

Registered pharmacy inspection report

Pharmacy Name: Whitefield Pharmacy, 4 Albert Place, Whitefield, Bury, Greater Manchester, M45 8NE

Pharmacy reference: 9010332

Type of pharmacy: Community

Date of inspection: 24/04/2023

Pharmacy context

This pharmacy is on a parade of shops in a residential area of Whitefield in Manchester. It mainly dispenses NHS prescriptions and sells over-the-counter medicines. And it supplies some medicines in multi-compartment compliance packs to help people take them properly. The pharmacy delivers people's medicines to their homes.

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 suitably identifies and manages the risks with its services. And team members refer to up-to-date written procedures to help them provide services safely. They keep the records they need to by law. And they keep people's confidential information secure. They have training to help identify concerns with vulnerable people using the pharmacy's services, so these people can get the support they need. And the team regularly record and reflect on errors to help reduce the risk of similar errors in the future.

Inspector's evidence

The pharmacy had electronic standard operating procedures (SOPs) such as for responsible pharmacist (RP) regulations and controlled drug (CD) management. The SOPs were relevant to the pharmacy's services and team members had confirmed and recorded the date on the system that they had read them. The SOPs had been updated since the last inspection. Some of the team had completed training on risk management and one of the pharmacists, who was a director, had completed risk assessments (RA) for some services. For example, a completed RA helped mitigate the risks of selling 'red flag' over-the-counter medicines, which included medicines liable for misuse. There was a SOP relating to roles and responsibilities of the team and team members were seen completing tasks appropriate for their roles. They referred queries to the pharmacist and accuracy checking technician (ACT) when needed. The pharmacy displayed the correct RP notice.

The pharmacy recorded errors, which were identified before the person received their medicines, electronically. These were known as near miss errors and team members scanned a QR code on posters in the dispensary to access the electronic system to record them. The records showed regular entries each month and these had been completed by different members of the team. The system requested input of information such as whether the error involved a CD or occurred when dispensing into multi-compartment compliance packs. There was some personal reflection recorded but not much detail of any changes made in the pharmacy to reduce the risk of a similar error. The pharmacist director held patient safety meetings to discuss errors. Team members were aware to take additional care dispensing medicines that looked similar and had similar sounding names (LASA). And they used warning labels on the shelves to highlight some LASA medicines. The pharmacy recorded errors that had been identified after the person received their medicines, known as dispensing or patient safety incidents. Incidents were shared with the team at patient safety meetings. The pharmacy had a SOP relating to managing complaints. The ACT explained there had been no recent concerns raised and emphasised the importance of providing good care for people was. There was no formal process to gather feedback from people using its services. The team would escalate concerns to the ACT, who was also the manager or the RP for resolution.

The pharmacy had current professional indemnity insurance. The recording of CDs had improved significantly since the last inspection. The pharmacy used an electronic CD register and recent entries were seen to be recorded. There were checks completed, approximately every two weeks, of the physical quantities against the balances in the register. And the last check had been recorded under two weeks ago. Of five quantities of CDs checked, all matched the CD register balance. There was an electronic patient-returned CD destruction record and entries were seen to be made at the time of receipt, showing an accurate audit trail of destructions. The pharmacy held electronic private

prescription records. On some occasions the prescriber's details did not match the prescription. Entries in the RP record were complete. The pharmacy had complete records for the purchase and supply of unlicensed special medicines.

The pharmacy had policies held electronically, relating to data security and data protection and confidentiality. It displayed a privacy notice in the retail area. Team members had confirmed reading the policies, since the last inspection and they knew the importance of keeping people's private information secure. They separated confidential waste from general waste, and this was removed by a third-party contractor. The pharmacists had completed level 3 safeguarding training. The pharmacy had a SOP relating to managing safeguarding concerns and the ACT described some scenarios that would raise concern and how they would refer any concerns to the RP. There was a list of local NHS safeguarding contact details available to refer to, although this was not dated to know whether it was up to date.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a team with suitable knowledge and skills to provide its services safely. It supports team members to complete their qualification training. And it provides opportunities for team members to complete ongoing training relevant to their roles. They feel confident to suggest and implement ideas to improve working practices. And they have the means to report concerns should they need to.

Inspector's evidence

The RP was a regular locum pharmacist, who worked four days a week. One of the directors, who at the last inspection had worked full time, was working one day per week. This was one of the changes to the pharmacy team since the last inspection. The ACT, who was also the manager was relatively new, having worked in the pharmacy for a few months. He was seen giving leadership to the other members of the team. These were a medicines counter assistant (MCA) who was completing her dispenser's training, a newly qualified dispenser, and a newly appointed trainee dispenser. There was also a further MCA who worked part time and a part-time driver. The driver had completed his accredited training since the last inspection. The pharmacy enrolled team members on qualification training and supported them to complete this. Team members were seen working independently on their tasks and referring to the pharmacist or ACT for help. Tasks appeared to be well organised, the atmosphere was calm, and the team appeared to be managing the workload.

Team members completed training modules associated with the Pharmacy Quality Scheme (PQS). Training certificates, for example for risk management, safeguarding and sepsis were kept in an organised way, so the completion of required training could be monitored. The pharmacy had team meetings associated with the patient safety reviews but these gave an opportunity to discuss training and a recent example showed re-iterating the requirements for dispensing valproate to people who may become pregnant. Notes were made in these meetings, so they could be referred to at a later date. The ACT described the regular one-to-one meetings he had with the pharmacist director, and that they felt supported in his role. They felt comfortable suggesting ideas and changes to the process regarding the collection of prescriptions had been implemented as a result. They knew how to raise concerns with the pharmacist director and had read and understood the SOP relating to whistleblowing.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are clean, secure, and suitable for the services provided. And the pharmacy has appropriate facilities to meet the needs of people requiring privacy.

