General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Manchester Road Pharmacy, 1054 Manchester Road, Bankfoot, BRADFORD, West Yorkshire, BD5 8NN

Pharmacy reference: 1039472

Type of pharmacy: Community

Date of inspection: 11/05/2023

Pharmacy context

The pharmacy is in a row of shops in the suburbs of Bradford city centre. Pharmacy team members dispense NHS prescriptions and sell a range of over-the-counter medicines. The pharmacy provides services, such as the NHS Blood Pressure Check service. Team members provide medicines to people in multi-compartment compliance packs. And 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
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 adequately identifies and manages risks associated with its services. And it has documented procedures to help it provide services effectively. Pharmacy team members understand their role in helping to protect vulnerable people. And they suitably protect people's private information. They record and discuss the mistakes they make so that they can learn from them. And they use this information to make changes to help improve the safety of their services.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place to help pharmacy team members manage the risks. The superintendent pharmacist (SI) had reviewed the SOPs in February 2023. Most of the team members had signed to confirm their understanding since the SOPs had been reviewed. Some team members had not signed the updated procedures, but they confirmed they had read them. The pharmacy provided the NHS Blood Pressure Check (Hypertension Case Finding) Service to people. The pharmacist carried out face-to-face consultations with people to test their blood pressure. This helped to determine whether people had, or were at risk of developing, high blood pressure. The pharmacist then provided people with further help, such as by referring them to their GP or hospital if necessary, or by providing them with a machine to monitor their blood pressure at home over 24-hours. The pharmacist explained how they had considered some of the risks of delivering the blood pressure check service to people, such as the suitability of the pharmacy's consultation room, ensuring that team members had completed the necessary training, the availability of the necessary equipment, and having the correct SOPs in place. But they had not documented these assessments to help them manage emerging risks on an ongoing basis.

Pharmacy team members highlighted and recorded near miss errors. And dispensing errors, which were errors identified after the person had received their medicines. There were documented procedures to help team members do this effectively. They discussed their errors and why they might have happened. And they used this information to make some changes to help prevent the same or similar mistakes from happening again. For example, team members described how they had separated the look-alike and sound-alike (LASA) medicines bumetanide and glimepiride on the shelves to help prevent the wrong medicines being selected. But during the inspection, these medicines were found together on the shelves. This was discussed, and team members agreed they needed to do more to make sure any changes were clear to everyone so they could be easily sustained. Pharmacy team members did not always capture enough information about why the mistakes had been made or the changes they had made to prevent a recurrence to help aid future learning. But they gave their assurance that these details were always discussed. The pharmacy manager analysed the data collected every month to look for patterns, and they recorded their analysis. Pharmacy team members discussed the patterns found at a monthly patient safety briefing. They had recently identified and discussed that several errors were being caused by them rushing to serve people as quickly as possible. In response, the team were working hard to manage people's expectations about the time they needed to safely process prescriptions. This helped to relieve pressure and provide team members with more time to dispense medicines safely.

The pharmacy had a documented procedure in place for handling complaints or feedback from people. Pharmacy team members explained people usually provided verbal feedback. And any complaints were

referred to the pharmacist to handle. There was information available for people in the retail area about how to provide the pharmacy with feedback. Team members explained they had recently started to try engaging people more using online platforms to collect feedback. And by providing alternative contact information for the pharmacy, such as an email address. The pharmacy had up-to-date professional indemnity insurance in place. The pharmacy kept accurate controlled drug (CD) registers. It kept running balances for all registers, including registers for methadone. Pharmacy team members audited these balances against the physical stock quantity approximately each week. Checks of the running balances against the physical stock for three products were found to be correct. The pharmacy kept a register of CDs returned by people for destruction. It maintained a responsible pharmacist record electronically, and it was complete and up to date. The pharmacist displayed their responsible pharmacist notice. Pharmacy team members monitored and recorded fridge temperatures. The pharmacy kept private prescription and emergency supply records, which were complete and in order.

The pharmacy kept sensitive information and materials in restricted areas. It shredded confidential waste. The pharmacy had a documented procedure in place to help pharmacy team members manage sensitive information. Pharmacy team members explained how important it was to protect people's privacy and how they would protect confidentiality. Team members gave some sound examples of signs that would raise their concerns about vulnerable children and adults. And how they would discuss their concerns to the pharmacist and other professionals engaged in the person’s care. The pharmacy had procedures for dealing with concerns about children and vulnerable adults. Pharmacy team members had completed formal safeguarding training in November 2023. And they displayed local safeguarding contact information on a notice board for people to refer to.

