

Registered pharmacy inspection report

Pharmacy Name: Unicare Pharmacy Limited, 69 Smithy Bridge Road,
LITTLEBOROUGH, Lancashire, OL15 0DY

Pharmacy reference: 1092166

Type of pharmacy: Community

Date of inspection: 04/09/2024

Pharmacy context

This is a community pharmacy in the village of Smithy Bridge, Rochdale. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including seasonal flu vaccinations and the NHS Pharmacy First service.

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 team follows written procedures, and this helps to provide pharmacy services safely and effectively. The pharmacy keeps the records it needs to by law. And members of the team can demonstrate how they keep people's information safe. They record things that go wrong and discuss them to help identify improvements. But they do not always review the records to identify underlying trends to help reduce the chances of similar mistakes happening again.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs). But these were long overdue a review. The superintendent pharmacist (SI) admitted they had fallen behind in completing the review and would prioritise completion of this. All members of the pharmacy team had signed to say they had read and accepted the SOPs.

A standard template was used to record dispensing errors. It contained particulars such as the details of the mistake, and the steps taken to investigate and learn from it. Near miss incidents were recorded on a paper log. The pharmacist discussed mistakes with individual members of team to help identify potential learning points. But details of the action taken were not recorded, and the pharmacy did not review the records to look for underlying trends. So the team may not be able to show they are reflecting on the errors. The team had recently reorganised the dispensary to help create a more efficient workflow and kept commonly used medicines in one area to help reduce picking errors. They had also separated similar sounding medicines away from each other as part of the process. For example, amlodipine and amitriptyline were in different dispensary locations.

The roles and responsibilities for members of the pharmacy team were documented on a matrix. A dispenser explained what their responsibilities were and was clear about the tasks that could or could not be conducted during the absence of a pharmacist. The correct responsible pharmacist (RP) notice was on display. The pharmacy had a complaints procedure. A notice in the retail area advised people they could discuss any concerns or feedback with the pharmacy team. Any complaints would be recorded and followed up by the SI. A current certificate of professional indemnity insurance was on display.

Records for the RP, private prescriptions and unlicensed specials appeared to be in order. Controlled drugs (CDs) registers were maintained on electronic software. Running balances were recorded and checked frequently. Three random balances were checked and were found to be accurate. Patient returned CDs were recorded in a separate register.

An information governance (IG) policy was available, and members of the team had read the policy. When questioned, a dispenser explained how confidential waste was separated and destroyed using a shredder. A safeguarding procedure was available, and the pharmacy team had completed a safeguarding training pack. The pharmacists had completed level two safeguarding training. Contact details for the local safeguarding team were available. A dispenser said they would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough team members to manage the pharmacy's workload and they are appropriately trained for the jobs they do. They complete some additional training to help them keep their knowledge up to date. But this is not structured so learning needs may not always be identified or addressed.

Inspector's evidence

The pharmacy team included two pharmacists, one of whom was also the SI, a pharmacy technician who was trained to complete accuracy checks, two dispensers and a delivery driver. All members of the team had completed the necessary training for their roles. The volume of work appeared to be well managed. Staffing levels were maintained by a staggered holiday system.

Members of the pharmacy team had completed some additional training, for example they had previously completed a training pack about antibiotic stewardship. Training records were kept showing what training had been completed. But ongoing training was not provided in a structured or consistent manner. So learning needs may not always be fully addressed and members of the team may not be able to demonstrate how they keep their skills and knowledge up to date.

A dispenser gave examples of how they would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales of medicines they felt were inappropriate, and referred people to the pharmacist if needed. A dispenser felt the team worked well with each other, and a good level of support was provided by the pharmacist and felt able to ask for further help if they needed it. But there was no formal appraisal programme for members of the team. So development needs may go unaddressed. Members of the team routinely discussed their work, including when there were any mistakes or complaints so they could learn from them. They were aware of the whistleblowing policy and felt comfortable reporting any concerns to the SI. There were no targets set for professional services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available to enable private conversations with members of the team.

Inspector's evidence

The pharmacy was clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload. People were not able to view any patient sensitive information due to the position of the dispensary. The temperature was controlled by the use of electric heaters, and lighting was sufficient. The team had access to a kettle and separate staff fridge. Onsite WC facilities were available.

A consultation room was available. There was a computer, desk, seating, and adequate lighting. The entrance to the consultation room was clearly signposted.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy takes steps to make its services accessible. And it manages and provides them safely. It gets its medicines from licensed sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. But members of the pharmacy team do not always know when they are handing out higher-risk medicines. So they might not always be able to check that the medicines are still suitable, or give people advice about taking them.

Inspector's evidence

Various posters and leaflets provided information about the services offered and various healthcare topics. The pharmacy opening hours on were display. But there were accessibility difficulties for those in wheelchairs. This was due to a set of steps at the front door, and the close proximity to the road which prevented a ramp from being used. The pharmacist explained that those who use wheelchairs contacted the pharmacy, and members of the team attended to them at their vehicle upon their arrival.

The pharmacy team initialled 'dispensed-by' and 'checked-by' boxes on dispensing labels to provide an audit trail. They used baskets to separate individual patients' prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing. Owing slips were used to provide an audit trail if the full quantity could not be immediately supplied.

Dispensed medicines awaiting collection were kept on a shelf using an alphabetical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge items needed to be added. Team members were seen confirming the people's name and address when medicines were handed out. But schedule 3 and 4 CDs were not routinely highlighted so that team members may not always check the validity of the prescription at the time of supply. The pharmacist would attach a refer to pharmacist note onto the prescription for people who were commenced on higher-risk medicines (such as warfarin, lithium, and methotrexate) so they could provide counselling advice. But this was not done for people who had been routinely taking higher-risk medicines. So members of the team may not be aware if these people were up to date with blood tests or clinical reviews. The team were aware of the risks associated with the use of valproate-containing medicines during pregnancy. Educational material was provided with the medicines. The pharmacist would speak to patients to check the supply was suitable.

Medicines were obtained from licensed wholesalers, and unlicensed medicines were ordered from a specials manufacturer. A date checking matrix was used to record when the expiry dates of medicines had been checked. But members of the team could not locate it. So the pharmacy was unable to demonstrate that these checks had been completed. However, a spot check of medicines did not find any out-of-date stock. Expiry dates were checked at least once every three-months. Any short-dated stock was highlighted using a sticker and liquid medication had the date of opening written on. A controlled drugs cabinet was available, but it was empty. Designated bins were available to suitably dispose of medicines. Drug alerts were received by email from the MHRA. But records of the action taken were not kept to help show how the pharmacy had responded.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have access to the equipment they need for the services they provide. And they use the equipment in a way to protect people's private information.

Inspector's evidence

Team members accessed the internet for general information. This included access to the British National Formulary (BNF), BNFC and Drug Tariff resources. All electrical equipment appeared to be in working order. There was a selection of liquid measures with British Standard and Crown marks. The pharmacy also had counting triangles for counting loose tablets including a designated tablet counting triangle for cytotoxic medication. Equipment was kept clean.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed team members to move to a private area if the phone call warranted privacy. The consultation room was used appropriately. Patients were offered its use when requesting advice or when counselling was required.

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.