

Registered pharmacy inspection report

Pharmacy Name: Gatley Pharmacy, 220 Liverpool Road, Eccles,
MANCHESTER, Lancashire, M30 0PF

Pharmacy reference: 1091644

Type of pharmacy: Community

Date of inspection: 31/10/2019

Pharmacy context

This traditional community pharmacy is situated on a shopping parade on a main road through an urban residential area. Most people who use the pharmacy live locally. It mainly prepares NHS prescription medicines and orders people's repeat prescriptions, and it has a home delivery service. A large number of people receive their medicines in weekly multi-compartment compliance packs to help make sure they take them safely. The pharmacy also supplies medicines to care homes and it offers a home delivery service. And it provides other NHS services such as influenza vaccinations and Medicines Use Reviews (MURs).

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

Overall, the pharmacy manages its risks well. The pharmacy team follows written instructions to help make sure it provides safe services. The team reviews its mistakes which helps it to learn from them. Pharmacy team members apply the basic principles of protecting people's information, and they understand their role in protecting and supporting vulnerable people.

Inspector's evidence

The pharmacy had written procedures that had been issued in June 2018 and were scheduled to be reviewed in June 2020. These covered safe dispensing, the responsible pharmacist (RP) regulations, controlled drugs (CD), and compliance pack dispensing. However, the team member task matrix had not been completed, as required under the RP regulation. Records indicated that most staff had read and understood the procedures relevant to their role and responsibilities. The only exceptions were a new team member and a dispenser who both recently started employment. And the resident pharmacist, who had been the manager since April 2019, had not signed some of them to confirm they had read them.

The dispenser and checker initialled dispensing labels, which helped to clarify who was responsible for each prescription medication they had supplied and assisted with investigating and managing mistakes. The pharmacy had a procedure for handling any mistakes with medication it had already supplied. Most staff had signed to declare they had read it, but the resident pharmacist had not. The resident pharmacist discussed these mistakes with the staff involved, but they were not always shared with the rest of the team and it was unclear if they were recorded.

The pharmacy team also discussed and recorded mistakes it identified before it had supplied prescription medicines, and it addressed each of these mistakes separately. The senior dispensers reviewed these records each month and shared their findings with the team. However, staff usually did not discuss or record the reason why they thought they had made each mistake. So, they could miss identifying patterns and additional opportunities to learn and mitigate risks in the dispensing process.

The pharmacy team received positive feedback across several key areas from people who used its services in its last satisfaction survey. However, the results were from March 2018, so they may no longer be meaningful. The pharmacy had a complaints procedure, but there was no publicly displayed information explaining how to make a complaint.

The pharmacy had professional indemnity insurance for the services it provided. The RP displayed their RP notice, which helped people to identify them. The pharmacy maintained the records required by law for the RP, private prescription medication and CD transactions, but it sometimes did not include the drug class, strength or form on the top of every CD register page heading. The team checked methadone running balances regularly, so it could detect any discrepancies at an early stage. It kept records of medications it supplied to people who needed them urgently and did not have a prescription. But it did not always record the date or reason for the supply, as required by law, which could make it more difficult to explain what had happened in the event of a query. The pharmacy also maintained records for medications manufactured under a specials licence that it had ordered and supplied. And it had records relating to services such as flu vaccinations and MURs.

The pharmacy publicly displayed its privacy notice, had policies for protecting people's data, and records indicated that the resident pharmacist had completed a recent data protection audit. The team obtained people's written consent to access their information in relation to the MUR, flu vaccination service, prescription ordering and electronic prescription services. Staff used passwords to protect access to electronic patient data, used their own security cards to access people's NHS electronic data, and securely destroyed confidential material. Most team members understood the basic principles of protecting people's information. The pharmacy had a confidentiality agreement, but most staff had not read it, including the new team member who was still to be briefed on the essentials of protecting people's information. The pharmacy had a training needs assessment tool for determining each team member's data protection training needs, but staff had not completed it. The consultation room remained secured while it was vacated. However, patient identifiable information was potentially visible to unauthorised persons who were allowed access to the room; the resident pharmacist said they would address this issue.

