General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Limelight Pharmacy, 3 St. Brides Way, Manchester, Greater Manchester, M16 9NW

Pharmacy reference: 9010747

Type of pharmacy: Community

Date of inspection: 15/06/2023

Pharmacy context

This medical centre pharmacy is situated in a suburban residential area, serving the local population. It mainly prepares NHS prescription medicines, and it manages people's repeat prescription orders. A large number of people receive their medicines in weekly multi-compartment compliance packs to help make sure they take them safely. The pharmacy provides the NHS COVID-19 vaccination and minor ailment services, and it has a home delivery service.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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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 the risks associated with its services. It has written policies and procedures to help make sure it operates safely. The pharmacy team usually reviews its mistakes so that it can learn from them. Team members understand their role in protecting and supporting vulnerable people, and they secure people's confidential information.

Inspector's evidence

The pharmacy had written procedures which covered safe dispensing of medicines, the responsible pharmacist (RP) regulations and controlled drugs (CDs) that were regularly reviewed. Staff members had read these procedures.

The pharmacy had written procedures in the form of patient group directions (PGDs) for the COVID-19 vaccination service. The RP and a doctor provided the vaccination service. They had read the relevant procedures. They had completed the competence assessment tool for healthcare workers administering COVID-19 vaccinations.

The dispenser initialled dispensing labels for prescription medicines that the pharmacy prepared and supplied. This helped to clarify who was responsible for each prescription medication supplied and assisted with investigating and managing mistakes. However, the checker did not always initial these labels, so the audit trail was incomplete. The pharmacy team recorded mistakes it identified when dispensing medicines, and it addressed each of these incidents as they arose. The team reviewed these records collectively each month, so they could consider learning points. The records did not always include details indicating why the team thought each mistake happened. So, the team might miss additional learning opportunities to identify trends and mitigate risks in the dispensing process.

The pharmacy had written complaint handling procedures, so staff members could effectively respond to any concerns. A publicly displayed notice included information on how people could make a complaint. The pharmacy had not completed a patient survey recently due to the pandemic. The RP explained that a survey would be completed by August 2022.

The pharmacy had professional indemnity cover for the services it provided. The RP displayed their RP notice so the public could identify them. The pharmacy kept records of the RP in charge of the pharmacy, but it did not always include the time they ceased being the RP. So, the record was incomplete, which could cause confusion if a query arose.

The pharmacy maintained the records required by law for CD transactions. The team regularly checked its CD running balances and made corresponding records, which helped it to identify any discrepancies. A randomly selected CD balance was found to be accurate. Records of CDs returned to the pharmacy for safe disposal were kept.

The pharmacy was registered with the Information Commissioners Office, which helped to make sure the pharmacy complied with its obligations to protect people’s data. The pharmacy’s data protection arrangements had recently been reviewed, and staff members had completed data protection training. Team members securely stored and destroyed confidential material. Most team members had their own security card to access NHS electronic patient data and they used passwords to access this

information. Security cards had been requested for the remaining team members. A privacy notice was publicly displayed explaining how the pharmacy handled and managed people's personal information as required by the General Data Protection Regulation.

The RP and regular locum pharmacist both had level two safeguarding accreditation. The pharmacy kept records of the next of kin or carer's details and specific care requirements for people who received compliance packs. This helped the team to deal with queries relating to these vulnerable people. The pharmacy had worked with GPs to clarify which people needed their medicines in a compliance pack and those who should be limited to seven days' medication per supply.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to provide safe and effective services. Team members receive the right training for their roles.

Inspector's evidence

The staff present included the RP, three dispensers, and two trainee medicine counter assistants (MCAs). The doctor was providing the COVID-19 vaccination service. The team members who were not present included a regular locum pharmacist, a dispenser, an MCA, and a trainee MCA.

Two of the trainees were completing an apprenticeship course. One of them had started the course recently, and the other had started it approximately one year ago and nearly completed it. The third trainee, who had started working at the pharmacy less than three months ago, was due to leave shortly, and was not enrolled on a course.