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 ad hoc training to help keep their knowledge and skills up to date. Pharmacy team members feel comfortable raising concerns and discussing ways to improve services.

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 qualified dispenser. Pharmacy 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. Team members had recently completed training on safeguarding, infection prevention and control and Safe Spaces domestic abuse training. The pharmacy did not have a formal appraisal or performance review process for pharmacy team members. A team member explained they would raise any learning needs verbally with the pharmacist, and they were supported by being signposted to relevant reference sources or by discussion to help improve their knowledge.

A pharmacy team member explained how they would raise professional concerns with the pharmacy manager, who worked at another local store, or the superintendent pharmacist (SI). They felt comfortable raising concerns, confident that their concerns would be considered, and that changes would be made where they were needed. The pharmacy did not have a formal whistleblowing policy. Pharmacy team members were aware of organisations outside the pharmacy where they could raise professional concerns, such as the NHS or GPhC. Pharmacy team members communicated with an open working dialogue during the inspection. They felt comfortable making suggestions to improve their ways of working. A recent example had been assigning team members to specific roles. This was to help protect people from distractions when performing certain tasks and it meant that team members were a able to take more ownership of their assigned activities. The pharmacy owners did not ask pharmacy team members to meet any performance related targets.

Principle 3 - Premises ✔ Standards met

Summary findings

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

Inspector's evidence

The pharmacy was clean and well maintained. Its area for preparing prescriptions was small and had a limited amount of bench space for team members to use. Team members kept these benches tidy and well organised to help maximise the space they had available. The pharmacy’s floors and passageways were free from clutter and obstruction. The pharmacy kept equipment and stock on shelves throughout the premises. It had a private consultation room, which was clearly signposted, and 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. There was a staff toilet, with a sink with hot and cold running water and other hand washing facilities. The pharmacy kept its heating and lighting to acceptable levels. Its overall appearance was professional and suitable for the services it provided.

Principle 4 - Services ✔ Standards met

Summary findings

Pharmacy team members manage and provide the pharmacy’s services safely and effectively. The pharmacy suitably sources its medicines. And it generally stores and manages its medicines appropriately. The pharmacy’s services are accessible to people, including people using wheelchairs. And it has processes in place to help people understand and manage the risks of taking higher-risk medicines.

Inspector's evidence

The pharmacy had ramped access from the street. It had a bell at the door to attract team members’ attention if people needed help accessing the pharmacy. Pharmacy team members explained how they would communicate in writing with people with a hearing impairment. And they could provide large-print labels and instruction sheets to help people with a visual impairment.

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 they were at risk. They checked if the person was aware of the risks if they became pregnant while taking the medicine. And whether they were on a pregnancy prevention programme and using effective contraception. The pharmacy had stock of some information materials to give to people to help them manage the risks of taking valproate. The pharmacist had completed an audit to identify people who received valproate from the pharmacy. And they contacted these people to make sure they had received the right advice and information about their medicines. They recorded these conversations on the person’s electronic patient medication record (PMR). The pharmacy supplied medicines to people in multi-compartment compliance packs when requested. It attached backing sheets to the packs, so people had written instructions about how to take their medicines. Pharmacy team members included descriptions of what the medicines looked like, so they could be identified in the pack. And they provided people with patient information leaflets about their medicines each month. Team members documented any changes to medicines provided in packs on the person’s PMR.

The pharmacy obtained medicines from licensed wholesalers. It had disposal facilities available for unwanted medicines, including CDs. Team members monitored the minimum and maximum temperatures in the pharmacy’s fridge each day and recorded their findings. The temperature records seen were within acceptable limits. The pharmacy had a documented procedure for checking stock for short-dated and expired medicines. The last recorded check had been completed in September 2022. Team members explained that checks had been carried out more recently but they had not been recorded. They highlighted short-dated medicines up to 12 months before their expiry by attaching a coloured sticker to the pack. They then relied on people noticing highlighted packs while dispensing to remove them before they expired. No out-of-date medicines were found on the shelves when these were randomly checked, and several packs were highlighted with stickers. Some shelves were untidy and cluttered, which increased the risks of mistakes being made by people selecting the incorrect item when dispensing.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy mostly 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 most of the equipment it needed to provide the services offered. But it currently did not have a working ambulatory blood pressure monitor. The pharmacist explained that their ambulatory blood pressure monitor had broken recently and had been sent for repair, so, they were currently unable to offer people the option of 24-hour monitoring. The pharmacy had other reference resources available, including 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 suitable containers available to collect and destroy its confidential waste. It kept its password-protected computer terminals and bags of medicines waiting to be collected in the secure areas of the pharmacy, away from public view and where people's private information was protected.

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.