

Registered pharmacy inspection report

Pharmacy Name: Elliotts Pharmacy, 58-60 Seymour Grove, Old Trafford, Manchester, Greater Manchester, M16 0LN

Pharmacy reference: 9010772

Type of pharmacy: Community

Date of inspection: 02/09/2021

Pharmacy context

This community pharmacy is open extended hours over seven days. It is situated on a main road in a suburban residential area. Most people who use the pharmacy live locally. It mainly prepares NHS prescription medicines and it manages some people's repeat prescriptions. A large number of people receive their medicines in weekly multi-compartment compliance packs to help make sure they take them safely. The pharmacy also offers a home delivery service. This inspection was completed during the COVID-19 pandemic.

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 suitably manages its risks. It has written instructions to help make sure it provides safe services. But some team members have not confirmed their understanding of all these procedures, so they might not always work effectively or fully understand their roles and responsibilities. The team reviews its mistakes which helps it to learn from them. It keeps the records required by law, but some details are unclear which could make it harder to explain what has happened in the event of a query. Team members know how to keep people's private information safe, and they understand their role in protecting and supporting vulnerable people.

Inspector's evidence

The pharmacy had appropriate measures in place to protect the public and its staff during the pandemic. Notices advised people where to wait in the retail area, wear a face mask and maintain social distancing. A barrier in front of the counter and a screen on it helped to protect the public and staff. The team had access to face masks and hand sanitiser. Staff members were given lateral flow tests to use at home. However, the pharmacy had not completed a health risk assessment for each of them.

The pharmacy had written procedures that included safe dispensing, the responsible pharmacist (RP) regulations and controlled drugs (CD). Records indicated that most staff had read and understood the procedures relevant to their role and responsibilities, but the trainee dispensers had not read them. The procedures were last reviewed in 2018, so they were overdue an update.

The pharmacist initialled dispensing labels, which helped to clarify who was responsible for each prescription medication they supplied. But dispensers did not always sign them, which could make investigating and managing mistakes more difficult.

The pharmacy had written procedures for managing mistakes. The team discussed and addressed any mistakes it identified when dispensing medicines. Staff had recorded these mistakes, but the reason for them was not always clear. So, they could be missing additional opportunities to identify patterns and mitigate risks in the dispensing process.

The pharmacy participated in patient satisfaction surveys. It had a complaints procedure. Publicly displayed information in the retail area explained how to make a complaint. But it was not easy to find, so people may be less confident about raising concerns.

The RP, who was the superintendent and a regular pharmacist, confirmed that the pharmacy had professional indemnity insurance for the services it provided. They displayed their RP notice, so the public could identify them.

The pharmacy maintained the records required by law for CD transactions and regularly checked the CD running balances. A randomly selected balance was found to be accurate. The team maintained records for unlicensed medicines that it had ordered and supplied. The date that each pharmacist started and ceased being the RP was not always completely recorded in the RP log, which could make it more difficult to identify who was responsible at a given time.

The superintendent said that the pharmacy had data protection policies, but they could not locate them. Most staff had signed a confidentiality agreement. The trainees had been briefed on the importance of data protection, but they had not signed the confidentiality agreement. Team members used passwords and their own NHS security cards to access people's electronic data. They securely stored and destroyed confidential material. The pharmacy had not completed a data protection audit, so it might miss opportunities to make improvements. And its privacy policy was not publicly displayed, so people could not easily access this information

The pharmacy had child protection policies. The superintendent and other regular pharmacist had level two safeguarding accreditation. The superintendent explained that the pharmacy consulted with the local GP practice and the person's carer to assess any new compliance pack needs. It kept records of any care arrangements for these people, which included their next of kin, carer's details and whether they should be limited to seven days' medication per supply.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. The team members work well together, and they have access to appropriate training and development. New team members complete the necessary training in a timely manner.

Inspector's evidence

The staff present included the superintendent, a locum pharmacist, a dispenser and three trainee dispensers. The only other team member, who was not present, was a dispenser. The pharmacy also employed two delivery drivers.

The pharmacy had enough staff to comfortably manage its workload. The team usually had repeat prescription medicines ready in good time for when people needed them, including those who had their medication delivered. The pharmacy received most of its prescriptions via the prescription management, repeat dispensing and electronic prescription services. The pharmacy had a low footfall, so the team avoided sustained periods of increased workload pressure and it could promptly serve people. The compliance pack service was operating at full capacity, so the pharmacy was signposting new patients to other local pharmacies. The team did not have any targets or incentives set for the volume of services it provided.

