

Registered pharmacy inspection report

Pharmacy Name: Everest Pharmacy, 117B Withington Road, Whalley Range, MANCHESTER, Lancashire, M16 8EE

Pharmacy reference: 1100563

Type of pharmacy: Community

Date of inspection: 25/02/2020

Pharmacy context

This community pharmacy is situated on a main road of a suburban residential area, serving the local population. It mainly prepares NHS prescription medicines and it manages some people's repeat prescriptions. A large number of people also receive their medicines in multi-compartment compliance packs to help make sure they take them safely and the pharmacy offers a home delivery service. The pharmacy also supplies medicines to residents at an assisted living accommodation. It provides other NHS services such as minor ailments, flu vaccinations and substance misuse treatment. The pharmacy provides private health checks and travel vaccination services.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.6	Standard not met	The pharmacy does not adequately maintain the responsible pharmacist records, which are needed by law.
2. Staff	Standards met	2.1	Good practice	The staff profile and skill mix are effective. They do not feel pressurized and complete tasks properly and effectively in advance of deadlines.
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 not all met

Summary findings

The team follow written instructions to make sure it works safely, and it usually reviews its mistakes so that it can learn from them. Pharmacy team members receive training on protecting people's information. And they understand their role in protecting and supporting vulnerable people. But the pharmacy does not always properly maintain some of the records it needs to by law. This could make it harder for the team to explain who was responsible for the services in the event of a query.

Inspector's evidence

The pharmacy had written procedures that covered safe dispensing, controlled drugs (CD) and arrangements in the absence of the responsible pharmacist (RP). But it did not have any of the other procedures required under the RP regulations. Several randomly selected procedures indicated that they were issued in 2016 so they were now overdue their review scheduled for 2018. The RP, who was the superintendent pharmacist, said that they had started reviewing them. Records indicated that all the staff had read and understood the procedures relevant to their role and responsibilities.

The pharmacy team discussed mistakes it identified when dispensing medicines and it addressed each of these mistakes separately. The manager, who was the resident pharmacist, reviewed each month's records for any trends and shared them with the team. However, team members did not always record these mistakes or include a meaningful reason why they thought they had made each mistake. So, staff could miss additional opportunities to learn and mitigate risks in the dispensing process.

The pharmacy had a complaints procedure, so staff knew how to handle concerns. A publicly displayed notice on how people could make a complaint was obscured behind retail stock. The pharmacy had not completed the equivalent of a patient satisfaction survey.

The pharmacy had professional indemnity insurance for the services it provided. It maintained the records required by law for CD transactions. The team kept an electronic record of any private prescription medication it had supplied, but staff did not always record the prescriber's details. The pharmacist made appropriate supply records for the few urgent repeat medication requests it received from people who did not have a prescription. The pharmacy kept a record of the medicines manufactured under a specials licence that it had obtained and supplied. These records did not include the patient's details, so it may find it difficult confirming the batch or expiry date of a medicinal product supplied to them.

The RP, who was one of the resident pharmacists, displayed their RP notice, so the public could identify them. The pharmacists had not been completing the electronic RP log for a significant period, because they assumed that the patient medication record (PMR) system automatically made an entry in the log when they inserted their NHS security card into this system, which it did not. And the pharmacy could not produce any retrospective records. The RP said they would address this.

The pharmacy kept the records for the blood pressure, blood glucose and cholesterol tests completed during the service. It maintained records of the flu vaccination product administered to each patient. But staff could not access the electronic consultation records for this service. And they could not retrieve any of the travel vaccination records.

Staff members had signed a confidentiality agreement and they had read the pharmacy policies on data protection. They securely stored and destroyed confidential material. They used passwords to protect access to people's electronic data and used their own security cards to access people's electronic NHS information. Staff obtained people's written consent to access their information in relation to the prescription ordering and electronic prescription services. And they obtained people's verbal permission to share their health screening results with their GP. Also recorded it had obtained verbal consent to access their information when providing the flu and travel vaccination services. The pharmacy had not completed the equivalent of an information governance audit.

