

# Registered pharmacy inspection report

**Pharmacy Name:** Benchill Pharmacy, 206 Hollyhedge Road,  
MANCHESTER, M22 4QN

**Pharmacy reference:** 1109865

**Type of pharmacy:** Community

**Date of inspection:** 30/09/2024

## Pharmacy context

This pharmacy is situated next to other retail shops, in a residential area of Manchester. The pharmacy premises are easily accessible for people and has adequate space in the retail area. It has a consultation room available for private conversations with its team members. The pharmacy sells a range of over-the-counter medicines and dispenses both private and NHS prescriptions. And it supplies medication in multi-compartment compliance packs to some people, to help them take the 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
<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

The pharmacy manages the risks associated with its services and protects peoples' information. Members of the team are clear about their roles and responsibilities. They record some things that go wrong, so that they can learn from them. But they do not always record or review all their mistakes, so they may miss some opportunities to improve. The pharmacy largely keeps the records required by law.

### Inspector's evidence

There were up to date standard operating procedures (SOPs) for the services provided, with records demonstrating that most of team had read and accepted them. The two trainee dispensers had not read or signed the SOPs but had been working at the pharmacy for approximately six months. This meant there was a possibility of them not fully understanding the processes that were relevant for their roles. The pharmacist said he would ensure the trainee dispensers read and signed the respective SOPs as a priority. Roles and responsibilities of staff were set out in the SOPs. A member of the pharmacy team clearly described her duties. The pharmacist reported dispensing errors to the superintendent, after investigating how and why they occurred, for learning purposes. Near miss incidents were discussed with the pharmacy team member at the time they were identified, but records were not routinely made, and mistakes were not always reviewed to help establish any trends and patterns. This meant there was a missed opportunity for learning.

The correct responsible pharmacist (RP) notice was displayed. A complaints procedure was available. The pharmacist explained that he resolved complaints in the pharmacy at the time they arose, and referred the person to the superintendent if they felt it was unresolved. The pharmacy had up-to-date professional indemnity insurance in place. The private prescription record, emergency supply record, and the controlled drug (CD) registers were in order. Records of CD running balances were kept but not regularly audited. This meant there was a risk of diversion or discrepancies of a controlled drug going unnoticed for some time. A balance check for a random CD was carried out and found to be correct. Patient returned CDs were recorded and disposed of appropriately. The responsible pharmacist (RP) record had the time the RP ceased their duty missing from several entries in the last year. Therefore, it was more difficult to identify who was responsible at different times. The pharmacist provided an assurance that locums will be reminded by a team member to record the time they ceased their duty at the end of day. There was no unlicensed specials record available. The pharmacist explained that he could not recall the last time an unlicensed special was supplied, but was aware of the record keeping requirements.

Confidential waste was shredded, and private information was kept out of sight of people using the pharmacy. The pharmacy team had read the information governance SOP. Computers were all password protected and faced away from the customer. Assembled prescriptions awaiting collection were being stored in a manner that protected patient information from being visible. There was no privacy notice displayed which meant people may not be aware how the pharmacy intended to use their personal information. Members of the pharmacy team had read the safeguarding SOP, and the pharmacist had completed safeguarding training. The contact numbers required for raising safeguarding concerns were present.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload safely. And the team members are comfortable providing feedback to the pharmacist. The pharmacy enables its team members to act on their own initiative and use their professional judgement.

### Inspector's evidence

There was a pharmacist, who was also the pharmacy manager, a trainee pharmacist, two dispensers, two trainee dispensers and a medicines counter assistant on duty. Members of the pharmacy team appeared to manage the workload adequately and worked well together. A member of the team explained they were expected to read SOPs when they were updated to help ensure they were familiar with any changes to a process. She felt that the pharmacist manager was supportive and was happy to answer any questions. Team members were allowed time to complete training when the workload permitted.

Members of the pharmacy team were regularly given feedback from the pharmacist. For example, they were told about near miss errors. Staff were aware of the whistleblowing policy and knew how to report concerns if needed. Details outlining the policy were available for reference.

The medicines counter assistant was clear about her role. She knew what questions to ask when speaking to patients and when to refer the patient to a pharmacist. For example, if a patient had been commenced on a new medicine, she would ask the pharmacist to intervene and provide counselling. The pharmacist explained that there were no professional service targets in place.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and tidy and is a suitable place to provide its services. It has a consultation room so that people can have a conversation in private with a member of the team.

### Inspector's evidence

The pharmacy was clean and tidy. It was free from obstructions and had a suitable waiting area. A member of the pharmacy team explained that dispensary benches, the sink and floors were cleaned regularly. The temperature in the pharmacy was controlled by air conditioning units. Lighting was adequate.

