

Registered pharmacy inspection report

Pharmacy Name: Springfield Pharmacy, 384 Liverpool Road, Eccles,
MANCHESTER, M30 8QD

Pharmacy reference: 1118767

Type of pharmacy: Community

Date of inspection: 30/01/2020

Pharmacy context

This is a busy pharmacy situated in a modern medical centre in a residential area. It serves the local population and it mainly supplies NHS prescription medicines. It also provides prescription ordering, home delivery and minor ailment consultation services. The pharmacy provides a range of other NHS services, including substance misuse treatment and influenza vaccinations.

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

Overall, the pharmacy manages its risks well. The pharmacy team follows written instructions to help make sure it provides safe services. The team reviews its mistakes which helps it to learn from them. Pharmacy team members receive training on protecting people's information, and they understand their role in protecting and supporting vulnerable people.

Inspector's evidence

The pharmacy had written procedures which covered the safe dispensing of medicines, responsible pharmacist (RP) regulations and controlled drugs (CDs). These procedures had been reviewed in December 2018 and were scheduled for review in December 2020. Records indicated that all the staff members had read and understood the procedures relevant to their role and responsibilities. Staff followed the RP procedures and did not start preparing any prescription medicines until a pharmacist had signed in as the RP.

The dispenser and checker initialled dispensing labels, which helped to clarify who was responsible for each supply of prescription medication, and it assisted with investigating and managing mistakes. The pharmacy team had recently started to record the mistakes it identified when dispensing medicines. However, it did not always discuss or record why they thought they had happened, and there were no reviews of these records, which the RP said would start soon. So, the team could miss additional learning opportunities to identify trends and mitigate risks in the dispensing process. The manager, who was a trainee dispenser, had completed training on similar sounding medications and similar looking packaging, and risk management. They planned for all the team members to complete this training.

The pharmacy team received positive feedback in a patient satisfaction survey conducted from April 2018 to March 2019. Staff had been briefed to refer all complaints to the manager, so they efficiently responded to them. There was no publicly displayed information that explained how people could make a complaint.

The pharmacy had professional indemnity insurance for the services it provided. The RP, who was one of the regular locum pharmacists, displayed their RP notice, so people could identify them. The pharmacy maintained the records required by law for the CD and private transactions. The private prescriptions were not filed in any coherent order, so staff may have difficulties handling any queries if needed. It generally maintained the RP record, but pharmacists did not always record when they ceased being the RP, which could cause ambiguity. The pharmacy could usually obtain a prescription quickly when people urgently needed their medication. And it made appropriately records when there could be a delay in the medical centre issuing a prescription. However, these records did not always include the nature of the emergency. So the team might find it more difficult to explain what has happened in the event of a query. The pharmacy also kept records of medicines manufactured under a specials licence that it had obtained and supplied.

The pharmacy publicly displayed its privacy notice. Each team member had signed a confidentiality agreement and they had read the pharmacy's policies on protecting people's data. They had also completed General Data Protection Regulation training, and the manager planned to provide them with refresher training. The team securely stored and destroyed confidential material. Each team member had their own security card to access people's electronic NHS data and they used passwords to access

this information. Staff obtained people's written consent to access their information in relation to the electronic prescription service. They obtained people's verbal consent to order their repeat prescription. The pharmacy had not completed the equivalent of a data protection audit, so it may not have identified all the potential risks relating to protecting information.

The RP and manager had level two safeguarding accreditation, and all the staff had completed level one accreditation and read the pharmacy's safeguarding procedures. The team had reported safeguarding concerns to the GP when people exhibited signs of confusion. In some cases, it led to the pharmacy dispensing their medicines in compliance packs.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide safe and effective services. Team members work well together and qualified staff have the skills necessary for their roles. They complete ongoing training to keep their knowledge up to date. But the pharmacy sometimes delays new team member's training, which could mean they don't develop the skills needed to provide services as quickly as they could do.

Inspector's evidence

The staff present were the RP who was a locum pharmacist providing cover three days each week, the manager who was a trainee dispenser, two experienced dispensers, a trainee dispenser who had been working at the pharmacy since June 2019, and a trainee dispenser who started employment around one month ago. The other staff who were not present included two other locum pharmacists, and a trainee dispenser who started in July 2019.

The pharmacy had enough staff to manage its workload. The team usually had repeat prescription medicines, including those it supplied in multi-compartment 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 maintain service efficiency. The pharmacy had a steady footfall, so the team avoided sustained periods of increased workload pressure and it could promptly serve people. The team did not have any formal targets for the volume of services provided.

