

Registered pharmacy inspection report

Pharmacy Name: Manor Pharmacy, 1 Brandlesholme Road,
Greenmount, BURY, Lancashire, BL8 4DS

Pharmacy reference: 1111945

Type of pharmacy: Community

Date of inspection: 15/06/2023

Pharmacy context

The pharmacy is on the outskirts of Bury, close to Manchester and it is in the same building as a small convenience store. It mainly dispenses NHS prescriptions and sells over-the-counter medicines. And it delivers medicines to people's homes. It dispenses some medicines in multi-compartment compliance packs to help people take them properly. And it provides a range of services including season flu vaccinations and the NHS new medicines service (NMS).

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 identifies and manages the risks with providing its services. And it mostly keeps the records it must by law. Team members keep people's private information safe, and they know what to do to help protect vulnerable people. Team members record and learn from their mistakes. And they amend the way they work to reduce the risk of similar mistakes.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs), relevant for the services provided. This included for responsible pharmacist (RP) regulations, controlled drug (CD) management and housekeeping tasks such as date checking. The SOPs were dated January 2022 and were due a review in 2024. Most of the current team members had signed to say they had read and understood them. But the SOPs were not readily available, it took some time to locate them during the inspection, which means it may be difficult for team members to easily refer to them.

The pharmacy had a recently qualified accuracy checking technician (ACT) who was clear of her roles and responsibilities. She knew which prescriptions she could complete accuracy checks on. And she described the process the team, the pharmacist and herself followed. The pharmacy used a quad stamp, so the ACT knew the prescription she was checking had been clinically checked by the pharmacist. The team, during labelling, wrote the pharmacist's name on the top of the prescription to highlight any medicines newly prescribed for the person. Team members were seen completing tasks appropriate for their role. And the correct RP notice was displayed prominently, so people were aware of the pharmacist working on the day.

The pharmacy made records of near miss errors. These were errors identified before the person received their medicines. Records seen showed regular entries made each month with a clear indication of what had gone wrong. Team members identified any errors made during the dispensing of multi-compartment compliance packs so trends in these types of errors could be identified. The team had made changes such as separating tablets and capsules on the shelf. And had attached printed notes highlighting the need to take care which dose form was selected during dispensing. The ACT described if there was a dose form that was rarely prescribed then a highlighter pen was used on the prescription to draw this to the attention of the team whilst dispensing. Dispensing incidents, which were errors identified after the person received their medicine, were documented, investigated, and discussed within the team for learning. The pharmacy had a written complaints procedure for team members to follow. One of the team, described the steps they would take to escalate any unresolved concern first to the pharmacist and then to head office. The pharmacist described how people provided good feedback about services and thanked them sometimes with gifts. The pharmacy's website provided contact details of head office but did not detail a complaints policy for people to read.

The pharmacy had current professional indemnity insurance. The CD registers checked were mainly compliant. The minor omissions included the address of the wholesaler, and some page headers were missing. The team checked the physical stock against the register running balance most weeks and the pharmacist initialled to confirm the checks he made after each CD obtained and supplied. A physical stock balance checked during the inspection matched the register running balance. The pharmacy held private prescription records, which had changed in March 2023 from handwritten to electronic records

on the patient medication record (PMR) system. The electronic records did not always document the correct prescriber, often the person's NHS prescriber was recorded incorrectly. The pharmacy kept records of unlicensed special medicines obtained but not all the certificates of conformity contained details of the prescriber and patient. And it kept complete records of emergency supplies made. The company had designed the RP record. These single pieces of paper were printed and kept in a file. The title indicated it was a 'pharmacist log in sheet' and it did not specify it was the legal RP record. Most of the RP entries were made correctly, and there was a space for RP absences. But the RP working, had already signed out on the day of the inspection.