The manager had level two safeguarding accreditation, and the other staff members had level one accreditation. The pharmacy had its own safeguarding policies and the contact details for the local safeguarding board. The pharmacy kept records of each compliance pack patient's care arrangements, including their next of kin details, which helped towards easy access to this information if needed urgently. The team checked whether any of these people needed to be limited to seven days' medication per supply, which could help them to avoid becoming confused, but it did not keep corresponding records of this. The team had reported safeguarding concerns to the GP when people exhibited signs of confusion. In some cases, it led to the pharmacy to some people transferring to the compliance pack service.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's staff profile and skill mix are effective, so there are enough staff to provide safe and efficient services. The team members have the qualifications and experience needed for their roles and they work well together. They each have a performance review which helps to identify gaps in their skills and knowledge. They also complete regular ongoing training relevant to their roles.

Inspector's evidence

The staff members present were the RP, four dispensers and a trainee dispenser, who had recently started working at the pharmacy. The manager was the only other staff member, who was not present. The pharmacy also employed three delivery drivers.

The pharmacy had enough staff to comfortably manage its workload. The team said that they 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. And the pharmacy owner's other local pharmacy prepared all the compliance packs. These systems helped to maintain service efficiency. The pharmacy had a steady footfall, so the team avoided sustained periods of increased workload pressure and it could promptly serve people. The pharmacy had targets for the volume of some of the services it provided. Staff members said that these were achievable and realistic.

Staff worked well both independently and collectively. They used their initiative to get on with their assigned roles and did not need constant management or supervision. The lead MDS dispenser efficiently managed the compliance pack service. All the dispensers were trained to prepare methadone supplies. Each staff member had a schedule which stated the tasks they should do at specific times throughout the day, which helped to maximise service efficiency. The pharmacy's plan to cover annual leave was generally effective. It usually only allowed one team member on leave. Staff members from the owner's other pharmacies provided cover when any team members were on leave.

There was an annual appraisal process and staff had access to two external training providers' ongoing training programmes. The manager monitored their progress and they had to pass tests to complete this training. The team did not have any protected study time, so staff members had to find time during work 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 two private consultation rooms, so members of the public can have confidential conversations and maintain their privacy.

Inspector's evidence

The pharmacy was situated in a modern retail unit. Shop and dispensary fittings were suitably maintained. It was spacious, bright and professional in appearance. The retail area and counter design could accommodate the typical number of people who presented at any one time and there was a public seating area. The open plan dispensary and compliance pack area provided enough space for the volume and nature of the pharmacy's services, which meant these areas were organised and staff could dispense medicines safely.

The two consultation rooms were accessible from the retail area, and they could both accommodate two people. Both rooms were designed around effectively providing the health check and vaccination services. However, their availability was not prominently advertised in the front window, so people may not be aware of this facility. A semi-private area was also available for anyone who felt it offered them enough privacy. 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 provides a range of services and these are easy for people to access. It generally manages its services effectively. It obtains its medicines from licensed suppliers and it carries out some checks to make sure that they are in good condition. But it does not always record these checks, so it cannot clearly demonstrate how it manages some of its medicines.

Inspector's evidence

The pharmacy was open from 9am to 7.30pm Monday to Friday and 12 noon to 6pm on Saturday and Sunday. It had a step-free public entrance, so staff could see anyone who needed assistance. The manager provided the flu and travel vaccinations, so these services were available on most days. They followed written procedures in the form of patient group directions (PGDs) when they provided these services. These PGDs did not always have a review date, and the manager could not locate the records confirming that they were authorised to provide these vaccination services under each PGD.

The pharmacy had written procedures that covered the safe dispensing of higher-risk medicines including anti-coagulants and methotrexate. It did not have a written procedure for dispensing lithium or valproate. The team had audited all of the pharmacy's patients taking valproate, which confirmed it did not have anyone in the at-risk group. The pharmacy had some written information to give people in the at-risk group, but it did not have the MHRA approved literature. So, people might not always receive this information. The team checked that people taking warfarin had a recent blood test, but it did not keep a corresponding record to confirm this. It checked if these people understood their dose and the side effects to recognise. The team also checked if people taking methotrexate understood their dose, they were regularly taking folic acid, but it did not check if they had a recent blood test. The pharmacy did not have any lithium patients.

