

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: 06/05/2021

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. 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
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 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 were last reviewed in March 2018, so they were due to be reviewed. Most team members had had read them, so they knew how to complete tasks safely.

Each staff member had completed a COVID-19 health risk assessment, and they each wore a face mask. They completed a lateral flow test twice each week, which had returned negative results to date. Staff had self-isolated when they displayed COVID-19 symptoms. Some team members had received their first dose of a COVID-19 vaccine, and the others were expecting it shortly. A maximum of two people was allowed in the retail area of the premises at any time, and a screen had been installed on the front counter, which helped to protect the public and staff.

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 preparing prescription medicines and it addressed each of them separately. Staff members recorded these mistakes, including the reason why they thought each mistake happened. However, the team had not regularly reviewed these records for any trends. So, staff could miss additional opportunities to learn and mitigate risks in the dispensing process.

The pharmacy participated in patient satisfaction surveys and it had received positive feedback in the past. But they had not completed one since the start of the COVID-19 pandemic.

The pharmacy had a complaints procedure, which all the staff had read, so they knew how to handle them effectively. But 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. It maintained the records required by law for CD and private prescription medication transactions, and medicines it supplied to people who urgently needed their medication in the absence of a prescription. The pharmacy kept records of medicines manufactured under a special licence that it had obtained and supplied. The RP, who was a locum pharmacist, displayed their RP notice, so the public could identify them. There was 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 they explained how they kept it secure. They used passwords to protect access to people's electronic data. Not all staff members had

their own security cards to access people's electronic NHS information, which meant they sometimes used their colleague's card. So there may not be a reliable audit trail of who had accessed this information. The team securely destroyed confidential material. Each team member had signed a confidentiality agreement, and they had read the pharmacy's data protection policies. The pharmacy had not completed the equivalent of a data protection audit, so the team might miss opportunities to make improvements. 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 and regular pharmacist had level two safeguarding accreditation, and the manager was completing their accreditation. The dispensers had completed safeguarding training as part of their training. The pharmacy had the local safeguarding boards policies and procedures available for staff to reference, but some of the other staff members had not completed any formal training. 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, as some of the existing reference documents were out of date.

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 compliance pack patient's care arrangements, including their contact and next of kin details, and any delivery arrangement. So, the team usually had 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. Staff members complete relevant training on time, so they have the right qualifications for their roles. 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 who was a registered pharmacy technician, an experienced dispenser and a recently qualified medicines counter assistant (MCA). A second dispenser, who mainly provided the compliance pack service, was also present. The other staff members, who were not present, included the superintendent pharmacist who was the regular pharmacist, two recently qualified dispensers, a delivery driver and a second locum pharmacist who provided cover one day per week.

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, which meant the team avoided sustained periods of increased workload pressure and it could promptly serve people. The technician had been employed in their management role for around two years, which had helped the superintendent to maintain services.

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 recently qualified team member's training had progressed positively. They had protected study time, and a college tutor regularly visited and supported them. Staff had brief and informal conversations with the superintendent 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. Its appearance was professional and bright: 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 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 was open 9am to 6.30pm Monday to Friday and 9am to 1pm 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. Staff said that the pharmacy supplied the MHRA approved valproate advice cards to anyone in the at-risk group, but they could not locate them. So, people might not receive this information. The superintendent regularly checked that people on other higher-risk medicines had a recent blood test and understood their dose.

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 pharmacy referred most people who needed their repeat medication urgently to the local GP practice, because it usually issued a prescription within twenty-four hours, so most people did not run out of their medication.

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 records of the day each of these people was due to start taking their medication, which helped it to manage its workload better and make sure it supplied the packs on 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 electronic records of verbal communications about medication queries or changes for people using compliance packs. 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 obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers and stored them in an organised manner. The team suitably monitored the medication refrigerator storage temperatures. It 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 suitably secured its CDs, quarantined its date-expired CDs and patient-returned CDs and it had kits to denature them. But CD management was not always systematic and there was a large

quantity of patient-returned CDs that required destruction. Staff members said that they regularly checked medicine stock expiry dates, and they had some records that supported this. The expiry dates on several randomly selected sections of stock generally each had a reasonably long shelf life.

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 so they could not demonstrate 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. The delivery driver used hand sanitiser and they wore a face mask when they delivered medication. They dropped each delivery at the doorstep stood at a safe distance while they observed the recipient collect it. 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. Staff had access to hot and cold running water. Hand sanitiser and hand wash was located at each workstation and sink. 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.