

# Registered pharmacy inspection report

**Pharmacy Name:** Elliott Street Pharmacy, 173-177 Elliott Street,  
Tyldesley, MANCHESTER, M29 8DR

**Pharmacy reference:** 1110028

**Type of pharmacy:** Community

**Date of inspection:** 11/07/2022

## Pharmacy context

This is a pharmacy in a town centre. It mainly dispenses NHS prescriptions, including prescriptions for substance misuse services and it sells over-the-counter medicines. It provides a delivery service to people's homes. And it dispenses medication into multi-compartment compliance packs for some people who need help taking their medicines.

## 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 adequately manages risks to make sure its services are safe, and effective. It mostly keeps the records it needs to by law, and it keeps people's private information safe. Members of the pharmacy team work to professional standards and are clear about their roles and responsibilities. They understand their role in helping safeguard vulnerable people. They record and learn from mistakes they make to improve the safety of services. And they have satisfactory written procedures to work to. But some of the training records are incomplete which may cause confusion.

### Inspector's evidence

There was a folder containing standard operating procedures (SOPs), but most team members present had not signed them. Signatures seen were from team members who no longer worked at the pharmacy. The responsible pharmacist (RP) and owner explained that there were new SOPs and the staff had not had a chance to sign them yet but had read them. Team members had clearly defined roles and their practice demonstrated that they were working according to the SOPs. The pharmacy received up to 75% of the medicines for its repeat prescriptions received already picked for individual prescriptions. The pharmacy had an SOP for this service but written details on who was responsible for each stage of the process was not complete.

A sheet was available in the dispensary to record dispensing mistakes which were identified before the medicine was received by a person (near misses). Previous sheets had entries made by the pharmacist on behalf of team members. Pharmacy team members were made aware of their mistakes and any repeated or themed mistakes were discussed. The records provided information about why mistakes had been made and actions taken to prevent a recurrence and aid future learning. Near misses were sometimes analysed to look for patterns. Look-a-like and sound-a-like (LASA) medications were identified and were either separated or extra precautionary labels were stuck on the shelves to remind the team to take extra caution when picking. The RP showed how he would record dispensing mistakes where the medicines had been received by the person (dispensing errors) on the NHS Learn From Patient Safety Events (LFPSE) service.

The right RP notice was displayed. The RP record was continuous and had largely been filled in correctly. Records of private prescriptions dispensed were recorded electronically on the pharmacy's computer system, and the entries examined complied with requirements and generally matched the number of physical private prescriptions. Records of unlicensed medicines supplied did not always contain all the required information. Controlled drug (CD) registers were kept electronically and complied with requirements. The RP undertook weekly CD balance checks. The pharmacy kept a register of CDs returned by people for destruction. The CD cabinets were organised and very tidy.

The pharmacy did not have any records of complaints. The process was not advertised to people in the pharmacy's retail area. The RP explained that the people using the pharmacy were generally very happy with the services but they could provide feedback or make complaints at the pharmacy or by emailing in using the website. The pharmacy had a current indemnity insurance certificate displayed.

The pharmacy did not have a documented procedure about confidentiality and data protection

available in the pharmacy but the team members explained how they protected people's privacy and confidentiality. The pharmacy generally kept sensitive information and materials in restricted areas. They stored some people's notes and bagged medication in the consultation room but the pharmacist said these were removed when a person was using this area. Delivery log sheets kept people's personal information protected by using initials only and address details. The pharmacy segregated confidential waste. And this was collected for secure destruction.

The pharmacy did not have a safeguarding policy available. Pharmacy team members gave some examples of symptoms that would raise their concerns about vulnerable children and adults. They explained how they would refer their concerns to the RP. The RP confirmed he had completed the level 2 safeguarding course and had a sheet for all the local safeguarding contacts in the area.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy team members work well together to manage the workload. And they have the right qualifications for the roles they do. They complete some ongoing learning to keep their skills up to date. Team members are comfortable sharing ideas to help improve pharmacy services.

### Inspector's evidence

At the time of the inspection there was the RP, another pharmacist and a regular locum pharmacist who came in later in the afternoon. There were eight trained dispensers one of whom was the dispensary manager, two medicines-counter assistants (MCA), one of whom had been in post for just over a month and had been enrolled onto an accredited programme. There were two delivery drivers. Three of the dispensers were regular locums. The RP indicated that recruitment of permanent staff has been a problem since the beginning of the covid-19 pandemic and he had needed to adapt how the pharmacy team worked as a result.

There was a constant flow of work in the dispensary and the volume was manageable at the time. The majority of dispensing seen was for repeat prescriptions which people ordered directly from the surgery and for multi-compartment compliance packs.

Pharmacy team members kept their skills and knowledge up to date by completing learning ad hoc. But they had not completed any training recently. The RP had enrolled his regular staff onto a new e-learning platform provided by an external provider. The pharmacy team members felt comfortable sharing ideas to improve the pharmacy and in raising a concern. The pharmacy did not have any formal appraisal process in place for pharmacy team members. One of the dispensers who had been employed by the pharmacy for ten years explained they had not received an appraisal recently. And they could not remember when they had last received an appraisal. Staff were not given any targets. The pharmacy had a whistleblowing policy. But pharmacy team members did not know how to access the company's whistleblowing system but they understood that they could raise concerns to an appropriate person.

The MCAs were able to explain examples of medication requests when they would decline a sale if they felt it was inappropriate and they would refer to the pharmacist for more expert knowledge on certain presentations.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean, bright and secure. It is suitable for the provision of healthcare services. It has a private consultation room so people accessing services have the opportunity to have confidential conversations.

