

# Registered pharmacy inspection report

**Pharmacy Name:** Medichem Pharmacy, Units 34-35 Woodley  
Precinct, Woodley, STOCKPORT, Cheshire, SK6 1RJ

**Pharmacy reference:** 1107409

**Type of pharmacy:** Community

**Date of inspection:** 03/09/2020

## Pharmacy context

This community pharmacy is open extended hours. It is situated in a pedestrianised shopping area in a semi-rural location serving the local population. It mainly prepares NHS prescription medicines and it helps manage many people's repeat prescriptions. A large number of people receive their medicines in weekly multi-compartment compliance packs to help make sure they take them safely. The pharmacy also offers a home delivery service. The inspection was undertaken 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	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 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

Overall, the pharmacy suitably manages its risks. Team members have a basic understanding about protecting people's information and supporting vulnerable people. The pharmacy has some written procedures to help make sure the team provides safe services. But these are not regularly updated, and they do not cover all the key areas, so the team might not always work effectively. And the team does not always effectively review its mistakes, so it may miss learning opportunities.

### Inspector's evidence

The pharmacy had written procedures that covered safe dispensing of medicines, the responsible pharmacist (RP) regulations and controlled drugs (CDs). However, many of these procedures were last reviewed in 2012 or 2015. Records indicated that not all of the staff members had read them, which they confirmed to be correct. The pharmacy did not have any written procedures for handling complaints, near misses or dispensing errors. So, there was a risk that some team members may not fully understand how they should provide the pharmacy's core services or manage any identified risks.

The limited dispensary space made it difficult for most staff to always maintain a safe distance from each other. To mitigate against this, staff used hand sanitiser throughout the working day, avoided going anywhere except the pharmacy and their home, and limited their close contact with their co-habitants. Each staff member was asked screening questions every Monday before starting work to check if they had any symptoms. The RP, who was the resident pharmacist and manager, agreed to complete these checks at the start of each working day. The pharmacy was in the process of completing its COVID-19 health risk assessment for each team member. Between 7pm and 11.30pm the pharmacist was the sole dispensary staff member, so there were no obvious social distancing issues during this period. The pharmacy planned to use agency staff if a significant number of team members had to isolate and they needed extra cover. There was no system to report instances of staff members contracting COVID-19 whilst working in the pharmacy to the Health and Safety Executive. But, the RP said that they would address this.

Face masks were available to team members, but most of them, including the delivery driver, chose not to wear one. The RP was signposted to Public Health England's guidance on personal protective equipment (PPE) for health care workers and management of staff in health care settings.

The pharmacy team discussed mistakes it identified when dispensing medicines and it addressed each of them separately. The pharmacy recorded these mistakes, but the RP was unable to locate them, and staff members did not review these records to identify any patterns. So, they could miss additional opportunities to learn and mitigate risks in the dispensing process.

The team had received positive feedback on providing an efficient service and advice on a current health problem or a longer-term health condition, in its most recent patient survey. However, these results were issued in April 2018, so may no longer be representative of people's views. There was no publicly displayed information explaining how people could make a complaint.

The superintendent pharmacist, who was one of the regular pharmacists, said that the pharmacy had professional indemnity insurance for its services. The pharmacy maintained the records required by law for the RP log and any urgent requests for medication without a prescription. The pharmacy kept

records of private prescription transactions, which did not always include the date each medication was supplied. The pharmacy kept records of medicines manufactured under a special licence that it had ordered and supplied. However, these records did not always have the details of the people to whom it had supplied them, which could make it more difficult for the pharmacy to explain what has happened in the event of a query.

Several randomly selected registers indicated that the team entered CD transactions in the appropriate register. 'Sugar free' was missing from most pages of the sugar free methadone registers, which could increase the likelihood of incorrect entries. The team were not entering part-supplies of CDs in the relevant register until up to a few weeks after some supplies, when the pharmacy had issued the full prescribed quantity. The RP said they would make sure the team made entries on the day of the supply or following day. A randomly selected CD running balance record was found to be accurate.

