

Registered pharmacy inspection report

Pharmacy Name: Radcliffe Pharmacy, 47-49 Church Street West,
Radcliffe, MANCHESTER, Lancashire, M26 2SP

Pharmacy reference: 1099787

Type of pharmacy: Community

Date of inspection: 31/07/2019

Pharmacy context

The pharmacy is on a road, close to other businesses and next to a medical centre. It dispenses NHS and private prescriptions and sells a range of over-the-counter medicines. It provides a range of services including a substance misuse service. It also dispenses medicines into multi-compartmental compliance packs to help people take their medicines. And it delivers medicines to people's homes. The pharmacy is open 7 days a week and provides the NHS Urgent Medicine Supply Advanced Service (NUMSAS) and the Digital Minor Illness Referral Service (DMIRs).

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	1.2	Good practice	The pharmacy team members discuss any near misses or dispensing errors to reduce the risk of the same error happening again. They use novel ways to make sure they record any errors during dispensing. And they are good at using the information to share the learning from these errors.
2. Staff	Standards met	2.4	Good practice	The pharmacy is good at listening to feedback and ideas from team members and people using the pharmacy. It makes improvements to its services. The pharmacy team members are enthusiastic about their roles and work well together. They openly discuss mistakes and how they can improve their learning from them.
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 has effective procedures to identify and manage the risks to its services. And the team follows these procedures. The team members use novel ways to make sure they record any errors during dispensing. And they are good at using the information to share the learning from these errors. The pharmacy asks people for their feedback. And it listens to this feedback to make changes for the benefit of people using its services. The pharmacy keeps people's private information safe. And it is suitably equipped to protect the welfare of children and vulnerable people. It keeps most of the records it must by law.

Inspector's evidence

The pharmacy's shop and dispensary were open plan, so the pharmacist easily supervised team members giving advice and making over-the-counter sales. The main dispensary could be easily seen from the counter, and there was no private information visible. The pharmacy had another room, off the main dispensary which was used for some dispensing and storage. This room also had a hatch that led into a dedicated area used for the substance misuse service. And people accessed their medicines through this hatch. There was a separate entrance into this area.

The pharmacy had a set of standard operating procedures (SOPs) that had been produced 1 July 2017. And were due for review in July 2019. These existing SOPs included for example, content on the dispensing process, controlled drugs (CDs) and supply of multi-compartmental compliance packs. These SOPs were still being used. There was a training record sheet for each SOP. All the team had read the SOPs and most of the team had signed the training record sheets to evidence this. But the pre-registration pharmacist, who had nearly completed her year's training, had not signed the training sheets for all the SOPs. The pharmacy sent locum pharmacists the locum guide and SOPs prior to them commencing work in the pharmacy. The updated SOPs had been completed and were available to view. These included SOPs relating to the Falsified Medicines Directive (FMD). The pharmacy superintendent was due to read the updated SOPs and then these would be introduced to the team to read. One of the dispensers had devised a knowledge quiz for the SOPs. And this was completed by each team member to test their understanding. A previously completed test sheet was seen during the inspection. The SOPs detailed the roles and responsibilities of staff. The pharmacy had a business continuity plan from 2017. The pharmacy team members were clear about their roles and responsibilities for different tasks. They were seen using their professional judgement to respond to queries and requests for advice within their competence and role. And they referred queries to the pharmacist when required. The RP displayed their RP notice, so people knew who was working. And when the RP changed during the inspection the RP changed the notice, so there was an accurate reflection of the RP.