The pharmacy had a written procedure relating to confidentiality. The team separated confidential waste into sealable sacks that were collected by head office personnel to be securely destroyed. The pharmacy's website informed people how their personal data was managed. There was a privacy policy displayed so people in the retail area could see. This detailed the company's data protection officer. The pharmacist had completed level 2 safeguarding training and the team completed safeguarding training in line with NHS Pharmacy Quality Scheme (PQS) requirements. The driver explained his role in safeguarding vulnerable people. And how he informed the pharmacist when he recognised people did not look well. There was a list of safeguarding contacts displayed for the team to refer to and a chaperone policy displayed on the wall in the consultation room.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough suitably qualified and trained team members to provide its services safely and effectively. Team members work well together to manage the workload and they share ideas to improve the way they work. They complete some ongoing learning to keep their knowledge up to date. And they feel comfortable and know how to raise concerns should they need to.

Inspector's evidence

The regular employed pharmacist worked in the pharmacy four and a half days a week. During the inspection they were supported by two dispensers, one ACT and a trainee pharmacist. The pharmacy employed another dispenser and a delivery driver. Two of the dispensers worked part time and they helped cover annual leave and sickness. There was a holiday planner displayed on the wall. There was the opportunity to arrange for other team members to cover as there was another pharmacy in the same company nearby, but the pharmacist described the team as being self-sufficient. There had been little change in team members in the last 18 months and several team members had worked at the pharmacy for many years. The trainee pharmacist described how supportive all the team had been throughout the year and how this had helped with her training. She had regular meetings with the pharmacist about her training year. During the inspection, the ACT was seen providing advice to the trainee pharmacist on recommending an over-the-counter antiseptic cream for a person in the pharmacy. The atmosphere was calm, and the workload appeared to be up to date. The pharmacist, who was an independent prescriber, had completed training relevant to the range of services offered, for example for flu vaccinations, weight loss and travel vaccinations. These services were provided using patient group directions (PGDs).

The ongoing training team members completed related to topics required for completion of PQS, and they felt this kept their skills relevant. The pharmacist informed them of changes in practice and any new products in informal team meetings and in individual conversations. The team worked well together and felt comfortable discussing the way they worked and whether they could make improvements. As the number of people receiving their medicines in multi-compartment packs had increased team members had decided to rotate the dispensing of these more often. They felt this helped team members job satisfaction and reduced the risk of errors due to tiredness. The pharmacist and head office team, including the superintendent pharmacist (SP) were described as approachable and team members felt comfortable raising any concerns. The pharmacist was given authorisation for work to improve staff facilities. They now had a dedicated area downstairs to sit down and take breaks. The pharmacist had supportive conversations with his line manager about prescription numbers and increasing the range of services for people. There were no specific targets to meet.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are clean, secure and are suitable for the services provided. The pharmacy has an appropriately sized room where people can access services and have private conversations with team members.

Inspector's evidence

The pharmacy was co-located in a convenience store, and both businesses were conducted separately. The pharmacist supervised activities at the pharmacy counter and team members working in the dispensary. Overall, the premises were of a professional appearance with plenty of space to store medicines and with adequate bench space to complete dispensing tasks. Some of the pharmacy was carpeted, and this was sufficiently clean. There was a sink with hot and cold water in the dispensary for professional use. The pharmacy premises were over two floors and additional bench space downstairs provided an overflow area to dispense medicines in multi-compartment compliance packs when needed. Staff seating and kitchen facilities downstairs were kept separate from dispensing processes and medicines storage. The pharmacy had adequately hygienic toilet facilities, with hand sanitiser and hot and cold running water. The team relied on kitchen roll to dry their hands.

There was air conditioning and heating to provide a suitable environment for medicines storage and working conditions. The lighting was bright. The pharmacy had a good-sized sound-proof consultation room, where people could sit down to access services and private conversations. The door had frosted glass for privacy and was kept closed.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy makes its services accessible. And it manages and delivers them safely and effectively. Team members provide advice and support for people's healthcare needs. They obtain their medicines from recognised suppliers. And they mostly store and manage their medicines as they should. But they transfer some medicines from their original containers without following proper procedures. So, there is a risk these medicines are not fit to use.

Inspector's evidence

There was step-free access from the pavement outside into the convenience store. The aisles were wide enough for wheelchair access and push chairs. And there was a waiting area for the pharmacy, with two chairs for people to sit on. The pharmacy provided an overall professional environment with healthcare information displayed for people to read and leaflets for people to take away. Team members were seen giving appropriate advice and helping people with their healthcare queries, referring to the pharmacist and a more experienced colleague when they needed to. The pharmacist took time with people to discuss their healthcare needs. The correct opening hours were displayed in the pharmacy and on the nhs.uk website but the company's website displayed incorrect information which may be confusing for people. The pharmacy services included travel vaccinations and a weight loss service, providing Saxenda. These were done through current and signed PGDs. The pharmacist reported uptake for these services had been low.

