

# Registered pharmacy inspection report

**Pharmacy Name:** Stone Pharmacy, 221 Boarshaw Road, Middleton,  
MANCHESTER, Lancashire, M24 2WQ

**Pharmacy reference:** 1104944

**Type of pharmacy:** Community

**Date of inspection:** 27/02/2020

## Pharmacy context

This community pharmacy is situated in 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 weekly compliance packs to help make sure they take them safely and the pharmacy offers a home delivery service.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards not all met	4.3	Standard not met	The pharmacy cannot demonstrate that it stores refrigerated medicines at the correct temperature. And its CD management and date checking procedures are not robust enough.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy generally manages the risks associated with its services. It provides the pharmacy team with written instructions to help make sure it provides safe services. The team usually records and reviews its mistakes so that it can learn from them. Pharmacy team members understand their role in securing people's confidential information, and they know how to protect and support vulnerable people.

### Inspector's evidence

The pharmacy had written procedures that covered the safe dispensing of medicines, responsible pharmacist (RP) regulations and controlled drugs (CDs). Several of the RP procedures indicated that they were last reviewed in March 2018, so they were due for their review. Most team members had had read them, so they knew how to complete tasks safely.

The dispenser and checker initialled dispensing labels, which helped to clarify who was responsible for each prescription medication they had supplied and assisted with investigating and managing mistakes. The pharmacy team discussed mistakes it identified when dispensing medicines and it addressed each of them separately. Staff members had only recently started to record mistakes, and they did not always include the reason why they thought each mistake happened. This also meant the team had not been able to periodically review these records for any trends. So, staff could miss additional opportunities to learn and mitigate risks in the dispensing process.

The pharmacy team received positive feedback across several key areas in its last patient satisfaction survey completed in 2018. The pharmacy had a complaints procedure, but most of the staff had not read it, so they might not know how to handle them effectively. And there was no publicly displayed information that explained how people could make a complaint.

The pharmacy had professional indemnity cover for the services it provided. The RP, who was the manager and resident pharmacist, displayed their RP notice, so the public could identify them. The pharmacy maintained the records required by law for CD and private prescription medication transactions. It kept records of repeat medicines urgently supplied to patients who did not have a prescription, but it did not always record the nature of the emergency. The pharmacy kept records of medicines manufactured under a specials licence that it had obtained and supplied. The pharmacy had an RP log that identified the RP on each day the pharmacy operated, but the pharmacists rarely recorded when they ceased being the RP, which could cause ambiguity.

Staff had a basic understanding of protecting people's information and discussed how they should make sure they prevent accidental release of it. They used passwords to protect access to people's electronic data. However, only some of them had their own security cards to access people's electronic NHS information, so there may not be a reliable audit trail of who had accessed this information. The team securely destroyed confidential material. Team members could not recall if they signed a confidentiality agreement. The pharmacy had written data protection policies, but staff had not read them, and it had not completed the equivalent of a data protection audit. There was no publicly displayed information about the pharmacy's privacy notice. Patient identifiable information was stored in the consultation room, and this was left unlocked when not in use. The RP and manager, who was a registered pharmacy technician, said that they would address this. Staff members obtained people's

verbal consent to access their information in relation to the prescription ordering and electronic prescription services.

The RP had level 2 safeguarding accreditation, and the manager was completing their accreditation. The trainee dispensers were completing safeguarding training as part of their accreditation. The pharmacy had the local safeguarding boards policies and procedures available for staff to reference, but the other qualified staff members had not completed any formal training. And some of these reference documents were at least seven years old, so may not be up to date. The manager had recently accessed the NHS safeguarding app, and they were making arrangements for the team to refer to it in future for local safeguarding policies and procedures.

Staff members said that the GP annually assessed whether it was safe for people using compliance packs to have twenty-eight days' medication per supply. However, the pharmacy did not keep corresponding records that confirmed this. The pharmacy kept records for some compliance pack patient's care arrangements, including their contact and next of kin details, and any delivery arrangement. So, the team may not always have easy access to this information if it was needed urgently.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to provide safe services and the team members work well together. New staff members complete relevant training on time. But qualified staff members do not have access to a structured ongoing training programme, so their skills and knowledge may not always be up to date.

### Inspector's evidence

The staff present were the RP, manager, a dispenser and a trainee dispenser completing an NVQ level three accreditation. Two trainee staff members, who were completing a combined medicines counter assistants and dispenser course, were also present. The pharmacy also employed a locum pharmacist who provided cover one day per week and a delivery driver.

The pharmacy had enough staff to comfortably manage its workload. It 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, which helped to increase service efficiency. The pharmacy had a low footfall and was open extended hours, which meant the team avoided sustained periods of increased workload pressure and it could promptly serve people. The technician, who had been working at the pharmacy for over a year, had recently taken over the management duties from the RP, which should help improve maintaining services and completing the associated tasks.