The pharmacy had a SOP detailing the near miss error recording process. And the team had added notes to the shelves to highlight items with an increased risk of a selection error. This included amitriptyline and amlodipine, as look-alike sound-alike (LASA) medicines and a note stating, 'careful of strength.' The pharmacy had a near miss post-box. The team members completed paper near miss slips and posted them in the box. This was a novel way to raise compliance with the process. The pre-registration pharmacist had put forward the idea. And it had been successfully implemented. From the records seen several near-misses were recorded each month. And there were several completed near

miss slips in the post-box. Details of the near-misses were then analysed for the month and added to a spreadsheet. The results were displayed visually as bar charts and pie graphs. And the reports seen identified near misses relating to particular medicines, days of the week and times of day. Although there were less people working in the evenings, there were rarely any near misses recorded. The team reported this was likely due to the fact the pharmacy was quieter during these periods. The pharmacy recorded some detail why the errors occurred and used this in the analysis. Discussion during the inspection highlighted the team members could use the “5 Whys” process to further identify reasons for an error. And they discussed together improvements they thought could be made to the near miss slips. The team had a proactive approach to learning from errors. The pharmacy had a process for reporting and recording dispensing errors. They investigated the errors, so they could learn from what had happened. And learning was shared throughout the team. Near misses and any dispensing errors were discussed at the team meetings.

The pharmacy asked people to complete an annual ‘Community Pharmacy Patient Questionnaire’ (CPPQ). And it displayed the results behind the counter where it could be seen by people in the shop. But it may be difficult for them to read the details on the poster. And the pharmacy didn’t display the details of the areas for improvement and any action taken. The dispenser described how the pharmacy had made changes following feedback. It had created the substance misuse area and hatch following feedback. And received positive feedback as a result. Some people still accessed the main shop area and the consultation room, but the change had created choice. The pharmacy had a SOP detailing the pharmacy’s complaints procedure. And displayed its complaints procedure in view of the public behind the counter. But it may be difficult to read the details due to its positioning. The team escalated any complaints to the superintendent, who worked most of the opening hours.

The pharmacy had up-to-date professional indemnity insurance. It kept an electronic responsible pharmacist (RP) record. From the sample checked some entries had been missed. For example, the RP had ceased duties at 10.30pm but the next RP record had been made at 2.30pm, even though the pharmacy had been open in the morning. And some RPs had not signed out at the end of their shift. The pharmacy used an electronic CD register. Of the sample checked the entries met legal requirements and were up to date. The pharmacy kept a paper CD patient returns destruction register. Entries were made on receipt of the medication. And a team member witnessed and signed to confirm the pharmacist’s destruction. The pharmacy kept complete records of private prescriptions. No emergency supply records were seen. The RP hadn’t completed any emergency supplies and wasn’t aware how the pharmacy recorded these. The pharmacy did provide a NUMSAS service. The pharmacy kept daily records of the temperature in the fridge. And of the sample checked, it maintained a full audit trail on certificates of conformity for unlicensed medicines as per MHRA record keeping requirements

The pharmacy displayed a privacy notice identifying the Data Protection Officer for the pharmacy. And it had NHS leaflets about how people’s data was handled. The team kept confidential information separate and used a shredder to destroy it. The superintendent had trained the team members on the changes to data protection, General Data Protection Regulations (GDPR) and information governance.

The pharmacist who started work at 2.30pm during the inspection had completed level 2 learning through the Centre for Pharmacy Postgraduate Education (CPPE). And a copy of her certificate was available. The previous pharmacist working on the day of the inspection had completed training some years ago but couldn’t remember when. The pharmacy had NPA safeguarding guidance. And the team members present confirmed they had read it, although there was no training signature sheet for confirmation. The pharmacist had also completed a training session with the team members, so they understood their role in safeguarding. And they were aware of what to do should they have a concern. The pharmacy had an updated safeguarding guide ready for the team to read at the same time as the

updated SOPs. The pharmacy displayed local signposting contact details in the dispensary.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members have the appropriate qualifications and skills to effectively manage the pharmacy's services. They are enthusiastic about their roles and work well together. The pharmacy superintendent is good at listening to their ideas and makes changes to improve services for people. The team members complete the necessary training to keep their knowledge up to date. And they feel comfortable to raise concerns if necessary.