The team usually asked people to confirm which repeat medication they required before ordering it. But they did not always do this, so there was a chance that they ordered some medicines when they were not necessarily required. The team obtained some people's request around one month before this was submitted to their GP, and staff asked people to contact the pharmacy if they wanted to change their original request. The team made record of these requests, but it did not always include the medications requested, so could find it difficult to effectively resolve queries if needed.

The team scheduled when to order prescriptions for people who used compliance packs, so that it could supply their medication in good time. The team kept a record of people's current medication that also stated the time of day they were to take them. This helped it effectively query differences between the record and prescriptions with the GP surgery, 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. These were not in a structured format, so staff members may not always record some important information. The lead compliance pack dispenser had advised all the other dispensers to check these notes when they accessed the PMR, but this step was not included in the written procedures. The pharmacy owner's hub pharmacy prepared the compliance packs with printed images of each medication. However, some images did not clearly show each medication's markings, so it could be more difficult for people to identify some of their medicines.

The pharmacy supplied medicines to an assisted living establishment and it had an effective medicine

supply arrangement with them. Staff members initially visited each establishment to clarify how the service would be provided, and they kept in regular contact with them. The pharmacy had detailed schedules for the establishment that made sure prescriptions were received and medicines were supplied in good time, which was usually seven days before their start date. The establishment managed all the prescription ordering and any outstanding prescriptions, which helped to keep the pharmacy independent of this part of the process.

The pharmacy issued the assisted living establishment with standard medication administration records (MARs) and missed dose record forms, which helped them to manage medicines administration. It also offered the establishment bespoke MARs for higher-risk and externally applied medications. The team audited the establishment, but this did not include reviewing these completed records to identify any medicines administration issues. The pharmacy arranged any subsequent training for assisted living staff if they needed it.

The team used baskets during the dispensing process to separate people's medicines and organise its workload. And it marked part-used medication stock cartons, which helped make sure it gave patients the right amount of medication. The team prepared methadone supplies in advance of people presenting for them and it dispensed them in divided daily doses. This helped them to make sure people took an accurate dose.

The pharmacy obtained its medicines from a range of licensed pharmaceutical wholesalers and it stored them in an organised manner. The pharmacy had registered with the UK body overseeing the implementation of the Falsified Medicines Directive (FMD) and staff had been briefed on the FMD. But, it had not installed any hardware or software to comply with the FMD.

The pharmacy suitably secured its CDs, properly quarantined its date-expired and patient-returned CDs, and it had the kits for denaturing them. The team suitably monitored the medication refrigerator storage temperatures. Records confirmed that the pharmacy had checked the retail medication stock expiry dates during 2020. The RP said that all the dispensary medication stock was regularly date checked, but the team did not make any records that supported this. Several randomly selected medicine stock generally all had a reasonably long shelf life, with the shortest item due to expire at the end of April 2020. The team took appropriate action when it received alerts for medicines suspected of not being fit for purpose, but it did not keep a record that confirmed this. It disposed of obsolete medicines in waste bins kept away from its medicines stock, which reduced the risk of these becoming mixed with stock or supplying medicines that might be unsuitable.

The pharmacist checked the supply deadline date for any CDs at the point they handed them out, so the pharmacy had a basic system to make sure it only supplied CDs when it had a valid prescription. The team used an alpha-numeric system to store people's dispensed medication, which assisted in efficiently retrieving people's medicines when needed. The pharmacy kept a record of the pharmacist who supplied each CD, so it had an audit trail that identified who was responsible for each of these supplies, including CDs that it delivered. And records showed that the pharmacy securely delivered medication to people.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

The team kept the dispensary sink clean, it had access to hot and cold running water and an antibacterial hand sanitiser. The team also had a range of clean measures and a separate set for methadone dispensing. So, it had the facilities to make sure it did not contaminate the medicines it handled and could accurately measure and give people their prescribed volume of medicine. Staff had access to the latest versions of the BNF and cBNF to check pharmaceutical information if needed. The necessary equipment to provide the vaccination services were available.

The pharmacy team had facilities that protected peoples' confidentiality. It viewed their 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.