Inspector's evidence

The pharmacy premises were of a professional appearance, with plenty of space for storage of medicines and plenty of bench space to complete dispensing tasks. The pharmacist supervised the retail area and team members activities in the dispensary. There were a series of stock rooms off the main dispensary that were full of excess shelving. These were stored neatly to help avoid health and safety incidents. The fire escape was secured and accessible. There were two staff toilet facilities, one with a shower and these were overall adequately hygienic. Although the lack of disposable hand towels and a toilet roll holder distracted from the overall cleanliness of the areas.

The pharmacy had staff facilities in a room off the dispensary, with hot and cold water and this area was kept clean. There was a sink in the dispensary that had been installed since the last inspection and was for professional use. The lighting was bright throughout and the room temperature appropriate. The pharmacy had a large and professional looking, soundproof consultation room to provide services and for people to have private conversations. This was accessible from the retail area and the dispensary.

Principle 4 - Services ✓ Standards met

Summary findings

People easily access the pharmacy premises and its services. The pharmacy manages and delivers its services safely. And team members provide advice and written information to help people receive appropriate care. They obtain medicines from recognised sources. And they store and manage them as they should.

Inspector's evidence

The pharmacy had step free access to its premises, with a large automatic door that provided easy access for people using wheelchairs and prams. The retail area provided an overall professional environment with seating for people and posters on the wall providing healthcare information on subjects such as sepsis. A poster advertised the consultation room as a safe place should a person experiencing domestic abuse need to use it. Team members gave advice and helped people with their healthcare queries, referring to the pharmacist when they needed to. The pharmacy had provided the Covid-19 vaccination service for previous phases, and certifications of training were displayed in the consultation room. The correct opening hours were displayed in the pharmacy and on the nhs.uk website. This had been updated since the last inspection, but although the pharmacy's address had been updated with the GPhC, the address had not been updated on this website.

The pharmacy delivered some medicines to people's homes and used name and address labels in a book and on paper delivery sheets to help ensure the pharmacy kept an accurate record of this activity. The driver had stopped obtaining people's signatures during the pandemic, and this remained the process, except for CDs, without any reported issues. Medicines awaiting delivery were stored in a clearly defined separate area of the pharmacy, with unsuccessful deliveries kept separate.

There were separate areas for labelling, dispensing, and checking of prescriptions to manage the workflow and these areas were kept free from clutter. Team members used baskets in the dispensing process to keep different people's medicines and prescriptions separate, and to help prevent mistakes. They signed 'dispensed by' and 'checked by' boxes on the dispensing labels to create an audit trail. The pharmacy had changed its procedures since the last inspection and stored dispensed medicines in sealed clear plastic bags awaiting collection. These were kept in a separate fridge to stock. The pharmacy had changed its procedures when dispensing prescriptions when medicines were not in stock. It used owings slips, keeping one slip with the prescription and giving one to the person. This meant people had a record of the medicines owed to them. And the pharmacy had a clear record of what was owed. Since the last inspection, the pharmacy had changed how the team handed out prescriptions. A member of the team accessed the person's records on a computer at the pharmacy counter and this directed them to a particular prescription storage location. This was seen to be working effectively.

The ACT understood the checks to make when dispensing valproate for a person who may become pregnant. And there were warning labels on the shelf to highlight additional care was required when dispensing these prescriptions. The ACT described how an audit had been completed and the pharmacist had contacted some people. There was a stock of valproate booklets stored available.

The pharmacy dispensed medicines into multi-compartment compliance packs for several people and

kept these prescriptions and medicines neatly on shelving in the dispensary. The team attached printed backing sheets, with the mandatory additional warning advice, such as 'may cause drowsiness' to help people have the information to take their medicines safely. And they mostly had descriptions of the shape and colour of the medicines printed on these sheets, to help them to be identified in the pack. The backing sheets were secured with staples, which may have sharp edges. The pharmacist described providing patient information leaflets (PILs) monthly with the packs, so people had information about their medicines.

Pharmacy-only (P) medicines were displayed behind the pharmacy counter and in glass cabinets. This prevented people self-selecting these medicines and helped ensure the pharmacist supervised sales. The pharmacy kept medicines tidily on shelves and team members had updated the date-checking matrix to record checks electronically. Records of checks were seen for 2023. Medicines due to expire were seen to be marked, and a sample of medicines checked, including CDs, were seen to be within their expiry date. The pharmacy stored medicines requiring cold storage in two fridges and mostly kept a daily record of the temperatures, which were seen to be in range. There were some missing entries in the date checking records. The pharmacy kept medicinal waste bins tidily, in a different room, to keep waste medicines separate from usable stock. The pharmacy received medicine recalls and safety alerts through its computer system and were alerted to any new alerts. There were two alerts that had not been actioned from a couple of days previously. The recent alert for removal of pholcodine linctus from sale and supply had been actioned. The pharmacy kept electronic records as an audit trail of action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services. And team members use them in a way that protects people's confidentiality.

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 suitable 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 in the dispensary so people in the public area had no sight of people's names and addresses and prescription details. Team members used cordless telephone handsets, and this allowed them to move to a more remote area of the dispensary to have sensitive conversations.

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.