

Registered pharmacy inspection report

Pharmacy Name: Jaybee Pharmacy, 136 Lisburne Lane, STOCKPORT,
Cheshire, SK2 5RH

Pharmacy reference: 1102303

Type of pharmacy: Community

Date of inspection: 02/02/2024

Pharmacy context

This is a traditional community pharmacy, situated in a suburban residential area, serving the local population. It mainly supplies NHS prescription medicines, orders people's repeat prescriptions on their behalf, 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 provides other NHS services such as COVID-19 and influenza vaccinations and the New Medicine Service (NMS).

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 instructions to help make sure it provides safe services. The team reviews its mistakes which helps it to learn from them. Pharmacy team members receive training on protecting people's information, and they understand their role in protecting and supporting vulnerable people. And the pharmacy keeps the records it needs to by law.

Inspector's evidence

The pharmacy had written procedures that were regularly reviewed. These covered safe dispensing, the responsible pharmacist (RP) regulations and controlled drugs (CDs). Records indicated that staff members had read and understood the procedures relevant to their roles and responsibilities.

The dispenser and checker initialled dispensing labels for most prescription medicines that the pharmacy prepared and supplied. This helped to clarify who was responsible for each prescription medication supplied and assisted with investigating and managing mistakes. But team members did not always initial labels when assembling compliance packs, which meant they may miss additional opportunities to learn from their mistakes.

The pharmacy team recorded mistakes it identified when dispensing medicines, and it addressed each of these incidents as they arose. The team members reviewed these records collectively each month, so they could consider learning points. The records included details indicating why the team thought each mistake happened. So, the team could use these to identify trends and mitigate risks in the dispensing process.

The pharmacy had written complaint handling procedures, so staff members knew how to respond to any concerns. There was no publicly displayed information explaining how people could make a complaint, so people may feel less encouraged to raise a concern. The pharmacy had not completed a patient survey since the pandemic.

The pharmacy had professional indemnity cover for the services it provided. The RP displayed their RP notice so the public could identify them. The pharmacy kept records of the RP in charge of the pharmacy, as required by law. It maintained appropriate records for COVID-19 and flu vaccinations and the NMS.

Randomly selected electronic CD registers indicated that the pharmacy kept records for CD transactions, as required by law. The team regularly checked its CD running balances and made corresponding records, which helped it to identify any discrepancies. Records of CDs returned to the pharmacy for safe disposal were kept.

Team members had completed training on protecting patient information, and they secured and destroyed any confidential papers. Each team member used their own security card and passwords to access NHS electronic patient data. The team recorded people's verbal consent to provide the COVID-19 and flu vaccination service, and obtained signed consent for the NMS. Publicly displayed information about the pharmacy's privacy policy helped people understand how the pharmacy protected their data.

The RP, who was the regular pharmacist, had a level two safeguarding qualification and they were

completing the level three accreditation. Staff members had completed basic training on identifying and handling safeguarding concerns. The pharmacy had the local authority's safeguarding policy and procedures and contact details available for reference.

The team liaised with the local GP practice about new patients who needed the compliance pack service, which included assessing whether they needed to be limited to seven day's medication per supply to avoid them becoming confused. However, it did not make corresponding records of these discussions to support this.

The pharmacy kept records of the care arrangements for people using compliance packs, including their next of kin's or carer's details and any special arrangements about who collected and when to supply their medication. This meant the team members had easy access to this information if they needed it urgently.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide safe and effective services. Team members work well together, and they have the qualifications and skills necessary for their roles. The pharmacy monitors service capacity to make sure it matches the available staffing resource.

Inspector's evidence

The staff present included the RP, a dispenser in the main dispensary, a dispenser who mainly worked in the compliance pack room and a medicines counter assistant. The pharmacy's other staff included a dispenser who worked in the main dispensary and compliance pack room, an undergraduate pharmacy student and three delivery drivers.

The pharmacy had enough staff to comfortably manage its workload. The team usually had repeat prescription medicines ready on time, including compliance packs. The footfall was steady, so the team avoided sustained periods of increased workload pressure and it could promptly serve people. During the peak of the COVID-19 and flu vaccination season, the pharmacy had a registered technician who supported providing the service but they had left. The pharmacy was recruiting a new team member as a replacement so that it had enough staff for the start of the next season.

Staff worked well both independently and collectively and they used their initiative to get on with their assigned roles and they required minimal supervision. They effectively oversaw the various dispensing services and had the skills necessary to provide them. All the dispensers were trained and managed the compliance pack service under the regular pharmacist's supervision. The RP was COVID-19 and flu vaccination accredited. Team members regularly completed monthly over the counter medication refresher training.

The MCA sometimes helped handle wholesale dispensary stock deliveries. The superintendent explained that the MCA had completed training on this activity. And they subsequently confirmed that the MCA had been enrolled on a dispenser training course, to help make sure they were competent to carry out various activities related to preparing prescription medication.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean, secure and suitable for the pharmacy's services. It has a private consultation room, so people can have confidential conversations with pharmacy team members and maintain their privacy.

