas were well defined by the layout and were well signposted from the retail area. Pharmacy team members prevented access to the restricted areas of the pharmacy.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are easily accessible to most people. The pharmacy has systems in place to help provide its services safely and effectively. It sources its medicines appropriately. And it stores and manages its medicines properly. But pharmacy team members do not always provide people with the necessary information to help them take their medicines safely.

### Inspector's evidence

The pharmacy had stepped access from the street. People knocked on the door to attract attention if they needed help. Pharmacy team members could use the prescription medication records (PMR) system to produce large-print labels to help people with visual impairment. They explained how they would use written communication to help communicate with people with hearing impairment. Pharmacy team members spoke various other languages, as well as English, to help communicate with their local population, including Urdu, Punjabi, Bengali, Arabic and Bangla. They explained they had also used an online translation tool to help communicate with people locally who spoke Polish.

Pharmacy team members signed the 'dispensed by' and 'checked by' boxes on dispensing labels during dispensing. This was to maintain an audit trail of the people involved in the dispensing process. They used dispensing baskets throughout the dispensing process to help prevent prescriptions being mixed up. The pharmacist counselled people receiving prescriptions for valproate if appropriate. And they checked if the person was aware of the risks if they became pregnant while taking the medicine. They also checked if the person was on a pregnancy prevention programme. The pharmacy supplied medicines to people in multi-compartment compliance packs when requested to help them take their medicines correctly. It attached backing sheets to the packs, so people had written instructions of how to take their medicines. Pharmacy team members included descriptions of what the medicines looked like, so they could be identified in the pack. But they did not routinely provide people with patient information leaflets about their medicines each month. They explained leaflets were provided to someone when a medicine was newly prescribed, but not routinely after that. Pharmacy team members documented any changes to medicines provided in packs on the person's master record sheet, which was a record of all their medicines and where they were placed in the packs. The pharmacy delivered medicines to people, and it recorded the deliveries it made. The delivery driver left a card through the letterbox if someone was not at home when they delivered. The card asked people to contact the pharmacy.

The pharmacy obtained medicines from licensed wholesalers. It stored medicines on shelves, and it kept all stock in restricted areas of the premises where necessary. The pharmacy had adequate disposal facilities available for unwanted medicines, including CDs. Pharmacy team members monitored the minimum and maximum temperatures in the fridge where medicines were stored each day, and they recorded their findings. The temperature records seen were within acceptable limits. Pharmacy team members checked medicine expiry dates every two months, and up-to-date records were seen. They highlighted and recorded any short-dated items up to six months before their expiry. And they removed expiring items during the check before the product was due to expire.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the necessary equipment available, which it properly maintains. And it manages and uses the equipment in ways that protect people's confidentiality.

### Inspector's evidence

The pharmacy had the equipment it needed to provide the services offered. The resources it had available included the British National Formulary (BNF), the BNF for Children, various pharmacy reference texts and use of the internet. The pharmacy had a set of clean, well-maintained measures available for medicines preparation. It had a shredder available to destroy its confidential waste. It kept its password-protected computer terminals in the secure areas of the pharmacy, away from public view.

### 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.  |