Inspector's evidence

On duty at the beginning of the inspection was the responsible pharmacist (RP) who was a locum pharmacist, two full-time NVQ level 2 qualified dispensers and a pre-registration pharmacist. The pharmacy also employed another full-time NVQ level 2 qualified dispenser, a part-time dispenser and a trainee dispenser. There were two part-time drivers to deliver the medicines to people's homes. And a student who completed general administrative duties. The dispenser confirmed he didn't complete any duties requiring a GPhC accredited qualification. The pharmacist changed during the inspection, the second RP for that day was also a locum pharmacist. The superintendent pharmacist covered most of the opening hours. And he organised the staffing rota. Pharmacy team members covered each other's absences. And there was the opportunity for people working in the company's other pharmacy to provide cover if needed. The team was observed working well together and managing the workload.

The team members completed training relevant to the pharmacy's services. The pharmacy had for example access to pharmacists' certificates for MURs, repeat dispensing and safeguarding. The team members had completed recent training on oral health. And the pharmacy had a healthy living display relating to this topic. They kept up to date by reading and the superintendent also informed them of changes and provided ad-hoc training sessions. These included changes to services and regulation changes such as GDPR. The pharmacy had just signed up to regular Alphega training, which included modules on product knowledge. And the team members had the use of a tablet to complete these modules. The dispenser explained this was new and hadn't started yet. The pharmacy opened late at night and each team member worked a late evening. This allowed them to have regular time each week during the working day to complete training.

The pharmacy team members asked appropriate questions when selling over-the-counter medicines and when giving advice over the telephone. They appropriately referred people to the pharmacist when needed. One of the dispensers sold a product containing codeine. She asked the appropriate questions and offered proactive advice on its addictive potential. And recommended the use of the product for only three days. Afterwards she described how she always offered this advice as people often didn't know codeine could be addictive. She described how she had referred people to have a private discussion with the pharmacist for repeat and frequent requests to support them.

The pharmacy provided annual appraisals for its team members. And they were asked to complete a form prior to the conversation. The appraisals provided time to discuss what had gone well, how to improve, attendance and any general matters. A dispenser said she was confident if she had an idea or a concern she could discuss this with the superintendent. And he would listen and make changes if appropriate. The pharmacy held team meetings. This gave the team members the opportunity to

suggest ideas for service improvement and discuss the trends for any near miss errors and dispensing errors. These were usually monthly. Although the last one had been in May 2019. The pre-registration pharmacist had suggested changes to the way near misses were recorded. And the near-miss post-box had been introduced. The other members of the team thought it was a good idea and had helped improve the recording of near misses. The team members also had a WhatsApp group to share non-confidential information such as how the pharmacy was performing.

The pharmacy had a whistleblowing policy, dated 2017. With an updated version ready to be trained in with the updated SOPs. The team members felt supported and comfortable to raise any concerns they had. They knew how to escalate any professional concerns they had. The pre-registration pharmacist had received training and support throughout the year with regular 1-2-1 meetings with the superintendent. Her training had gone well. The pharmacy superintendent communicated target expectations to keep the team focused on what was important. There was no pressure on the team to achieve these.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is secure and properly maintained. And the premises meet the requirements for the services provided. It has a suitable consultation room, so people can speak to members of the team in private.

Inspector's evidence

The pharmacy was hygienic and mostly clean and tidy. There was some dust on the shelves. And some paperwork and other items stored on benches in the back area and area through to the consultation room. But this didn't detract from the overall professional appearance. There were no slip or trip hazards evident. The pharmacy was secure. The security hatch at the front of the shop was only used late at night. And the team kept the shutter down during the day when it wasn't in use. The team kept the hatch into the area for methadone collection locked when not in use. There was a bell to alert the pharmacy team when someone was waiting in this area. The counter restricted access into the dispensary. The lighting and heating in the pharmacy were acceptable. There was a staff toilet with hot and cold running water and handwashing facilities. And a sink in the dispensary for medicines preparation.

