

# 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:** 04/06/2021

## 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 and COVID-19 vaccinations, and substance misuse treatment. This inspection was completed during the COVID-19 pandemic.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	2.2	Good practice	The pharmacy 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.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy team follows 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.

### Inspector's evidence

The pharmacy had written procedures that covered safe dispensing, controlled drugs (CD) and the responsible pharmacist (RP) regulations, which had been reviewed during 2020. Records indicated that the staff had read and understood the procedures relevant to their role and responsibilities.

The pharmacy had arrangements to protect against the transmission of COVID-19. Screens on the counter shielded people and staff. Most NHS prescriptions were received electronically, and staff completed the reverse of these on people's behalf to minimise handling. People mainly completed their purchases via contactless payment, and staff used hand sanitiser after handling cash, which was also available for public use. Wholesale deliveries were received at a rear access door, and staff were not required to sign the supplier's documents, except for controlled drugs (CDs). Hand sanitiser was positioned on each staff member's workstation, and a notice in the sink area reminded staff about effective hand washing techniques. The pharmacy had completed a health risk assessment for each staff member. It had a process for reporting any positive test results for staff to the superintendent, and the investigatory action they should take to confirm if the staff member had contracted the virus in the workplace. Staff had self-isolated when they had the symptoms or tested positive.

The pharmacy team discussed mistakes it identified when dispensing medicines and it addressed each of these mistakes separately. The accredited checking technician (ACT) reviewed each month's records for any trends and shared them with the team. However, team members did not always record 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 any concerns. A publicly displayed notice on how people could make a complaint was obscured behind retail stock. The pharmacy team received positive feedback in the last satisfaction survey from 2020, including for its arrangements during the pandemic.

The pharmacy had professional indemnity insurance for the services it provided. The RP, who was the superintendent and one of the regular pharmacists, displayed their RP notice, so the public could identify them. It maintained electronic records required by law for the RP, CD transactions and private prescriptions. The team checked CD running balances at the time of each supply, and a randomly selected balance was found to be accurate. It kept records of CDs that people had returned, and any CDs it had denatured. The pharmacist made appropriate supply records for the few urgent repeat medication requests it received from people who did not have a prescription. And the pharmacy kept a record of the medicines manufactured under a specials licence that it had obtained and supplied.

Staff members had signed a confidentiality agreement and they had read the pharmacy's policies on data protection. They securely stored and destroyed confidential material. Passwords were used to protect access to people's electronic data and team members 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. It had obtained verbal consent to access their information when providing the flu vaccination service. The pharmacy had not completed the equivalent of an information governance audit, so it might miss opportunities to make improvements.

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 meant the team had easy access to this information if it needed it urgently. The team checked whether any of these people needed to be limited to seven day's medication per supply, which could help them to avoid becoming confused, but it did not always 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 people transferring to the compliance pack service.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy's staff profile and skill mix are effective in providing 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, three dispensers and a pre-registration pharmacist (pre-reg). The other staff, who were not present included the interim manager who was a pharmacist, an ACT and a medicines counter assistant. 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 team members had access to two external ongoing training programmes. The manager monitored their progress and they had to pass tests to complete this training. The pre-reg, who said that their training was progressing well, had one day's protected study time each week. But the other staff members did not have a similar option, so they had to find time during work to complete any training.

The vaccination team included the superintendent pharmacist and other designated authorised staff, including the clinical lead, and a bank of accredited vaccinators, who were pharmacists, nurses and junior doctors. They had all completed the Public Health England vaccine delivery training to support their existing skills and knowledge, and the vaccination self-assessment.

The vaccination team also included an administrative lead, three administrative staff and security staff. Employees at the owner's other nearby pharmacies were available to support the service on days that they were not scheduled to work as a contingency. None of the pharmacy's core staff members were seconded to provide the vaccination service, which helped to maintain its core services.

One of the vaccinators on duty was the designated operational lead, who was responsible for the daily

management of the service. They reported directly to the superintendent pharmacist. Both of them were jointly responsible for service safety. The vaccination team collectively reviewed service quality during each daily team meeting.

