

# Registered pharmacy inspection report

**Pharmacy Name:** Manor Pharmacy, Wigan & Leigh College,  
Management Centre, Leigh Stadium, LEIGH, Lancashire, WN7 4JY

**Pharmacy reference:** 1123705

**Type of pharmacy:** Community

**Date of inspection:** 07/11/2019

## Pharmacy context

This is a community pharmacy located near to a GP surgery. It is situated in the Leigh sports village campus, south-west of Leigh town centre. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including seasonal flu vaccinations and a minor ailment service. A number of people receive their medicines in multi-compartment compliance aids.

## 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 team follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. Members of the team are given training so that they know how to keep private information safe. They keep the records they need to by law, but they do not record things that go wrong. So they may miss some learning opportunities.

### Inspector's evidence

There was a current set of standard operating procedures (SOPs) which were issued in May 2018 and their stated period of review was every two years. The pharmacy team had signed to say they had read and accepted the SOPs.

The pharmacist had recently commenced her employment as the pharmacist manager, and she said she was not aware of any dispensing errors which had occurred during this time. She was able to explain what she would do in the event of a dispensing error, but previous records of dispensing errors could not be found. There were no records made following a near miss incident. The pharmacist said she was due to re-implement the procedures for recording and reviewing near miss incidents. She said during this time, she would highlight mistakes to staff at the point of the accuracy check and ask them to rectify their own errors. The pharmacy team gave examples of action they had taken to help prevent similar mistakes. For example, moving escitalopram and esomeprazole onto different shelves to help prevent a picking error.

Roles and responsibilities of the pharmacy team were described in individual SOPs. A dispenser was able to explain what her responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. The responsible pharmacist (RP) had their notice displayed prominently. The pharmacy had a complaints procedure. A notice in the retail area advised people they could discuss any concerns or feedback with the pharmacy team. Any complaints would be recorded to be followed up by the head office or the pharmacist. A current certificate of professional indemnity insurance was on display.

Controlled drugs (CDs) registers were maintained with running balances recorded. Two random balances were checked, and both were found to be accurate. Patient returned CDs were recorded in a separate register. Records for the RP, private prescriptions, emergency supplies and unlicensed specials appeared to be in order.

An information governance (IG) policy was available. The pharmacy team had received IG training and had signed confidentiality agreements. When questioned, a dispenser was able to describe how confidential waste was segregated and taken away to be destroyed. A privacy notice was on display and described how the pharmacy handled and stored people's data.

Safeguarding procedures were available. The pharmacy team had received in house safeguarding training, and the pharmacist was in the process of completing level 2 safeguarding training. Contact details of the local safeguarding board were found in the SOPs. A dispenser said she would initially report any concerns to the pharmacist on duty.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

There are enough staff to manage the pharmacy's workload and they are appropriately trained for the jobs they do. Members of the pharmacy team complete some additional training to help them keep their knowledge up to date.

### Inspector's evidence

The pharmacy team included a pharmacist manager and three dispensers. All members of the team had completed the necessary training for their roles. The normal staffing level was a pharmacist and two dispensers. The pharmacy team were up-to-date with their work, but there was a high footfall from the nearby GP surgery. Members of the team said they sometimes needed to stay late in order to keep up-to-date with the work. The pharmacy was recruiting a full-time dispenser and an apprentice to help with the workload. Staffing levels were maintained by a staggered holiday system. Relief staff could be requested from nearby branches.

Members of the pharmacy team completed some additional training, for example they had attended a training event about 'healthy living pharmacy'. But further training was not provided in a structured or consistent manner. So learning needs may not always be addressed.

A dispenser gave examples of how she would sell a pharmacy only medicine using the WWHAM questioning technique, refuse co-codamol sales she felt were inappropriate and refer people to the pharmacist if needed. The pharmacist said she felt able to exercise her professional judgement and this was respected by the pharmacy team and the company. A dispenser said she felt a good level of support from the pharmacy team and was able to ask for further help if she needed it. On the job feedback was provided to the pharmacy team, but there was no formal appraisal programme. So specific learning and development needs may not always be identified. Staff were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the head office. They were set service-based targets set by the company. The pharmacist said she did not feel under pressure to achieve these.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available to enable private conversations.

### Inspector's evidence

The pharmacy was clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload. A sink was available within the dispensary. Customers were not able to view any patient sensitive information due to the position of the dispensary. Access to the dispensary was restricted by the position of the counter. The temperature was controlled by the use of air conditioning units. Lighting was sufficient. The staff had access to a kitchenette and WC facilities.