The two pharmacists worked alongside each other for most of the core opening hours. Only one team member could take planned leave at any time and they had to give four weeks' notice and were allowed a maximum of one week's leave at any time.

Staff worked well both independently and collectively and they used their initiative to get on with their assigned roles and required minimal supervision. They effectively oversaw the various dispensing services and had the skills necessary to provide them. The dispensers provided the compliance pack service and the pharmacists prepared the methadone instalments.

The pharmacy had recruited the trainee dispensers to address the increased workload that the pandemic had caused. Two of the trainees, who started working at the pharmacy around November 2020, had completed half of their training course. So, their training was progressing well. The third trainee, who started working at the pharmacy six weeks ago, had enrolled on a dispenser training course.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean, secure and spacious enough for the pharmacy's services. It has a consultation room, so members of the public can have confidential conversations and maintain their privacy.

Inspector's evidence

The pharmacy was situated in a modern retail unit, with well-maintained shop and dispensary fittings that were professional in appearance. All areas were generally clean and tidy. The retail area and long front counter could usually accommodate the typical maximum number of people who presented at the same time. The relatively large dispensary and available dispensing bench space was enough to safely prepare medication given the prescription volume, and to accommodate three staff members. The area used to prepare compliance packs had enough space to provide this service safely.

The consultation room was accessible from the retail area. It could accommodate two people and it was suitably equipped. The dispensary was set back from the front counter, which meant it was difficult to view any confidential information from the public areas.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are generally 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 operated between 7am to 10.30pm Monday to Thursday and 7am to 11pm Friday and Saturday. It had step-free public access and the team could see and assist people who needed help entering the premises.

The pharmacy had written procedures that covered the safe dispensing of higher-risk medicines including anti-coagulants, methotrexate and lithium. There was no written procedure for valproate, or advice booklets to give people in the at-risk group. The pharmacy had not supplied any people in the at-risk group. The superintendent agreed to remind the team about the risks involved and how to access this information if they needed it.

The team prompted people to confirm the repeat medications they required, which helped it limit medication wastage and people received their medication on time. It made records of these requests, including the medication, which helped it to effectively resolve queries if needed. The pharmacy signposted people who needed their medication urgently to the local GP practice because they could usually obtain their prescription promptly or the NHS Community Pharmacist Consultation Service (CPCS). So, people usually received their medication before they ran out.

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. The pharmacy also kept detailed communications about medication queries or changes for people using compliance packs on their patient medication record (PMR). This helped the team effectively query differences between the records and prescriptions with the GP practice, and reduced the risk of it overlooking medication changes. The compliance packs were labelled with a description of the medicines they contained, which helped people to identify each medicine.

The team used colour-coded baskets during the dispensing process to separate people's medicines and organise its workload. It marked part-used medication stock cartons, which helped make sure it gave people the right amount of medication. The team prepared methadone supplies in advance of people presenting for them and it dispensed them in divided daily doses, which helped to make sure people took an accurate dose.

The pharmacy obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers and stored them in an organised manner. It suitably secured its CDs and it had kits for denaturing them. The team suitably monitored the medication refrigerator storage temperatures, and records indicated that the pharmacy monitored medicine stock expiry dates on an on-going basis.

The team took appropriate action when it received alerts for medicines suspected of not being fit for purpose and kept corresponding records. It disposed of obsolete medicines in waste bins, which

reduced the risk of these becoming mixed with stock or supplying medicines that were unsuitable.

The pharmacist checked the supply deadline date for any CDs at the point 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 delivery driver wore a mask and used hand sanitiser when they delivered medications. They placed people's medicines at their front door, observed them being collected at a safe distance and they recorded each confirmed supply.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

During the pandemic the team sanitised the work surfaces, IT equipment, telephones, door handles and light switches at least once each day. A contract cleaner completed a deeper clean each week. The team kept the dispensary sink clean; it had hot and cold running water and an antibacterial hand sanitiser. The team had a range of clean measures. So, it had 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 used the latest versions of the BNF and cBNF to check pharmaceutical information if needed.

The team had facilities that protected peoples' confidentiality. It viewed people's electronic information on screens which were not visible from public areas and regularly backed up people's data on its PMR system. So, it secured people's electronic information and could retrieve their data if the PMR system failed. The pharmacy 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.