Any maintenance problems were reported to the superintendent. Team facilities included a microwave, kettle and toaster, WC with wash hand basin and antibacterial hand wash. There was a consultation room available which was uncluttered and clean in appearance.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are easy to access. And they are generally managed appropriately, so people receive their medicines safely. But members of the pharmacy team do not always know when higher-risk medicines are being supplied. So, they may not always make extra checks or give people advice about how to take them, so they remain safe to use. The pharmacy sources medicines safely and carries out checks to help make sure that they are kept in good condition and suitable to supply. But expiry date checks are not always recorded. So, there may be an increased risk that out-of-date medicines could be overlooked.

### Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including people with mobility difficulties and wheelchairs. There was a selection of healthcare leaflets and posters in the retail area. Members of the pharmacy team were clear about what services were offered and where to signpost people to services the pharmacy did not provide. The opening hours and a list of the pharmacy's services were displayed in the window.

The workflow in the pharmacy was organised into separate areas, with adequate bench space for dispensing prescriptions and a designated checking area for the pharmacist. 'Dispensed-by' and 'checked-by' boxes were initialled on the dispensing labels to provide an audit trail. Plastic containers were used to separate prescriptions during dispensing, to reduce the risk of medicines becoming mixed up. Schedule 2 CDs awaiting collection had a CD sticker attached to the prescription. The pharmacist explained that this was to act as a prompt to add the CD before handing out. Schedule 3 and 4 CD prescriptions were not always highlighted. This meant there was a possibility of handing out a CD on an expired prescription.

The pharmacist explained that prescriptions for higher-risk medicines, including, warfarin, methotrexate, and lithium were not routinely highlighted prior to collection. This meant there was a missed opportunity for them to provide appropriate counselling when handing out the prescription. The pharmacy team were aware of the risks associated with the use of valproate during pregnancy and the updated guidance around original pack dispensing. An audit of patients prescribed valproate had identified no people who met the risk criteria. Patient information resources for valproate were available.

The pharmacy had an automated dispensing robot installed, which was used for dispensing most prescription only medicines (POM). The prescription medicines not dispensed by the dispensing robot included creams, liquids, fridge items and controlled drugs. The pharmacist provided a thorough demonstration of how the dispensing robot worked when dispensing medicines, and said he believed that it had led to a significant reduction in dispensing errors when compared to the manual dispensing process.

A member of the pharmacy team provided a detailed explanation of how the multi-compartment compliance pack service was provided. The service was organised with an audit trail for mid-cycle changes to medication. Disposable equipment was used. Patient information leaflets for the medicines supplied were provided to people routinely with each supply of medication. Hospital discharge

prescription summaries were kept for the pharmacist to refer to. The assembled compliance aid packs currently awaiting collection had no individual medicine description included. This meant it was more difficult for people to identify their medicines.

The pharmacy had up to date, signed patient group directives (PGD) in place for the NHS Pharmacy First service, and the pharmacist had completed appropriate training. The pharmacist explained that he recently had a patient who accessed the service, who had been referred by their GP. The patient had a consultation and was treated in accordance with the respective PGD.

Stock medications were sourced from licensed wholesalers. Stock was stored tidily, and CDs were stored appropriately. Patient returned CDs were destroyed using denaturing kits. There was a clean fridge for medicines, equipped with a thermometer, and the temperature was checked and recorded daily, and in normal range. The pharmacist explained that different sections of stock medication in the dispensary and retail area were date checked periodically, but there was no recent record of date checking available. This meant there was no audit trail of the recent activity, and the process in place may not be as robust as it should be. Short-dated medicines were highlighted with a sticker added to the medicine container. No out-of-date stock medicines were present from a number that were sampled. The date of opening for liquid medicines with limited shelf life was added to the medicine bottles. Alerts and recalls were received via NHS email, MHRA and head office. These were acted on by the pharmacist or pharmacy team member and a record was kept.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide services safely. It is used in a way that protects privacy. And the electrical equipment is in working order.

### Inspector's evidence

The pharmacy team used the internet to access websites for up-to-date information, for example, Medicines Complete. A copy of the BNF and BNFc were present. Any problems with equipment were reported to the superintendent. All electrical equipment appeared to be in working order.

The pharmacy had a service level agreement (SLA) in place for the dispensing robot. This included routine maintenance, servicing, and engineer call outs. The pharmacist explained that the dispensing robot rarely had issues, but, if necessary, the manufacturer was able to access the dispensing robots IT system remotely or would send out a service engineer. The pharmacist said that team members were able to access inside the dispensing robot to retrieve medicines when they were waiting for issues to be resolved, to avoid unnecessary delays to dispensing.

There was a selection of liquid measures with British Standard and Crown marks. The pharmacy had equipment for counting loose tablets and capsules, including tablet triangles. Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. Cordless telephones were available and were used to hold private conversations with people when needed.

### What do the summary findings for each principle mean?

Finding	Meaning
<span>✓ Excellent practice</span>	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.
<span>✓ Good practice</span>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span>✓ Standards met</span>	The pharmacy meets all the standards.
<span>Standards not all met</span>	The pharmacy has not met one or more standards.