A consultation room was available with access restricted by use of a lock. It had a desk, seating, and adequate lighting. The patient entrance to the consultation room was clearly signposted.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are easy to access. And it manages and provides them safely. The pharmacy team carries out some checks to make sure medicines are in good condition. But it does not always keep records so it can't show that the checks have been done properly. And members of the pharmacy team do not always know when they are handing out higher-risk medicines. So they might not always be able to check that the medicines are still suitable, or give people advice about taking them.

### Inspector's evidence

Access to the pharmacy was level via a single door and was suitable for wheelchair users. There was also wheelchair access to the consultation room. Various posters provided information about the services offered, but there were no practice leaflets. So people may not always know what services are available from the pharmacy. The opening hours for the pharmacy were displayed and a range of leaflets provided information about various healthcare topics.

The pharmacy had a delivery service. Deliveries were segregated after their accuracy check and a delivery sheet was used to obtain signatures from the recipient to confirm delivery. Unsuccessful deliveries would be returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery. CDs were recorded on a separate delivery sheet for individual patients and a signature was obtained to confirm receipt.

The pharmacy team initialled dispensed by and checked by boxes on dispensing labels to provide an audit trail. They used dispensing baskets to separate individual patients' prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing. Owing slips were in use to provide an audit trail if the full quantity could not be immediately supplied.

Dispensed medicines awaiting collection were kept on a collection shelf using an alphabetical retrieval system. Prescription forms were not always retained. So the pharmacy team may not have all of the information they may need when medicines are handed out. Stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Staff were seen to confirm the patient's name and address when medicines were handed out.

Schedule 3 and 4 CDs were highlighted so that staff could check prescription validity at the time of supply. High-risk medicines (such as warfarin, lithium and methotrexate) were not routinely highlighted. So the pharmacy team were not always aware when they were being handed out in order to check that the supply was suitable for the patient. The staff were aware of the risks associated with the use of valproate during pregnancy. Educational material was available to hand out when the medicines were supplied. The pharmacist said she had spoken to a number of patients who were at risk to make sure they were aware of the pregnancy prevention programme.

Some medicines were dispensed in multi-compartment compliance aids. Before a person was started on a compliance aid the pharmacy would refer them to their GP to complete an assessment about their suitability. A record sheet was kept for each patient, containing details of their current medication. Any medication changes were confirmed with the GP surgery before the record sheet was amended. Hospital discharge sheets were sought, and previous records were retained for future reference. Disposable equipment was used to provide the service, and the compliance aids were labelled with

medication descriptions and a dispensing check audit trail. Patient information leaflets (PILs) were not routinely supplied. So people may not have access to all of the information needed to take their medicines safely.

Medicines were obtained from licensed wholesalers, with unlicensed medicines sourced from a specials manufacturer. The pharmacy was not yet meeting the safety features of the falsified medicine directive (FMD), which is now a legal requirement. Equipment was installed but the pharmacy team had yet to commence routine safety checks of medicines. The pharmacy team said they would regularly check the expiry dates on stock. But this was not recorded or completed as part of a regular programme. So there was a risk of some medicines being overlooked and supplied out of date. Short dated stock was highlighted using a highlighter pen and liquid medication had the date of opening written on. A spot check of medicines found a number of short dated stock due to expire in the next 6 months which had not been highlighted.

Controlled drugs were stored appropriately in the CD cabinet, with clear segregation between current stock, patient returns and out of date stock. There was a clean medicines fridge with a thermometer. The current temperature was recorded, and the records indicated the temperatures had been within the required range for the last 3 months. But the minimum and maximum temperatures were not recorded. So the pharmacy could not demonstrate that the temperature had always been within the required range. Patient returned medication was disposed of in designated bins located away from the dispensary. The pharmacist said she received drug alerts by email from the MHRA. But there were no records kept so the pharmacy was not able to show whether appropriate action had always been taken.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy's team members have access to the equipment they need for the services they provide. And they maintain the equipment so that it is safe to use.

### Inspector's evidence

The staff had access to the internet for general information. This included access to the BNF, BNFc and drug tariff resources. All electrical equipment appeared to be in working order. According to the stickers attached, electrical equipment had been PAT tested in March 2019. There was a selection of liquid measures with British Standard and Crown marks. The pharmacy also had counting triangles for counting loose tablets including a designated tablet triangle for cytotoxic medication. Equipment was kept clean.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed the staff to move to a private area if the phone call warranted privacy. The consultation room was used appropriately; patients were offered its use when requesting advice or when counselling was required.

### 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.