### Inspector's evidence

The premises were generally clean and tidy, and there was enough clear workspace to allow for safe dispensing. The floors and passageways were free from clutter and obstruction. Lighting was good throughout. Fixtures and fittings were suitable for their intended purpose. There were clearly defined dispensing and checking areas. The premises were secure from unauthorised access.

The pharmacy shelves were generally tidy. The pharmacy had a clean, well-maintained sink in a separate area of the dispensary which was used for medicines preparation. Pharmacy team members had access to a private consultation room for conversations with people. The pharmacy had a toilet which provided a sink with hot and cold running water and other facilities for hand washing. The appearance of the premises was professional, and areas of the premises were well defined by the layout and well signposted from the retail area. There was a barrier which controlled access to restricted areas of the pharmacy.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy has adequate safeguards to help ensure it delivers its services safely. And to make sure it stores and manages its medicines appropriately. The team understands what additional checks to make when supplying higher risk medicines to help people take their medicines safely. And it keeps records of the medicines it delivers to people, in case of queries. But it stores a few medicines outside of the manufacturer's packaging without the proper labelling. And it does not always keep full records of the checks it makes on its medicines.

### Inspector's evidence

The pharmacy had level access from the street outside. Suitably trained MCAs provided a large range of over-the-counter (OTC) medication, supervised by a RP. The RP was able to supervise sales of OTC medication.

The pharmacy dispensed a lot of NHS repeat prescriptions, and a large proportion of this service was provided by an external automated service where medicines were picked by a robot. The pharmacist logged on to the system and performed a clinical and accuracy check of each prescription. Once the pharmacist was satisfied, information on what medicines were required were sent to be picked by individual prescription at a central point. The picked items were then returned in specific boxes, for individual prescriptions, to the pharmacy. Here barcodes were scanned and dispensing labels printed. The dispensers assembled the prescriptions. The final check was completed using the barcodes for accuracy.

Pharmacy team members signed the dispensed by and checked by boxes on dispensing labels for medicines that were dispensed in the pharmacy. This was to maintain an audit trail of the people involved in the dispensing process. And they used dispensing baskets throughout the dispensing process. The pharmacy used instructions printed on the bag label to inform them if a person's prescription was for delivery. Pharmacy team members were told verbally if a person was waiting in the pharmacy for their prescription to be prepared.

The pharmacy provided medicines in multi-compartment compliance packs for people identified by their GPs. The pharmacy provided each pack with an accompanying sheet with attached labels which gave directions for administration and descriptions of what each medicine looked like, so they could be identified in the pack. A dispenser explained that people received information leaflets once a month about their medicines. There were records to help team members dispense the medicines into the correct time slots. Four weekly multi-compartment compliance packs were prepared for monthly prescriptions and weekly prescriptions were made up in advance of prescriptions for pharmacists to check for accuracy. Monthly packs were sealed and put onto the delivery schedule but weekly packs were stored in a separate holding area in the pharmacy and a number of packs were left unsealed. This could potentially cause a stability issue as well as contamination and accuracy issues if medicines unintentionally popped out due to being unsealed. The RP stated that he would change this process post inspection to mitigate these risks and dispense one weekly multi-compartment compliance pack at a time when prescriptions were received.

Some members of the pharmacy team were aware of the risks associated with the use of valproate in pregnancy. The pharmacist counselled people receiving prescriptions for valproate if appropriate. The

pharmacy delivered medicines to people and it recorded the deliveries made on a delivery sheet. These were kept in a folder in reverse date order as an audit trail. The pharmacy had a documented procedure for checking stock for short-dated and expired medicines. When questioned, a dispenser and the RP explained that team members completed date checking for the entire dispensary every month but the pharmacy did not have any records available of any expiry date checking being completed over the previous six months. Pharmacy team members highlighted medicines that were due to expire by attaching a sticker to the pack and bringing it out to the front so that it got dispensed first. A dispenser gave an account of how far in advance they would highlight a short-dated medicine, which was usually three to six months. A spot check did not find any medicines that were out of date. Look-alike and sound-alike (LASA) medicines were identified and were either separated or extra stickers were stuck onto the shelves to inform the pharmacy team to double check the medication picked before dispensing.

The pharmacy kept a folder of drug alerts and recalls, which it received via NHS mail. These were checked and actioned by the RP but it did not contain any alerts since the start of 2022. The RP informed the inspector that he would resume checking and actioning drug alerts again. He also stated he would check alerts over the last seven months. Medicines requiring cold storage were separated across two fridges and the shelves were tidy. The temperature records provided showed the fridges had been kept within the required range. The temperature of the fridges during the inspection were within range, but some of the maximum temperatures were out of range. The RP said that he would make sure the temperature probe was reset each day.

Most medicines were stored appropriately, but there were a few brown bottles of de-blistered medication, removed from the original manufacturer's packaging. There were three examples of brown bottles containing medication have no name, expiry date and batch number. There were six examples of brown bottles of medication containing the name of the medication but no expiry date or batch number. There was one example of a medication in a brown bottle containing mixed brands but no details of the expiry date and batch number. This increased the risks of people making a picking error leading to a near-miss or dispensing error and a risk if there was a batch recall that medication may be missed. The bottles were removed and the RP reflected on the risks highlighted, and reported a change of practice.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide. The team uses its facilities and equipment to keep people's private information safe.

### Inspector's evidence

The pharmacy had the equipment it needed to provide the services it offered. The pharmacy team had access to the internet for the most up-to-date information. For example, the electronic British National Formulary (BNF) and medicines compendium (eMC) websites. The pharmacy had a set of clean, well-maintained measures available for medicines preparation. Separate measures were used for methadone solution. It kept its computer terminals in the secure areas of the pharmacy, away from public view. And these were password protected. The pharmacy's fridge was in good working order.

### 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.