Staff worked well both independently and collectively. They used their initiative to get on with their assigned roles and they required minimal supervision. One of the dispensers provided the compliance pack service, and the manager planned to train other team members so that they could also provide the service. None of the staff were trained to dispense the methadone instalments, which could limit the service's efficiency.

The pharmacy had an effective strategy for covering planned and unplanned leave. It only allowed one of its staff to be on planned leave at any time, and staff from the pharmacy owner's other local pharmacy were available to cover planned and unplanned leave. The superintendent could also provide pharmacist cover at short notice.

The manager was close to completing their dispenser training. The trainee dispenser, who started working at the pharmacy in June 2019, did not start their course within the required three-month timeframe, as they were not enrolled until December 2019. Similarly, the other trainee dispenser who started in July 2019, did not start their course until around November 2019.

Staff had an annual appraisal, and they had access to the CPPE pharmacy team training programme. The manager advised team members which modules they needed to complete, and they monitored their progress. Staff also had protected study time to complete their training.

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 purpose-built unit, which had shop and dispensary fittings that were suitably maintained. It was professional and modern in appearance; 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 consultation room, accessible from the retail area, could accommodate two people, but its availability was not prominently advertised, so people were less likely know about this facility. 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 suitably effective, which helps make sure people receive safe services. It gets its medicines from licensed suppliers and manages them effectively to make sure they are in good condition and suitable to supply.

Inspector's evidence

The pharmacy was open from 8.30am to 6.30pm Monday to Friday. It had a step-free entrance with automatic doors, and the team could see anyone who required assistance accessing the premises.

The pharmacy had written procedures that covered the safe dispensing of methotrexate, but it did not have them for other higher-risk medicines including insulin, anti-coagulants and lithium. So the team members may not be clear on the key screening and counselling points in relation to these medicines.

The team had completed a valproate audit and identified anyone in the at-risk group. It had given these people an MHRA approved valproate advice card, but staff had not checked if they had the valproate advice booklet or confirmed if they had consulted their GP.

The team checked if people taking an anti-coagulant had a recent blood test, but it did not keep a corresponding record of this. Staff also checked if these people were experiencing any side-effects and for any interactions when they requested to purchase non-prescription medication. The team did not always check if these people understood their prescribed dose. The team did not check if people taking methotrexate had a recent blood test or were experiencing any side-effects or interactions. The RP was completing a lithium audit.

The team prompted people to confirm the repeat medications they required, which helped limit medication wastage and made sure people received their medication on time. Staff also made records of the medications requested, so they could effectively resolve queries about requests if needed. The RP usually prepared methadone instalments alone and at the time people presented to collect them, which could make the service less efficient or increase the chance of a mistake.

The team used baskets during the dispensing process to prioritise and organise its workload. However, it only left a protruding flap on part-used medication stock cartons, which could lead to quantity errors and means people might not receive the right amount of medication.

The pharmacy obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers and stored them in an organised manner. Staff routinely used the pharmacy's system for complying with the Falsified Medicines Directive (FMD), which helped to make sure people received a genuine product.

Staff monitored the refrigerated medication storage temperatures. Records indicated that all the stock had been recently expiry date checked, and some stock sections had also been checked in January 2019. Staff recalled that all the stock was checked in May 2019, but did not have any records to support this. So, overall the pharmacy could more frequently check medicine expiry dates. The team took appropriate action when it received alerts for medicines suspected of not being fit for purpose and recorded the action that it had taken, but staff did not always include the date it was actioned and who had checked the medicines. It disposed of obsolete medicines in waste bins kept away from medicines

stock, which reduced the risk of these becoming mixed with stock or supplying medicines that might be unsuitable.

The pharmacist checked the deadline date for supplying CDs before they handed them out. So, the pharmacy had a basic system to make sure it only supplied CDs when it had a valid prescription. The team used an alphabetical system to store people's dispensed medication, which meant it could efficiently retrieve patient's medicines when needed. Records showed that the pharmacy securely delivered medication to people. The pharmacy did not keep a record of the pharmacist who supplied each CD, so it may not be able to effectively with queries if needed. The delivery driver also recorded whether they completed an identity check and countersigned each CD delivery.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

The team kept the dispensary sink clean. It had access to hot and cold running water and an antibacterial hand sanitiser. The team also had a range of clean measures and a separate set for methadone dispensing. So, it had the 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 versions of the BNF and cBNF to check pharmaceutical information if needed. The necessary equipment to provide the vaccination service was available.

The pharmacy team had facilities that protected peoples' confidentiality. It viewed their electronic information on screens 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. 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.