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 dispensers efficiently provided the compliance pack service, and the trainees also supported dispensing effectively.

The pharmacy had an effective strategy for covering planned and unplanned leave. It only allowed one of its staff members to be on planned leave at any time. The pharmacy's opening hours meant that few people presented during the early and late parts of the working day and Saturdays, which allowed the team to spread the work load so that they could maintain dispensing services.

Two of the trainees' training was progressing well, and the third trainee had only recently started working at the pharmacy. They all had protected study time, and a college tutor regularly visited and supported the trainees who were completing the dual MCA/dispenser course. Staff had brief and informal conversations with the RP about their performance. But, there was no structured appraisal process or ongoing training programme for qualified staff.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are clean, secure and spacious enough for the pharmacy's services. It has a private consultation room, 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 professional, spacious and bright in appearance: the retail area and counter could accommodate the number of people who usually presented at any one time. The open-plan dispensary and additional compliance pack area provided enough space for the volume and nature of the pharmacy's services. The consultation room was accessible from the retail area, and it could accommodate two people, but its availability was not prominently advertised, so people were less likely to know about this facility. The level of cleanliness was appropriate for the services provided. And staff could secure the premises to prevent unauthorised access.

## Principle 4 - Services Standards not all 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. But it doesn't always do these systematically, and it cannot demonstrate that it manages all of its medicines effectively and that it stores its refrigerated medicines at the correct temperature.

### Inspector's evidence

The pharmacy was open 8.30am to 7pm Monday to Saturday. It had a low step at its public entrance and staff could see anyone who needed assistance entering the premises.

The pharmacy had a written procedure for dispensing higher-risk medicines that covered anti-coagulants, methotrexate, lithium and insulin. The RP regularly checked if anyone who they supplied valproate was in the at-risk group. They checked if these people had consulted their GP and had been given the MHRA valproate advice booklet, but they did not have these to give anyone who had not already received it. The pharmacy supplied the MHRA approved valproate advice cards to anyone in the at-risk group. However, these were the May 2018 version, which had been updated in November 2019. So, people might not receive the most up to date information. The RP regularly checked that people on other higher-risk medicines had a recent blood test and understood their dose. They also reminded them of the side effects to recognise during their annual Medicines Use Review.

The team prompted people to confirm the repeat medications they required, which helped it limit medication wastage and made sure people received their medication on time. The team also made records of these requests, which assisted in effectively resolving any 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. However, it did not always know the day each of these people were due to start taking their medication, which could help it to manage its workload better and make sure it supplied the packs in good time.

The team kept a record of people's current compliance pack medication that also stated the time of day they were to take them. This helped it effectively query differences between the record and prescriptions 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 records were not in a structured format, so staff may not always note some important information. The team labelled each compliance pack with the medicines inside them. However, it did not include enough detail describing each medicine, which could make it more difficult for people to identify them.

The pharmacy team used baskets during the dispensing process to separate people's medicines and help organise its workload. It permanently marked its part-used medication stock cartons to help make sure it gave people the right amount of medication.

The pharmacy obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers and stored them in an organised manner. It had registered with the body responsible for implementing the

Falsified Medicines Directive (FMD) in the UK. Staff members had completed the pharmacy's FMD training. However, the pharmacy did not have the software or hardware for complying with the FMD.

The pharmacy suitably secured its CDs, quarantined its date-expired and patient-returned CDs and it had kits to denature them. There was a large quantity of patient-returned CDs that required destruction. Staff members said that they regularly checked medicine stock expiry dates, but they did not keep any records that supported this. The expiry dates on randomly selected sections of stock generally had a reasonably long shelf life. However, a few randomly selected eye drops and creams had expired; these were removed from the stock.

The RP said that they checked the medicine refrigeration temperatures regularly, but rarely recorded them to confirm this. The RP had suspected for a considerable period that the thermometers used for one of these fridges was faulty, because it was providing readings outside of the maximum range, usually between eight to ten degrees Celsius. However, they had not addressed the matter or considered that the fridge could be faulty. The thermometer was checked twice during the inspection and gave maximum readings of 8.4 and 8.8 degrees Celsius.

The RP and manager said that the team took appropriate action when it received alerts for medicines suspected of not being fit for purpose, but it did not keep any records that confirmed this. The pharmacy disposed of obsolete medicines in waste bins kept away from medicines stock, which reduced the risk of these becoming mixed with stock or supplying medicines that might be unsuitable.

The RP checked the supply deadline date for 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 supported efficiently retrieving people's medicines when needed. And records showed that the pharmacy securely delivered medication to people. However, the pharmacy did not keep a record of the pharmacist who supplied each CD, which could make it more difficult to handle any queries if needed.



## 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 hot and cold running water and an 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. Staff used the latest versions of the BNF and cBNF to check 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 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.