

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: 19/08/2021

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. This inspection was completed during the COVID-19 pandemic. Enforcement action has been taken against this pharmacy, which remains in force at the time of this inspection, and there are restrictions on the provision of some services. The enforcement action taken allows the pharmacy to continue providing other services, which are not affected by the restrictions imposed.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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 suitably manages its risks. The pharmacy has written instructions to help make sure it provides safe services. Some team members have not signed to confirm their understanding of all these procedures, so they may not always work effectively or fully understand their roles and responsibilities. The team reviews its mistakes which helps it to learn from them. It keeps the records required by law, but some details are inaccurate or missing which could make it harder to explain what has happened in the event of a query. Team members understand how to keep people's private information safe, and they understand their role in protecting and supporting vulnerable people.

Inspector's evidence

To protect against spreading the COVID-19 virus, the superintendent had reviewed the infection control measures. A barrier in the retail area kept the public and staff around one metre apart, and a high screen installed on the counter provided additional protection. Publicly displayed notices reminded people to wear a face mask on the premises and to maintain social distancing. The pharmacy provided face masks and visors for staff members to use. Hand sanitiser was available for people to use, and staff members had their own supply in the dispensary. Each team member had completed a health risk assessment, and separate work areas were allocated those considered to be at higher risk. Some team members had received two doses of the vaccine or they were about to have their first.

The pharmacy had written procedures that had been issued in June 2018 and were overdue its review scheduled for June 2020. These covered the responsible pharmacist (RP) regulations, controlled drugs (CD), and compliance pack dispensing. The pharmacy had written procedures for safe dispensing, but staff could not locate it. Records indicated that most staff had read and understood the procedures relevant to their role and responsibilities. One of the dispensers and trainee medicine counter assistant (MCA) had not signed to confirm they had read the procedure for the action to take in the RP's absence.

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 one of the dispensers had not. The regular pharmacist, who was the superintendent, discussed these mistakes with the staff member involved and shared it with the rest of the team but it was unclear if these errors 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 additional opportunities to identify patterns 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. It participated in patient satisfaction surveys and reviewed the feedback it received. The pharmacy had a complaints procedure, but there was no publicly displayed information explaining how to make a complaint, so people may be less confident about raising concerns.

The superintendent confirmed that 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 and private prescription medication, but the staff could not locate the file of private prescriptions. The team kept the records needed for CD transactions, but it sometimes did not include 'sugar free' on the top of every sugar free methadone register page heading, as required by law. The pharmacy maintained records for unlicensed medicines that it had ordered and supplied. And it had records relating to services such as flu vaccinations.

The pharmacy was registered with the Information Commissioners Office until April 2022, and it had policies for protecting people's data. The team obtained people's written consent to access their information in relation to the flu vaccination service, prescription ordering and electronic prescription services. Staff used passwords to protect access to electronic patient data and they securely destroyed confidential papers. But they did not always use their own security cards to access people's NHS electronic data.

Most team members understood the basic principles of protecting people's information. The superintendent confirmed that each team member had signed a confidentiality agreement. The superintendent explained that a data protection training needs tool had been completed each team member. The consultation room was kept secure when not in use. However, patient identifiable information was stored in an unsecured filing cabinet, which unauthorised persons could potentially access if left alone in the room, but the superintendent said they would address this issue. The pharmacy had not publicly displayed its privacy notice, so it may not be easily clear to people how the team protected their sensitive information.

The pharmacy had guidance on safeguarding vulnerable adults and children, which included the local contacts for reporting concerns. The RP and superintendent pharmacist and registered pharmacy technician (technician) 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 pharmacy confirmed with the local GP practice that 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. It kept a record of these assessments, 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 manage its workload. The team members work well together, and they have access to appropriate training and development. However, not all team members are supported to complete training in a timely manner, so they may delay acquiring some of the necessary skills.

Inspector's evidence

The staff present were the RP who worked five days each week, two experienced dispensers, a trainee dispenser and trainee MCA. Other staff members who were not present included the superintendent pharmacist, who started working at the pharmacy in March 2019 and worked most days, and the pharmacy technician. The pharmacy also employed a delivery driver.

The pharmacy had enough staff to comfortably manage its workload during the pandemic, which had settled down in the last few months. 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 did not have any formal targets for the volume of services it provided.

The pharmacy had recently recruited a dispenser, which helped to cover the technician's long-term leave. Only one staff member was allowed to be on planned leave at any time and the other staff increased their working hours to cover the absence. So, the team had an effective strategy for covering planned and unplanned leave.

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, monitored CD running balances and reported any discrepancies to the superintendent.

The RP, had completed their pre-registration training at the pharmacy and they started working as the RP in July 2020. They were provisionally registered and felt that the superintendent, who was their senior supervising pharmacist, provided them with the guidance and direction that they needed. The trainee MCA's training, which they had started around twelve months ago had progressed well, and they had nearly completed it. They thought that their course tutor and the pharmacy team effectively supported them during their learning. The trainee dispenser, who started their qualification course in November 2019, had only completed two out of five modules due to the pandemic and progress had also stopped because the technician who had supported them was currently not working.

Staff had annual appraisal and they had protected study-time to complete any formal qualification. 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. The team had weekly meetings to discuss improving services and any concerns. These meetings were minuted to make sure issues raised were properly addressed.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean, secure and spacious enough for the pharmacy's services. It has a 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 generally 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 superintendent 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 pharmacists 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. The pharmacy did not have the emergency steroid cards to give people, but the RP said they would address this.

Staff members referred all codeine-based pain-relief product requests to the pharmacist. They did not sell the medication if the person had not tried any other pain-relief medication.

The RP and staff members recalled that in July 2020 the superintendent gave the team a presentation on the pharmacy's procedures for handling requests codeine linctus. They explained that staff members referred all requests to the pharmacists, who either offered an alternative medication or declined the request. So, in effect the pharmacy had ceased selling codeine linctus. As a result, the team had rarely received any requests in person or via the telephone for codeine linctus in the last six months. The pharmacy had received a significant number of requests for pseudoephedrine products from people showing no signs of nasal congestion. So, the team stopped offering these products for sale, which led to a reduction in requests.

The team prompted people to confirm the repeat prescription 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 rarely received urgent repeat medication requests from people during the week. It signposted them to their GP practice, who usually issued a prescription swiftly.

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 on their electronic record, which helped make sure these people received the correct medicines. An audit trail

clarified which stage of preparation each compliance pack had reached, which helped to make sure they were ready at the right time.

The pharmacy de-blistered some medicines in advance for use in care home compliance packs which were assembled up to two weeks later. This risked them being contaminated and it could affect their quality. And 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 RP and superintendent confirmed that they would address these issues.

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 in the right way. It issued basic medicine administration records (MARs) and 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. But the pharmacy did not provide the care homes with a form to record missed doses or the reason for the missed dose.

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 lead to people receiving the incorrect medication quantity.

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. Records indicated that staff regularly checked stock expiry dates. 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 pharmacists reviewed the prepared CDs awaiting collection and they 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. The delivery driver wore a mask and they used hand sanitiser when they delivered medication. They placed people's medicines at their front door and recorded that they observed people collect the medication they had delivered. The pharmacy 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. 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. Work surfaces and door handles were sanitised regularly during the working day. 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.