The resident pharmacist had level two safeguarding accreditation. Some of the pharmacy team members had completed a formal safeguarding training programme, and they had access to NHS safeguarding information if they needed further guidance. Staff discussed any safeguarding concerns with people's GP or carer if they noted anyone who might be showing signs of forgetfulness, confusion or difficulties staying independent. However, they did not know if the pharmacy had its own safeguarding procedures. The RP assessed whether people needed their medicines in a compliance pack, which included if they needed their medication limited to seven day's supply, which could help them to avoid becoming confused. However, it did not keep a corresponding record of these assessments. The pharmacy kept the next of kin details and care arrangements for most people using compliance packs.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide an efficient service and team members work well together. Team members have a performance review and have access to a structured on-going training programme. Qualified staff have the skills necessary for their role. However, some team members occasionally assist with tasks that they have not been properly trained to do.

Inspector's evidence

The staff present included the RP, who was the superintendent pharmacist, two experienced dispensers, and a new team member who would become a trainee MCA if they completed their two-week trial period. The other staff, who were not present, included the resident pharmacist, an MCA and a delivery driver. The pharmacy had enough staff to comfortably manage its workload. The team usually had repeat prescription medicines, including those dispensed in compliance packs ready in good time for when people needed them. The pharmacy received most of its prescriptions via the prescription ordering and electronic prescription services, which collectively helped to increase service efficiency. The pharmacy had a steady footfall and recently increased its dispenser staffing resource, which meant the team avoided sustained periods of increased workload pressure and it could promptly serve people. The pharmacy did not have any formal targets for the volume of services it provided. The resident pharmacist said that they could manage the competing dispensing and not-dispensing service demands. The pharmacy had an effective strategy for covering planned and unplanned leave. It only allowed one of its staff to be on planned leave at any time and the other staff increased their working hours to cover the absence.

Staff worked well both independently and collectively and they used their initiative to get on with their assigned roles and required minimal supervision. They effectively oversaw the various dispensing services and had the skills necessary to provide them. The dispensers provided the compliance pack service, prepared methadone instalments, and monitored CD running balances. The MCA occasionally helped prepare prescription medicines when they were not studying towards a dispenser accreditation. The superintendent subsequently confirmed they had been enrolled on a training course.

Staff had annual appraisal, they had protected study-time to complete any formal qualification and one of the dispensers had recently completed their NVQ level three dispenser training. Qualified staff also had access to a structured on-going training programme, but they did not have protected study time to complete it, so they had to find time during their working hours to complete this training.

Principle 3 - Premises ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy was situated in a retail unit. It had shop and dispensary fittings that were suitably maintained and was professional in appearance. The retail area and counter could accommodate the number of people who usually presented at any one time. The open-plan dispensary and additional compliance pack area provided enough space for the volume and nature of the pharmacy's services. The consultation room was accessible from the retail area and it could accommodate two people, but its availability was not prominently advertised, so people were more likely to know about this facility. The level of cleanliness was appropriate for the services provided. And staff could secure the premises to prevent unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are suitably effective, which helps make sure people receive safe services. It gets its medicines from licensed suppliers and manages them effectively to make sure they are in good condition and suitable to supply.

Inspector's evidence

The pharmacy was open Monday to Friday 9am to 6pm and Saturday 9am to midday. It had a step-free entrance and staff could see anyone needing assistance entering the premises. The resident pharmacist was flu vaccination accredited, which meant people could access the service without an appointment across most weekdays.

The pharmacy had written procedures for dispensing higher-risk medicines such as anticoagulants, methotrexate, lithium and insulin. The resident pharmacist regularly checked if people on anti-coagulants and methotrexate had a recent blood test, understood their dose, queried if they were experiencing any side-effects or interactions with other medicines and counselled them when necessary. They had checked if people on valproate were in the at-risk group each time a prescription was presented. The pharmacy had the MHRA approved valproate booklets and cards to give people in the at-risk group, and the pharmacist also counselled them. A dispensary notice reminded staff about dispensing valproate to people in the at-risk group.

