

Registered pharmacy inspection report

Pharmacy Name: Blackley Pharmacy, Unit 5, 73 Old Market Street,
Blackley, MANCHESTER, Lancashire, M9 8DX

Pharmacy reference: 1102868

Type of pharmacy: Community

Date of inspection: 16/09/2024

Pharmacy context

This community pharmacy is situated in a row of retail shops. It is located in a residential area of Blackley, Manchester. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including the NHS Pharmacy First service. The pharmacy supplies medicines in multi-compartment compliance packs to some people to help them take their medicines at the right time.

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 them to provide services safely and effectively. The pharmacy keeps the required records. And members of the team show an understanding of how to keep people's information safe. Members of the team discuss when things go wrong. But they cannot demonstrate how mistakes are reviewed or learning opportunities are identified.

Inspector's evidence

The pharmacy had written standard operating procedures (SOPs). But these were overdue their stated review date of February 2023. So the procedures may not always reflect the pharmacy team's current practice. Members of the pharmacy team had signed training sheets to say they had read and accepted the SOPs.

The pharmacy had systems in place to identify and manage risk, such as the recording of dispensing errors and details of the learning outcomes. A paper log was used to record near miss incidents. The pharmacist discussed near miss incidents with members of the team at the time they occurred to help identify potential learning points. Copies of the near miss logs were sent to the head office team to be reviewed. The pharmacy team explained the pharmacist shared any learning which had been identified by head office involving common errors. But the team was unsure about how this process worked, or where records of completed reviews were kept. So the team may not be able to reflect upon previous reviews to identify whether learning points had been effective. They provided an example where pregabalin and gabapentin had been separated to help prevent a picking mistake.

The roles and responsibilities for members of the team were documented within SOPs. A trainee dispenser explained what their responsibilities were and was clear about the tasks that could or could not be conducted during the absence of a responsible pharmacist. Members of the pharmacy team wore standard uniforms. The correct responsible pharmacist (RP) notice was on display. The pharmacy had a complaints procedure, but information about it was not on display. Which would help to encourage people to provide feedback. Any complaints were recorded, sent to the head office and followed up. A current certificate of professional indemnity insurance was seen.

Records for the RP, private prescriptions and unlicensed specials appeared to be in order. Controlled drugs (CDs) registers were suitably kept. Running balances were recorded, but the frequency of the checks had been intermittent. So the team may be slow in identifying a discrepancy. Two random balances were checked, and both were found to be accurate. Patient returned CDs were recorded.

When questioned, a dispenser described how confidential information was separated to be removed and destroyed by the head office. And individual members of the team confirmed they understood the need to keep people's information safe. But a policy about data protection was not available. So the pharmacy may not be able to show members of the team fully understood their responsibilities. Safeguarding procedures were available. The pharmacist had completed level 2 safeguarding training. The team understood where to find the contact details for the local safeguarding board. Members of the team explained they would refer any concerns to the pharmacist in the first instance and provided an example of a safeguarding concern which had been raised with the Police.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage the workload safely. And they complete the necessary training, or undertake training, for their role. But ongoing learning is not routinely provided, so learning needs may not always be identified or addressed.

Inspector's evidence

The pharmacy team included a pharmacist manager, pre-registered trainee pharmacy technician, a trainee dispenser, and a delivery driver. All members of the pharmacy team were appropriately trained or on accredited training programmes. The volume of work appeared to be well managed. Staffing levels were maintained by a staggered holiday system. Relief team members could be requested from the head office, if necessary, when additional support was needed.

Members of the pharmacy team had previously completed some additional training. For example, they had completed training about the NHS Pharmacy First service. But ongoing training was not provided in a consistent manner, which would help to ensure learning needs were met. The trainee dispenser provided examples of selling a pharmacy only medicine using the WWHAM questioning technique, refusing sales which they felt were not appropriate, and referring people to the pharmacist when needed. The locum pharmacist felt able to exercise their professional judgement and this was respected by the team.

Members of the team felt well supported by each other. They were seen working well together and assisted each other with any queries they had. Team members were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the head office. The pharmacy had targets for professional services such as blood pressure checks. The locum pharmacist did not feel under pressure to achieve these.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available for people to have a private conversation with a member of the team.

Inspector's evidence

The premises was clean and tidy, and appeared to be adequately maintained. People in the retail area were not able to view any patient sensitive information due to the position of the dispensary. The temperature was controlled using air conditioning units and lighting was sufficient. Team members had access to a kitchenette area and WC facilities.

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

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy to access. 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. Members of the pharmacy team provide counselling advice when they are handing out higher-risk medicines. But they do not always keep records of the advice provided, to help with the continuity of care.

Inspector's evidence

The pharmacy and consultation room were easily accessible by those with additional mobility needs. Information was on display about the services offered. The pharmacy opening hours were on display.

Members of the team initialled 'dispensed-by' and 'checked-by' boxes on dispensing labels to provide an audit trail for medicines dispensed in the pharmacy. They used baskets to separate individual patients' prescriptions to avoid items being mixed up.

Dispensed medicines awaiting collection were kept on collection shelves. Barcode scanners were used to record the location of the bags. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Members of the team were seen confirming the patient's name and address when medicines were handed out.

Stickers were used to highlight prescriptions containing schedule 3 or 4 CDs, so members of the team could check when prescriptions were due to expire. The barcode scanners reminded team members to provide counselling advice to people who were taking higher-risk medicines (such as warfarin, lithium, and methotrexate). But the details of the advice were not recorded to share with other members of the team and help ensure key information was available in the event of a query. Members of the team were aware of the risks associated with the use of valproate-containing medicines, and the need to supply full packs. Educational material and counselling advice was provided with the medicines.

Some medicines were dispensed into multi-compartment compliance packs. Before a person was started on a compliance pack the team completed a suitability assessment. A record sheet was kept for each patient, containing details about their current medication. Any medication changes were confirmed with the GP surgery before the record sheet was updated. Hospital discharge information was sought and kept for future reference. The compliance packs were labelled with medication descriptions and supplied with patient information leaflets (PILs).

The pharmacy had a delivery service, and delivery records were kept. Unsuccessful deliveries were returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery. A separate record was made for deliveries containing CD medicines to provide a specific audit trail.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. A date checking record was available. The expiry dates of medicines were checked once every three months. Short-dated stock was highlighted using a sticker and open liquid medication had the date of opening written on the bottle.

Controlled drugs were stored in the CD cabinets, with clear separation between current stock, patient returns and out of date stock. There was a clean medicines fridge, equipped with a built-in thermometer. The minimum and maximum temperature were being recorded each day and had been within the required range for the past three months. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received by email from the MHRA. These were printed, with the details of who actioned the alert, the action taken and when written onto the alert before being stored in a folder.

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 keep the equipment clean in a manner expected of a healthcare setting.

Inspector's evidence

Team members accessed the internet for general information. This included 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. Separate measures were used for methadone to prevent cross contamination. 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. People 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.