This included a review of any online patient feedback, although this was usually positive. The team aimed to immediately implement any improvements that it identified were needed. The pharmacy had successfully completed all the scheduled vaccinations during each session. The team monitored the NHS bulletins for the latest advice and service requirements.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are clean, secure and spacious enough for the pharmacy's services. It has three private consultation rooms. So, members of the public can have confidential conversations and receive services whilst maintaining 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, which were being used for the COVID-19 vaccinations service, could both accommodate two people. A third room was available for anyone who needed a private consultation or their methadone to be supplied discretely. All these rooms had been designed around effectively providing the health check and vaccination services. However, the availability of these consultation rooms was not prominently advertised in the front window, so people may not be aware of these facilities. A semi-private area was also available for anyone who preferred this option.

The level of cleanliness was appropriate for the services provided. And staff could secure the premises to prevent unauthorised access. Metal shutters protected the glass frontage and doors.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides a range of services and these are easy for people to access. It manages its services effectively. It obtains its medicines from licensed suppliers and it carries out checks to make sure that they are in good condition.

### 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.

The pharmacy had access to the COVID-19 national online appointment booking system, which helped it to prepare for the anticipated service demand. People who were waiting for the COVID-19 vaccination service entered a temporary marquee that was situated immediately outside the pharmacy. Hand sanitiser was available at all entry and exit points to it and the pharmacy. The marquee accommodated around fourteen Astra Zeneca and six Pfizer vaccine pre-vaccination patients. The superintendent said the layout adhered to NHS social distancing guidance. It was partitioned internally to create a separate post-vaccination observation area if the Pfizer vaccine was used. People checked-in, completed their pre-assessment screening, including service consent and confirmation that they did not have any symptoms, and waited in a seating area to be called into the pharmacy via a separate exit from the marquee. They were given a blue card and sat in a blue seat to signify they were expecting the Pfizer vaccine. And boxes of each vaccine product were appropriately marked. These measures helped to make sure people received the correct vaccine.

Security staff at the pharmacy's entrance and a barrier system controlled the flow of people into and around the pharmacy. They were directed to a second waiting area in the retail space for the vaccination service. The central retail display units had been removed to facilitate social distancing. The vaccinator clinically screened each person before they administered the vaccine. The pharmacy had enough medical refrigerator storage space to store vaccine products.

The pharmacy had written procedures that covered the safe dispensing of higher-risk medicines including valproate, lithium and methotrexate. The team had completed an audit to check if it had anyone taking valproate who was in the at-risk group. It had the MHRA approved advice booklets and cards to give these people. 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 explained the side effects. The team also checked if people taking methotrexate understood their dose, they were regularly taking folic acid, and if they had a recent blood test.

The team asked people to confirm which repeat medication they required before ordering them. It obtained some people's request around one month before this was submitted to their GP practice. Staff asked people to contact the pharmacy if they wanted to change their original request. The team made record of these repeat requests, which included the medications they had requested, which helped 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 issued with the GP surgery, and it 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 be able to find some important information. The lead compliance pack dispenser had advised all the other dispensers to check these notes when they accessed the PMR, and staff said that this step was included in the written procedures. The pharmacy owner's hub pharmacy prepared the compliance packs with printed images and a written description of each medication, which helped people to identify 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 the establishment to clarify how the service would be provided, and they kept in regular contact with them. The pharmacy had detailed schedules that made sure prescriptions were received and medicines were supplied in good time; this was usually seven days before the 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 bespoke MARs for higher-risk and externally applied medications. The pharmacy team did not review the completed MARs to identify any medicines administration issues. But it did arrange any 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 suitably secured its CDs, properly quarantined its date-expired and patient-returned CDs, and it had kits for denaturing them. The team suitably monitored the medication refrigerator storage temperatures and it monitored stock expiry dates. 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, so it might not be able to effectively demonstrate 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. 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 pharmacy had the equipment it needed to provide vaccinations services including syringes, sharps bins and anaphylaxis kits.

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.