

# Registered pharmacy inspection report

**Pharmacy Name:** Malcolm's Pharmacy, 28 Flixton Road, Urmston,  
MANCHESTER, M41 5AA

**Pharmacy reference:** 1110146

**Type of pharmacy:** Community

**Date of inspection:** 21/06/2024

## Pharmacy context

This extended hours community pharmacy is located on a main road in a residential area serving the local population. Its main activity is dispensing NHS prescriptions. It also provides a large number of people with medicines in multi-compartment compliance packs. The pharmacy provides other NHS services which includes substance misuse treatment, seasonal flu vaccinations and Pharmacy First. The pharmacy also has a home delivery service.

## 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 its risks reasonably well. The pharmacy team follows written instructions to help make sure it provides safe services. The team discusses its mistakes which helps it to learn from them. Team members protect people's private information, and they understand their role in protecting and supporting vulnerable people. The pharmacy generally keeps the records it needs to by law.

### Inspector's evidence

The pharmacy had written procedures that included safe dispensing, the responsible pharmacist (RP) regulations and controlled drugs (CD). Records indicated that most staff members had read and understood these procedures, and the superintendent pharmacist explained that all of them had read these.

The dispenser and checker initialled dispensing labels, which helped to clarify who was responsible for each prescription medication they supplied. And this assisted with investigating and managing mistakes.

The pharmacy team discussed and recorded any mistakes it identified when preparing medicines. The team addressed each of these errors separately, but staff members did not always document why each recorded mistake had happened. And the team did not always periodically review the recorded mistakes. So, the pharmacy could be missing additional opportunities to identify patterns and mitigate risks in the dispensing process.

The pharmacy had professional indemnity insurance for the services it provided. The RP displayed their RP notice, so the public could identify them. The RP record rarely included when the pharmacist ceased acting as the RP, as required by law.

A randomly selected electronic CD register indicated that the pharmacy maintained records for CD transactions, as required by law. The team regularly checked its methadone running balances, but checks for other CDs were less frequent, which meant there could be a delay in detecting a discrepancy. A running balance randomly selected during the inspection was found to be inaccurate. The superintendent pharmacist agreed to investigate the discrepancy. The pharmacy kept a record of CDs returned for disposal.

The team members recorded that they had obtained people's verbal consent to store their prescription medication in the remote collection point located next to the pharmacy premises. The pharmacy maintained appropriate consultation records for the NHS Pharmacy First service, which included people's verbal consent to share information with their GP.

The pharmacy did not have written policies about protecting people's information, but staff members had signed a confidentiality agreement when they started working at the pharmacy, and they took appropriate steps to maintain confidentiality. For example, they secured and destroyed any confidential papers and made sure that private conversations could not be overheard by people in the pharmacy. Staff members used passwords to access NHS electronic patient data, and they each had their own security card to access this data. The pharmacy's privacy policy was displayed on its website, which helped people understand how their information was protected.

All the regular pharmacists had level two safeguarding accreditation, and the other staff members had read the pharmacy's safeguarding procedures. The pharmacy liaised with GP practices if people needed to have a compliance pack. This included assessing whether they needed to be limited to one or seven day's medication per supply to avoid them becoming confused. But the pharmacy did not keep corresponding records of these assessments to support the person's ongoing care.

The pharmacy kept records of the care arrangements for people using compliance packs, including their next of kin's or carer's details and any specific medication delivery arrangements. This meant the team members had easy access to this information if they needed it urgently.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to manage its workload. Team members receive essential training for their roles. But the pharmacy does not always progress staff training in a timely fashion. So, team members may delay obtaining the knowledge and skills relevant to their role.

### Inspector's evidence

The staff present included the RP, who was one of the regular pharmacists and the superintendent pharmacist, an accredited checking technician (ACT), a dispenser, a temporary locum dispenser, two trainee dispensers, three pharmacy undergraduate students, a medicine counter assistant (MCA), and a trainee MCA.

The pharmacy's other staff included a regular pharmacist, who was a director of the pharmacy, three regular locum pharmacists, a locum ACT, an accuracy checking dispenser (ACD), a dispenser, and six trainee MCAs. The pharmacy also employed five delivery drivers.

The pharmacy had enough staff to comfortably manage its workload. The team usually had repeat prescription medicines ready in good time for when people needed them, including those who had their medication supplied in compliance packs and delivered. The pharmacy received most of its prescriptions via the prescription management and NHS Electronic Prescription Service. The pharmacy had a steady footfall, but the team worked well together to manage the service demand. Team members communicated effectively with each other, so they avoided sustained periods of increased workload pressure, and they promptly served people. The team did not have any official targets or incentives for the scale of services it provided.

Staff members used their initiative to manage their assigned roles and required minimal supervision. They effectively oversaw the various dispensing services and had the skills necessary to provide them. Four dispensers shared the responsibility for maintaining the compliance pack service under the pharmacist's supervision. The ACD and one of the trainee dispensers were accredited to provide COVID-19 vaccinations. And an accredited pharmacist was usually available to support them if necessary.

One of the dispensers was completing an ACT qualification course, and the ACD was due to start their trainee pharmacist training shortly. All the trainee dispensers were making steady progress towards completing their qualification. All of the trainee MCAs had been enrolled on an appropriate qualification course. However, their progress had been mixed. The superintendent and director planned to review all the trainees' progress to help make sure their training was completed in a timely manner.

Team members had informal conversations with the pharmacy's management team about their performance and progress. The team met each morning to discuss the operational priorities, shared important communications and discuss any incidents.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are clean, secure and suitable for the pharmacy's services. It has a private consultation room, so people can have confidential conversations with pharmacy team members and maintain their privacy.