The pharmacy had enough staff to comfortably manage the workload. It usually had repeat prescription medicines ready in good time for when people needed them. The pharmacy received most of its prescriptions via the electronic prescription service and many people used the repeat prescription management service. These arrangements helped to increase service efficiency, and the team could effectively manage workload. The pharmacy's footfall was minimal. Two pharmacists overlapped each other on most weekdays. So, the team avoided sustained periods of increased workload pressure and it promptly served people.

Principle 3 - Premises ✔ Standards met

Summary findings

The premises are clean, secure and spacious enough for the pharmacy's services. The pharmacy has consultation facilities, so the pharmacy team can speak to people in private.

Inspector's evidence

The premises' cleanliness was appropriate for the services provided. There was enough space to allow the pharmacy team to dispense medicines safely, and a separate area was available for preparing compliance packs. The dispensary was set back from the front counter, so any confidential information could not be easily viewed from the public areas. Staff could secure the premises.

The two consultation rooms offered the privacy necessary to enable confidential discussion. Both were accessible from the retail area. They could accommodate two people and were suitably equipped. One of them was routinely used for the COVID-19 vaccination service. But the rooms' availability was not prominently advertised, so people may not always be aware of this facility.

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 it generally manages them appropriately to make sure they are in good condition and suitable to supply.

Inspector's evidence

The pharmacy was open 9am to 6.30pm during the week, except on Wednesday and Saturday when it closed at 1pm, and it was closed on Sunday. The step-free entrance made it easier for people with mobility difficulties to access the premises. People did not always need an appointment to access the COVID-19 vaccination service, because the RP or doctor were usually available to provide it.

The pharmacy had written procedures that covered the safe dispensing of higher-risk medicines including anti-coagulants, methotrexate insulin, and valproate. The team members knew they needed to remind people taking valproate in the at-risk group of their annual review with the specialist whose care they were under. The pharmacy team had reviewed people taking valproate to help identify anyone in the at-risk group. And it had the valproate advice booklets and cards to give anyone in the at-risk group.

The team prompted people to confirm the repeat prescription medications they required, which helped the pharmacy limit medication wastage, and so people received their medication on time. The pharmacy retained records of the requested prescriptions. So, the team could effectively resolve queries if needed.

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. This helped it to effectively query differences between the record and the prescriptions it received with the GP practice, and it reduced the risk of it overlooking medication changes.

The team used baskets during the dispensing process to separate people's medicines and organise its workload. Staff did not permanently mark and instead left a protruding flap on several randomly selected part-used stock cartons, which could be easily overlooked and could increase the risk of not selecting the right quantity when dispensing and supplying medication. Some stock tablet blisters did not have batch numbers or expiry dates as they had been unintentionally cut away during the dispensing process. This made it difficult to identify when they expired or trace a product batch if there was a query.

The pharmacy obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers. Some areas of stock were stored untidily which could increase the risk of picking errors. The team suitably secured its CDs, quarantined its date-expired, and it used destruction kits for denaturing CDs. The pharmacy monitored its refrigerated medication storage temperatures. The team regularly checked medicine stock expiry dates and corresponding records were kept.

The pharmacy team used an alphabetical system to store and retrieve prescriptions and bags of dispensed medication. This storage area was well organised, which assisted in finding people's

medication.

The pharmacy took appropriate action when it received alerts for medicines suspected of not being fit for purpose and it kept corresponding records. The pharmacy had facilities in place to dispose of obsolete medicines, and these were kept separate from stock.

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

Work surfaces and IT equipment were sanitised during each working day. Contract cleaners completed a deep clean of the premises each month. The staff kept the dispensary sink clean; it had hot and cold running water and antibacterial hand sanitiser was available. The team had a range of clean measures. So, it had facilities to make sure it did not contaminate the medicines it handled, and it could accurately measure and give people their prescribed volume of medicine. The BNF online was available to check pharmaceutical information if needed.

The pharmacy had facilities that protected peoples' confidentiality. It regularly backed up people's data on the Patient Medication Record (PMR) system, which had password protection. So, it secured people's electronic information and it could retrieve their data if the PMR system failed. And the pharmacy had facilities to store people's medicines and their prescriptions securely.

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.