The pharmacy delivered some medicines to people's homes and the driver used name and address labels on a paper delivery sheet to plan the route. But a copy of this delivery sheet was not kept in the pharmacy, which meant the team didn't know whose delivery was in transit and this would make it more difficult to answer people's queries. The driver had stopped obtaining people's signatures during the pandemic, and this remained the process, including for CDs. There were no reported issues.

There were separate areas for labelling, dispensing, and checking of prescriptions to manage the workflow and these areas were kept free from clutter. The pharmacy kept people's prescriptions and medicines in baskets during the dispensing process to reduce the risk of errors. And team members initialled dispensing labels to provide an audit trail of who participated in dispensing and checking of prescriptions. The pharmacy provided a proportion of medicines in multi-compartment compliance packs, to help people take their medicines at the right times. The team tracked the ordering, dispensing and supply of the packs to make sure people received their medicines when they needed them. And team members planned the workload to ensure there was time to query any changes on prescriptions with the GP surgery. They used a master sheet, which detailed people's current medicines and times of administration. And they checked prescriptions against this record in case of changes. The master sheet was available throughout the dispensing process. The dispenser attached dispensing labels to the packs with full directions of how to take the medicines and annotated the packs with the descriptions of what the medicines looked like. Patient information leaflets (PILs) were not supplied to people each month, so they may not have all the information they need about the medicines they were taking.

Team members were aware of the risks associated with dispensing valproate for people who may become pregnant. After completing an audit to identify any people dispensed to regularly, the pharmacist had spoken with those who may be affected. Team members were aware of the

requirements of the pregnancy prevention programme and the pharmacy had leaflets relating to the risks of taking valproate in pregnancy displayed at the pharmacy counter for people to read.

The pharmacy obtained medicines and medical devices from recognised wholesalers. There were ongoing stock shortages for frequently dispensed medicines such as atorvastatin and omeprazole, which the team worked hard to source, so people received their medicines. Pharmacy-only (P) medicines were displayed behind the pharmacy counter, and this helped ensure the pharmacist supervised sales. The medicines on the dispensary shelves were kept tidy. The date checking matrix had not been kept up to date. Team members described checking all the medicines in the dispensary at one time, rather than as detailed in the SOP. There were a couple of out-of-date medicines removed during the inspection. The expiry dates had been highlighted, but the medicines hadn't been removed from the shelves before they expired. Medicine blisters with different batch numbers and expiries were found within one manufacturer's pack. And a couple of medicines had been removed from their original containers, but the batch number and expiry date had not been added to the container label. The pharmacist confirmed this was not common practice and these were removed from the shelves. The pharmacy stored medicines requiring cold storage in a large fridge and the records showed the fridge temperature to be within the correct range. The pharmacy used medicinal waste containers to dispose of pharmaceutical waste and these were stored neatly away from usable stock. The pharmacist kept emails from recent medicine recalls and safety alerts received and there were some historical printed records kept in a file. But the last entry in the file was from August 2022. The pharmacy didn't have a current audit trail of the actions taken following receipt of recalls.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and resources it needs to provide its services. And it uses its equipment and facilities in a way that protects people's personal information.

Inspector's evidence

The pharmacy had reference resources and access to the internet for up-to-date information. It had password-protected computers and the team used NHS smart cards. Suitable consumables were available for the compliance pack dispensing service and these were stored appropriately. And there were clean CE marked glass cylinders for measuring liquids.

People's confidential information was stored in restricted areas of the pharmacy, reducing the risk of unauthorised access and information on the computer screens was only visible to the pharmacy team. The pharmacy kept medicines awaiting collection behind the pharmacy counter with any personal details from prescriptions and name and address labels kept hidden from public view. Team members were aware of how the open plan of the pharmacy meant there was a risk of conversations being overheard in the retail area and they managed conversations in the dispensary accordingly.

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.