### Inspector's evidence

The pharmacy was situated in a modernised retail unit. It was professional in appearance, well-lit, and control facilities helped maintain the room temperature at a suitable level. The shop and dispensary fittings were suitably maintained. 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 pharmacy's consultation room was available for people to have private conversations or receive services. The room was accessible from the retail area, it could accommodate two people, and it was suitably equipped. But its availability was not prominently advertised, so people were less likely to know about this facility. A treatment room was available for other healthcare professionals to provide services. Both rooms were clean and tidy.

The dispensary was set back from the front counter, which meant it was difficult to view any confidential information from the public areas. 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 opened 8am to 8pm Monday to Friday, 9am to 5pm Saturday and Sunday 9am to 1pm. It had a step free entrance which led into the retail area. Seating was available for people while they waited. The opening hours and services offered were displayed in the front window.

The pharmacy had a written procedure that covered the safe dispensing of valproate, but not for anti-coagulants, methotrexate or lithium. The team checked that people newly prescribed these medicines knew about having a regular blood test and understood their dose. For example, they confirmed that people understood to take methotrexate once a week only, and folic acid daily except on the day they took methotrexate. So, the pharmacy helped to make sure people were maintained on safe doses of these medicines.

The team supplied full packs of valproate where appropriate and checked that people in the at-risk group had their annual review. However, the valproate procedure was issued in November 2020, so it did not include the MHRA recommendations to supply full packs, check that two specialists had agreed to initiate a new patient on the medication, and existing patients had their annual review. And the team did not know about these recommendations. The superintendent stated that they would review the procedure, and the pharmacy director confirmed that team members would be immediately updated on the latest MHRA recommendations.

The pharmacy had limited the compliance pack service to existing patients who it assessed needed the service. This helped to keep the workload manageable. 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 these people's current medication that also stated the time of day they were to take them. The team kept communications about medication queries or changes for people using compliance packs. And it kept separate stock for these people to help make sure it supplied their medication on time. The compliance packs were labelled with a clear description of the medicines they contained, which helped people to identify each medicine. The pharmacy only issued a patient information leaflet (PIL) with the first supply of any medication for people on compliance packs. This meant people may not always have the most up to date information about their medicines. The pharmacy director agreed to review this to make sure people received a PIL for each of their medicines more frequently.

The pharmacy provided seasonal NHS flu vaccinations and COVID-19 vaccinations. The pharmacists and non-pharmacist staff members administered the vaccinations in accordance with a current patient group directive (PGD) and national protocol respectively. The superintendent pharmacist, who was the clinical supervisor, helped make sure vaccines were administered safely by the non-pharmacist vaccinators.

The team had methadone instalments ready in advance of people presenting for them, which helped

the pharmacy to manage its workload. The pharmacy prepared instalments for more than one day in divided daily doses, which supported people to take an accurate dose.

Healthcare professionals (HCPs) not affiliated with the pharmacy used the treatment room to provide podiatry, audiology, and chiropractic services. The pharmacy kept records of these HCP's registration status and professional indemnity, and it annually reviewed these records.

The team used baskets during the dispensing process to separate people's medicines and organise its workload. Staff members permanently marked part-used medication stock cartons, which helped to make sure they selected the right quantity when dispensing and supplying medication.

The pharmacy obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers and stored them in an organised manner. However, there were a few examples of prescription medicines that people had not collected that were returned to stock without a batch number or expiry date, which the team subsequently removed. The team suitably secured its CDs and quarantined its obsolete CDs. The team regularly monitored and recorded the three medicines refrigerator's temperatures.

Records indicated that the pharmacy completed an expiry date check of all the medicine stock between November 2023 to December 2023 and March 2024 to April 2024. The pharmacy's procedures stated to complete these checks every quarter. So, the team recently had date checked stock in a timely manner.

The team had an alphanumeric storage system for people's bags of prescription medication. This meant it could quickly retrieve people's medicines and their prescription when needed.

The delivery driver had remote access via a device to update the pharmacy's electronic delivery records at the point they handed over medication to people, which helped to verify the completed deliveries promptly. These records included the driver's identity. The driver additionally obtained people's signature in the delivery record for CDs they had delivered. However, the record did not require the driver to include whether they had asked the CD recipient for proof of their identity ID or whether they had provided it. The pharmacy kept a supplementary record for CDs delivered to care homes which included the care home staff member's name. However, the record did not clarify that they had received the CD, or the CD they had received. The superintendent agreed to address these points raised about the delivery records.

Records indicated that the team took appropriate action when it received alerts for medicines suspected of not being fit for purpose. It disposed of obsolete medicines in waste bins kept away from its medicines stock, which reduced the risk of these becoming mixed with stock or supplying medicines that might be unsuitable.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy team has the equipment and facilities that it needs for the services it provides. The equipment is appropriately maintained and used in a way that protects people's privacy.

### Inspector's evidence

The team routinely cleaned important areas of the pharmacy each working day, including the dispensary sink clean. The pharmacy had hot and cold running water facilities and antibacterial hand sanitiser. The team had a range of clean measures. So, it had facilities to make sure it accurately measures and gives people their prescribed volume of medicine. But the pharmacy did not have a separate set of measures exclusively for preparing methadone. So, there was an increased risk of contaminating other medicines if the measures were not thoroughly washed. The team members had access to the British National Formulary (BNF) online.

The team had facilities that protected peoples' confidentiality. It viewed people's electronic information on screens which were 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. The pharmacy 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.