Staff understood the basic principles of protecting people's information and they securely stored confidential material, but they had not received any formal training about this, including on the General Data Protection Regulation. They used passwords to protect access to people's electronic information and had their own security cards to access people's NHS electronic data. But they did not always use their own card, which meant it could be difficult to confirm who had accessed the information. The pharmacy had a system for securely disposing of confidential material, but there had been one isolated case where staff had disposed of a dispensing label in the general waste. This was removed and destroyed appropriately. Staff also could not recall signing any confidentiality agreement. The pharmacy did not have any official policies on data protection, and it did not display a privacy notice.

The team had reported safeguarding concerns to the GP when people exhibited signs of confusion. It also informally assessed whether any of these people needed their medication limited to seven day's supply, which could help them avoid becoming confused, but it did not keep any corresponding records that supported this. The pharmacy also did not keep any records of the next of kin or care arrangements for these people, which could be helpful when supporting them and resolving issues.

The superintendent said that they and the main resident pharmacist had level two safeguarding accreditation, but they had obtained it several years ago and had not completed any refresher training since that time. They said that the other resident pharmacist, who was a locum, also had level two accreditation. Some staff had historically completed safeguarding training when they worked elsewhere, and they knew where to access the local safeguarding board's contact details and procedures. But most staff members had not completed any safeguarding training and the pharmacy did not have its own safeguarding procedures.

The RP did not know about the 'Safe Spaces' campaign that the charity Hestia was running in partnership with pharmacies. Patients had usually informed the pharmacy if they were shielding. However, the team had not identified other people who were shielding, for example, by checking their summary care record (SCR).

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to provide services safely and team members work well together. But the pharmacy sometimes delays supporting team members to complete formal training. And team members do not have regular performance reviews or access to regular ongoing training. This could mean that there may be gaps in their skills and knowledge.

### Inspector's evidence

The staff present included the RP, two dispensers, and a trainee medicines counter assistant (MCA). The other staff included three other regular pharmacists, two dispensers, two trainee dispensers, a delivery driver, and two security staff who were not involved in providing any services.

The pharmacy had enough staff to manage its workload and the dispensary team members worked well both independently and collectively while providing services. Staff 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, which helped to make the dispensing service more efficient. The pharmacy had a constant but steady footfall of one or two people at a time, so the team avoided sustained periods of increased workload pressure and it could promptly serve people. The pharmacy did not have any formal targets for the volume of services it provided.

One of the accredited dispensers, who commenced employment in August 2018, did not start their qualification course until January 2019. They felt well supported by the RP in completing their training, and they had a one-hour tutorial with the course provider and other trainees once a week. However, they did not have any other protected study time. And the pharmacy did not have a staff appraisal process or on-going training programme for qualified members of the team.

One of the trainee dispensers, who started working at the pharmacy in December 2019, had completed one of their eight dispenser training modules. The other trainee dispenser, who had been employed around six years, had been unsuccessful at completing a dispenser training course on several occasions, but they had re-started the course in November 2019 and completed two of their eight training modules. The pandemic had delayed both trainees progressing with their training.

The trainee MCA, who started working at the pharmacy around February 2020, had not been enrolled on an MCA accreditation course. They were originally planned to be temporarily employed until September 2020. However, their position had become permanent. The RP later confirmed that they had enrolled the trainee on an appropriate course.

## 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 retail unit, which had shop and dispensary fittings that were suitably maintained. The public area was spacious and professional in appearance, and the retail area and counter design could accommodate the number of people who usually presented at any one time. The consultation room, which was accessible from the retail area, could accommodate two people, but its availability was not prominently advertised, so people may not know about this facility. Staff could secure the premises to prevent unauthorised access.

A maximum of two members of the public were allowed on the premises at any time. Floor markings, publicly displayed signs advising people to keep two metres apart, and a barrier at the front counter helped to protect the people and staff.