The team prompted people to confirm the repeat medications they required before ordering them, which helped it limit medication wastage and made sure people received their medication on time. The team also made records of these requests, which assisted in effectively resolving any queries if needed.

The pharmacy team scheduled when to order prescriptions for people who used compliance packs, so that it could supply their medication in good time. It kept a record of these people's current medication that also stated the time of day they were to take them, which helped it effectively query prescriptions and reduced the risk of it overlooking medication changes. The pharmacy also kept records of verbal communications about medication queries or changes for people using compliance packs, which helped make sure these people received the correct medicines. But they were in an unstructured format, which meant some important information could be missed. The team did not always label compliance packs with enough detail describing each medication they contained, which could make it more difficult for people to identify each individual medicine.

The pharmacy completed a formal medicines management audit twice-a-year at each of the care homes, which supported them to administer medicines to their residents more effectively. The team supplied a single medication in each compliance pack it prepared for care home residents, which reduced the risk of carers not being able to identify the medicine. The pharmacy issued basic MARs for care homes to record medicines they had administered, but it did not provide them with a form to record missed doses or the reason for the missed dose. The pharmacy did not issue bespoke MARs for patients on externally applied medicines such as creams and patches or higher-risk medicines, which could help the carers administer and managed these people's medicines more safely and effectively.

The pharmacy prepared some compliance packs before they received the corresponding weekly prescription, because they were not issued until the day the packs were due to be supplied, which

risked changes to medication being overlooked. The resident pharmacist subsequently said that prescriptions would now be issued in good time before the pharmacy started preparing the corresponding medicines.

The team prepared methadone instalments in advance of people presenting, which helped to control the workload. It prepared instalments for more than one day in divided daily doses, which helped people to take an accurate daily dose.

The team used baskets during the dispensing process to separate people's medicines and organise its workload. However, the team most of the time only left a protruding flap on medication stock cartons to signify they were part-used, which could be overlooked and increase the risk of people receiving the incorrect medication quantity.

The pharmacy obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers. The RP said that they were unsure if the pharmacy was registered with the UK body for overseeing the Falsified Medicines Directive (FMD). And the pharmacy did not have the software or hardware required to comply with the FMD, which the RP said they would address.

The pharmacy suitably secured its CDs, properly quarantined date-expired and patient-returned CDs, and it had destruction kits for denaturing them. The team regularly monitored the medication refrigerator storage temperatures and they were consistently within a safe range. Staff said that they regularly checked stock expiry dates, and they provided examples of short-dated medicines that they had marked and quarantined for disposal. However, they had not in recent times completed any corresponding records and could not locate any historic records to support stock being regularly date checked. The team took appropriate action when it received alerts for medicines suspected of not being fit for purpose and kept records that confirmed this. The pharmacy disposed of obsolete medicines in waste bins kept away from medicines stock, which reduced the risk of these becoming mixed with stock or supplying medicines that might be unsuitable.

The pharmacist checked the prescription issue date before dispensing each CD, so the pharmacy made sure it only supplied CDs when it had a valid prescription. The team used an alphabetical system to store people's dispensed medication. So, it could efficiently retrieve patient's medicines when needed. Records showed that the pharmacy securely delivered medication. It also had an audit trail that identified the pharmacist responsible for each supplied CD, including those it had delivered.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment that it needs to provide its services effectively. It properly maintains its equipment and it has the facilities to secure people's information.

Inspector's evidence

The pharmacy team kept the dispensary sink clean and it had hot and cold running water and an antibacterial hand-sanitiser. The team had a range of clean measures, including separate ones for methadone. So, it had facilities to make sure it did not contaminate the medicines it handled and could accurately measure and give people their prescribed volume of medicine. The team had access to the latest version of the BNF and a recent cBNF, which meant it could refer to pharmaceutical information if needed.

The pharmacy team had facilities that protected peoples' confidentiality. It viewed people's electronic information on screens not visible from public areas and regularly backed up people's data on its patient medication record (PMR) system. So, it secured people's electronic information and could retrieve their data if the PMR system failed. And it had facilities to store people's medicines and their prescriptions 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.