The dispensary had enough bench space. It had an additional central bench where the team mainly stored prescriptions awaiting the pharmacist's check. This meant that the other benches weren't too cluttered and full. The pharmacy had a private consultation room. This was signposted and was accessed via a door next to the medicines counter. It had a separate staff access from the dispensary, through a small stock room. This door wasn't kept closed. But the room was not used for any private conversations during the inspection. The room was quite small but adequate for the services offered.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easily accessible and suitable to meet people's health needs. The pharmacy is good at promoting ways to help improve people's health. And it manages the risks to its services well. It has robust processes for delivering people's medicines to their homes. So, the pharmacy team can resolve any queries promptly. The pharmacy team helps people take their medicines by supplying them in multi-compartmental compliance packs. And provides these people with additional information. The pharmacy team sources, stores and manages its medicines appropriately.

Inspector's evidence

The pharmacy had step-free access and double doors allowed wheelchair and pram access. It advertised its services and opening times in the window. And displayed a range of posters in the shop to promote its services. And the team linked the posters to the people accessing the services. For example, it displayed posters relating to the substance misuse service in the area designated for this purpose. The pharmacy was a 'healthy living pharmacy' and it had several eye-catching displays throughout the shop area. And particularly above the seating bench in the waiting area. The team had displayed information relating to oral health, bowel cancer and breast awareness. The dispenser described a popular campaign the pharmacy had run. The team members had displayed sugary drinks with a pot of sugar next to them to indicate the amount of sugar contained in the drinks. People, including children had commented that they hadn't known these drinks had so much sugar content. And it had started conversations on good oral health and healthy eating.

There were separate areas on the benches for labelling, dispensing and checking. The pharmacy had an organised prescription retrieval area. And it stored the bags alphabetically in labelled drawers. The team members were seen easily locating prescriptions. And following the SOP by checking the patient's name and address before handing out. The pharmacy team members used baskets to keep people's prescriptions and medicines together. And to prevent different people's prescriptions from being mixed up. They used different coloured baskets to indicate prescription urgency and for prescriptions requiring delivery. Of the sample checked, the team members used the dispensed by and checked by boxes on the labels, to evidence an audit trail of dispensing and checking. The pharmacy had a range of stickers used as an alert during dispensing and prescription hand out. During the inspection the team used a number of stickers on prescriptions highlighting fridge lines and CDs. The team members had been trained to identify schedule 3 CDs not requiring storage in a CD cabinet. So, they could check the prescription hadn't expired on hand-out. But they didn't make use of the available stickers to highlight the prescription.

The pharmacy prepared methadone in evening, for the next day when it wasn't as busy in the shop. This involved a team member and pharmacist. These measures helped reduce the risk of errors. Mostly they wrapped the prescription round the medication bottle as part of the check. And they put the person's initials on the medicine bottle top. These actions helped reduce the risk of hand out errors. The pharmacist completed an additional check before handout. And they supervised the consumption, in private, at the hatch in the separate area of the pharmacy. This had been introduced following feedback from people using the service. The pharmacist and pharmacy team members were aware of the risks relating to some people taking valproate. And understood the requirements of the valproate

pregnancy prevention programme. But they couldn't find the written literature to give to people. So, they contacted the company during the inspection to obtain more supplies. They said they would access the internet if they needed to in the interim.

The pharmacy used a delivery App on an iPhone to track the delivery of medicines to people's homes. The driver obtained a signature on delivery. The App didn't allow the driver to proceed without a signature. If the person couldn't sign and the driver signed the App he added a note on the system to record the reason why. Prescriptions for delivery were dispensed in grey baskets so these prescriptions could be effectively segregated. Once checked by the pharmacist the medication, in the basket, was kept separate until a team member entered the details on to the App. The medication awaiting delivery was stored separately in the back room. The App could be accessed in the pharmacy to see where the driver was up to with his deliveries. And a record of the person's signature was kept on the system audit purposes. There were also notes on the system such as consent to deliver to a neighbour's house. The App planned the route and so the driver had an estimated time of arrival. The pharmacy changed from paper delivery sheets following feedback when a person reported they could see a relative's delivery further down the delivery sheet. The team identified this as a breach of people's confidential information and the pharmacy introduced the App for deliveries. The delivery SOP mirrored the updated process.