The dispensary and rear compliance pack dispensing area provided enough space for the volume and nature of the pharmacy's services. However, most of the dispensary was too narrow for staff to always maintain a safe distance when from each other.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy generally sources and supplies medicines safely. But some of its working procedures are unclear, which could mean services are not always provided efficiently. Stock medicines are generally stored in an orderly manner, and the team makes some checks to make sure they are suitable for supply. But the pharmacy could do more to demonstrate that it manages all of its medicines effectively.

### Inspector's evidence

The pharmacy was open from early morning to late at night six nights a week as well as Sunday. It had step-free access and the team could see and assist people who needed help entering the premises.

The pharmacy did not have any written procedures that covered the safe dispensing of higher-risk medicines. The RP had checked all the people taking valproate and provided appropriate written NHS advice to those in the at-risk group. However, the pharmacy had not given these people the MHRA approved advice booklets or cards, which the RP said they would obtain. The RP checked if people on other higher risk medicines were experiencing any side effects or interactions at the time of their Medicines Use Review (MUR). However, the team did not regularly check if people on other higher risk medicines had a recent blood test.

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 people's current compliance pack medication that also stated the time of day they were to take them, which 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. So, it had a record that helped make sure these people received the correct medicines. Staff labelled compliance packs with a description of each medicine it contained to help people to identify them.

The team prompted people to confirm the repeat medications they required around five to seven days before they were due, which helped it limit medication wastage. The pharmacy kept a record of the patient's name for each of these requests. However, these records did not include any medication details. Staff said that the pharmacy kept records of the reasons why prescription requests that the local surgery had frequently not fulfilled. However, several randomly selected records did not have any note to indicate that these requests were not fulfilled or the reason why. So, the pharmacy could find it more difficult to effectively resolve queries if needed. Staff said the reasons why these prescriptions were not issued were usually either the local surgery's administrative oversight or people needed a medication review, which they communicated to them.

The pharmacy obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers. It had a system required to comply with the Falsified Medicines Directive (FMD), as required by law, but the staff were not using it because they had not completed the appropriate training.

The team used baskets during the dispensing process to separate people's medicines and organise its workload. It usually only left a protruding flap on medication stock cartons to signify they were part-used, which could increase the risk of people receiving the incorrect medication quantity. All the methadone patients had transferred to weekly instalment supplies. The team prepared instalments in advance of people attending to collect them, but it did not always dispense them in divided daily doses, which could help people take their dose more accurately.

The pharmacy suitably secured its CDs and CD destruction kits were available. Most of the CD storage space was well organised, but a few sections of stock needed to be tidied. Patient-returned and date-expired CDs were appropriately segregated.

The team suitably monitored the medication refrigerator storage temperatures. Records indicated that the team had monitored medicines stock expiry dates from May 2019 to June 2019 and November 2019 to February 2020. Staff members had been unable to complete any notable date checking during the last six months due to increased service demand that the pandemic had caused. However, they had recently date-checked all the stock. The team had not kept any records of these latest checks, but several randomly selected stock medicines each had a reasonably long shelf life.

The RP took appropriate action when they received alerts for medicines suspected of not being fit for purpose and they had corresponding records that supported this. The pharmacy disposed of obsolete medicines in waste bins kept away from medicines stock, which reduced the risk of supplying medicines that might be unsuitable. The team used an alpha-numeric system to store patient's bags of dispensed medication, which meant it could efficiently retrieve people's medicines when needed.

The delivery driver used hand sanitiser when they delivered medication. They placed people's medicines at their front door, observed them being collected at a safe distance, and recorded each confirmed CD supply. But they did not record any of the other supplies due to increased time constraints caused by the significant growth in deliveries.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities that it needs to provide its services effectively. It properly maintains its equipment and it has the facilities to secure people's information.

### Inspector's evidence

The pharmacy team kept the dispensary sink clean. It had access to hot and cold running water and an antibacterial hand-sanitiser. It also had a range of clean measures, including separate ones for methadone. So, the team 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 had access to the latest version of the BNF and a recent cBNF, which meant they could refer to pharmaceutical information if needed.

The pharmacy team had facilities that protected people's confidentiality. It viewed their 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.