Inspector's evidence

The pharmacy was situated in a retail unit. The level of cleanliness was appropriate for the services provided. Shop and dispensary fittings were suitably maintained. The retail area and counter could accommodate the number of people who usually presented at any one time. The pharmacy had the space that the staff needed to dispense medicines safely. It had a separate area for preparing compliance packs. The team could secure the pharmacy to prevent unauthorised access.

The consultation room provided the privacy necessary to enable confidential discussions. Its availability was advertised.

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 the team makes some checks to make sure they are in good condition and suitable to supply.

Inspector's evidence

The pharmacy opened on weekdays from 9am to 6pm. It closed at lunchtime between 1pm to 2pm, and opened Saturday 9am to 1pm. The premises had a step-free entrance and staff members could see anyone who needed assistance entering the pharmacy.

The pharmacy had written procedures that covered the safe dispensing of higher risk medicines including anti-coagulants, methotrexate, and valproate. The team had recently checked for any people at risk who were prescribed valproate, and it only supplied this medication sealed in the original packaging. Staff avoided obscuring the valproate card attached to the packaging when preparing them for supply. The RP stated that the pharmacy had the booklets which should be given to anyone receiving valproate for the first time, as stated under MHRA guidance. But they could not locate them. They were advised that they could be obtained from the MHRA website. Valproate stock had the MHRA approved advice cards for people in the at-risk group attached. The team checked if people at risk prescribed valproate had received their annual specialist review to reassess the need for valproate therapy and consider alternative treatment options, as highlighted under MHRA guidance for valproate medicines.

The pharmacy limited offering the compliance pack service to people who did not have a carer to help make sure it remained manageable, and that it was provided to those in most need. The 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. This helped it to effectively query differences between the record and the prescriptions it received with the GP practice, and it reduced the risk of it overlooking medication changes. The team recorded any communications about medication queries or changes for people using compliance packs. Descriptions for different medicines contained inside compliance pack were included. But they sometimes had the same description for more than one medicine, which may make it more difficult for people to identify them.

The team prompted people to confirm the repeat prescription medications they required thirty days before and at the point of supply, which helped the pharmacy limit medication wastage, and so people received their medication on time. The pharmacy retained records of the requested prescriptions. This meant the team could effectively resolve queries if needed.

The pharmacy sometimes had difficulties obtaining prescription medicine stock. In these circumstances the team immediately informed the patient and offered to deliver the owed medication if they were subscribed to the delivery service, and it sometimes suggested an alternative medication to the person's GP. These arrangements helped to make sure people maintained their treatment. The pharmacy routinely recorded all owed medicines on the patient's medication record. It did not always give people a written note for their owed medication, but it usually offered them one.

Pharmacy team members understood what questions to ask people when selling medicines to make sure requests were appropriate. They had refused to sell over the counter (OTC) codeine-based pain relief medication to some people who repeatedly requested these products, and they advised them to consult their GP.

The team used baskets during the dispensing process to separate people's medicines and help organise its workload. The team usually left a protruding flap on medication stock cartons to signify they were part-used. This might be easily overlooked and could increase the risk of not selecting the right quantity when dispensing and supplying medication.

The pharmacy obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers and stored them in an organised manner. The pharmacy had a suitably secured CD cabinet. It quarantined obsolete CDs, and it used destruction kits for denaturing unwanted CDs. Records indicated that the team regularly checked the expiry dates for prescription and over the counter medicine stock.

The pharmacy kept an electronic real-time record of medication refrigerator temperatures, which the RP reviewed monthly to make sure it remained within safe limits. The RP was unable to access these records at the time of the inspection to confirm this.

The team had an efficient storage system for people's bags of dispensed medication. This meant it could quickly retrieve people's medicines when needed. The pharmacy only accepted people onto the delivery service who lived within a fixed radius of it. This had helped to avoid any significant delay in supplying delivered medicines. The team kept records of prescription medicines that it delivered to people, which helped it to address any queries.

The pharmacy took appropriate action when it received alerts for medicines suspected of not being fit for purpose, and it kept supporting records that confirmed this. The team had facilities in place to dispose of obsolete medicines, and these were kept separate from stock.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy team has the equipment and facilities that it needs for the services it provides. The equipment is appropriately maintained and used in a way that protects people's privacy.

Inspector's evidence

The pharmacy team kept the dispensary sink clean. It had access to hot and cold running water and antibacterial hand-sanitiser. The team had a range of clean measures. 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. The pharmacy had the appropriate equipment for the vaccination services, including disposal facilities for sharps waste. The team had access to the British National Formulary (BNF) online, which meant it could refer to pharmaceutical information if needed.

The 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 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. |