The pharmacy had a SOP for managing the dispensing of multi-compartmental compliance packs. The team had read additional guidance in 2019. And signed a training sheet to confirm understanding. The dispenser described the process. A team member ordered the prescription in line with the pharmacy's repeat prescription ordering process. The pharmacy had a system, so it was clear when the prescription was due to be ordered. The team member always contacted the person prior to ordering. Or the person or carer ordered their own medicines. The team member checked for any changes to medication. The pharmacy only dispensed the compliance pack when the prescription was received. There was a degree of responsibility on the patient or carer to order prescriptions or be contactable. The dispenser hadn't had any difficulties with late receipt of prescriptions and subsequent late delivery of medicines. All team members were trained and competent to dispense the packs. The pharmacy used labels attached to a backing sheet that was inserted into the pack. But the team didn't attach the backing sheet securely to the pack, so it could become dislodged. The pharmacy provided the manufacturer's patient information leaflets each month. And added hand written descriptions to the backing sheet of the medicines in the pack.

The pharmacy stored its Pharmacy (P) medicines behind the pharmacy counter so people in the shop couldn't self-select them. The temperature in medical fridge was four degrees Celsius during the inspection. And the sample of records checked showed it stored medicines within the necessary range. The computer displayed an alert to read the fridge temperature when the RP signed into the RP record. This helped compliance. The pharmacy stored CDs in an appropriately sized CD cabinet. It was fairly tidy and patient returns were segregated. It stored methadone liquid and sugar-free methadone liquid separately to reduce the risks of incorrect selection. The pharmacy team members regularly checked the balance in the CD register against the physical stock. They mostly completed the checks weekly. The electronic system, used to record CD entries, sent an alert to the user when balance checks were due. This helped with compliance. Two balance checks were completed during the inspection, Zomorph 60mg capsules and morphine 10mg/1ml injection. And the physical quantities matched the register balances.

The pharmacy had a SOP detailing the date checking process. And the team members were clear what to do. They checked the expiry dates of medicines regularly every 3 months according to a schedule. And signed the date checking schedule sheet to confirm completion. The team member then added any

short-dated medicines to a list separated into months. They checked the relevant list prior to the start of the month and removed any medicines due to expire in that month. The lists were seen during the inspection and items for July had been removed from the shelves. No out-of-date medicines were found on the shelves. When team members opened bottles of liquid medicines they mostly annotated the packaging with the date opened. For example, a bottle of cetirizine, with 6 months expiry once opened had been annotated July 2019. The team used short-dated stickers on medicines packs, although only one example of this was seen. The pharmacy was ready to implement the requirements of the falsified medicines directive (FMD). It had the software and scanners. And the SOPs ready to train in. The team were currently waiting for more stock to become compatible to ensure their processes remained efficient.

The pharmacy obtained medicines from licenced wholesalers. The pharmacy had medical waste bins and CD denaturing kits available to support the team in managing pharmaceutical waste. The pharmacy team checked emails daily for drug safety alerts and recalls. A notice reminded team members to do this. The electronic system used to record CD register entries also had an in-built alert for recalls. So, when a team member accessed the system to record CDs they were alerted to a drug recall. They kept details of alerts for reference purposes.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment for the services it provides. And it uses its facilities to keep people's private information safe.

Inspector's evidence

The pharmacy team had access to reference sources such as the British National Formulary (BNF), Stockley's for interactions and the internet. The pharmacy had clean, crown-stamped measures for liquids. And separate measures used for methadone. It had clean triangles for counting tablets from bulk pots.

The computer screens were not visible from the shop area. And the team stored completed prescriptions out of view, in drawers in dispensary and under the counter. People couldn't see any personal information through the hatch from the substance misuse service area. The team used NHS smart cards. The electronic CD register and RP record were password protected. And pharmacists, including locums, and team members had an individual log in to maintain confidentiality and an audit trail.

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.