

Registered pharmacy inspection report

Pharmacy Name: Strand Pharmacy, Unit 1, 18 The Strand, Rochdale, Greater Manchester, OL11 2JG

Pharmacy reference: 9011082

Type of pharmacy: Community

Date of inspection: 02/05/2019

Pharmacy context

This is a community pharmacy located on modern shopping parade in an urban residential area. The pharmacy recently relocated to these premises. It prepares NHS prescription medicines and a large number people receive their medicines in weekly compliance packs, to help make sure they take their medicines safely. It also provides a home delivery service, and other NHS services such as Medicine Use Reviews (MURs) and a minor ailments scheme.

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	1.2	Good practice	The pharmacy team effectively learn from their mistakes.
2. Staff	Good practice	2.1	Good practice	The pharmacy has enough staff and a skill mix to match. So it can provide safe and efficient services.
		2.2	Good practice	Staff have the skills and qualifications for their roles and they complete training.
		2.4	Good practice	The team work well together and take part in reviewing errors. They have regular performance reviews, so continue to develop their skills.
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 has a range of written procedures that help the team provide safe services. The team also learns from its mistakes. The team members understand the importance of protecting people's information. And they complete training on how to protect vulnerable people, so they know how to support them.

Inspector's evidence

The pharmacy had written procedures that were issued in 2017. One of the pharmacy co-owners said most of them would be reviewed shortly and they were looked at following an incident. The procedures covered the principles of dispensing medicines safely, the responsible pharmacist (RP) regulations and the safe management of controlled drugs (CD). There were also written procedures for dispensing medicines considered to be high risk including anti-coagulants, methotrexate and lithium. Everyone in the team had signed to declare they had read and understood the procedures relevant to their role.

The pharmacy team discussed and recorded mistakes they identified while dispensing medicines, which often included recording why they had made each error. They also collectively participated in reviewing the records each month, and consistently documented their reviews. So, they were more likely to identify trends or hidden risks in the dispensing process.

The technician completed daily, weekly and monthly clinical governance checklists that the pharmacy had recently introduced. So it effectively audited its systems and procedures. A dispenser and checker initialled dispensing labels to provide an audit trail, which assisted in investigating and managing risk in relation to near miss or dispensing incidents, as well as providing transparency around who was responsible for dispensing each medication.

The pharmacy team received positive feedback in the last satisfaction survey of 125 patients conducted between 2017 and 2018. A publicly displayed notice and leaflets provided information to patients about how they could make a complaint. The team recalled signing to declare they had read and understood the pharmacy's complaint handling procedures but could not locate them. So, they may not always follow the correct procedures to obtain feedback that the pharmacy could use to improve services.

The pharmacy had professional indemnity cover for the services it provided. The pharmacy maintained the records required by law for controlled drug (CD) transactions and the responsible pharmacist. It also maintained records of minor ailment consultations, MURs and CD destructions.

The pharmacy was registered with the Information Commissioner's Office (ICO), and everyone in the team had signed a confidentiality agreement to protect patient data. The pharmacy also had written policies on protecting patient data that everyone in the team had signed to declare they had read within the last two years. Staff securely destroyed confidential waste and could explain in detail how they protected patient information in different contexts. The co-owner said that staff had completed GDPR training around June 2018, and a new staff member completed it in March 2019. However, the pharmacy last completed an internal audit on protecting patient data in March 2017, so newer risks to protecting information may not have been identified.

The pharmacist and technician were level 2 safeguarding accredited, and all other staff were level 1

safeguarding accredited. Staff said that the pharmacy had written safeguarding procedures and a list of local safeguarding contacts but they were unable to locate them. They also said one of the regular pharmacists would record safeguarding concerns, but they did not know where.

The team members knew each compliance pack patient's care arrangements well, but they did not keep records that showed this. They recalled raising concerns about patients exhibiting signs of memory loss or confusion, and had discussed this with the patient's GP and family. This had sometimes led to a cognitive impairment diagnosis and/or them having their medication dispensed in compliance packs. The team were also in regular contact with compliance pack patients and monitored their adherence to taking their medication.

Principle 2 - Staffing ✓ Good practice

Summary findings

The pharmacy has enough staff to provide safe and effective services. Team members work well together and are competent. They have the skills and qualifications necessary for their roles and access to training. And they have regular performance reviews. So they continue to learn and develop their skills. The team consistently participate in reviewing their mistakes, meaning they support providing safe services.

Inspector's evidence

The staff present were: the regular locum pharmacist who provided cover two days per week, a full-time technician employed for around ten years, a full-time dispenser employed around two years, and a part-time dispenser/MCA employed for around two years.

The other staff employed included: one of the co-owners, who provided cover three-and-a-half days per week, a part-time dispenser employed around three years, a part-time MCA/trainee dispenser employed for around three years, a full-time deliver driver employed for around two years. Three other locum pharmacists also worked regularly.

The full-time dispenser worked principally on compliance pack dispensing and was effectively supported by two part-time dispensers. The part-time dispensers also increased their level of support during planned staff absence, meaning the service was provided continuously and smoothly.

There were enough staff to comfortably manage the workload, reflected in the team's comments that they routinely dispensed compliance pack medicines two days before the patient required them. Repeat medicines via the prescription ordering service were processed the same day as the prescription was received and around two or three days before they expected patients needed them. Around half of the prescriptions supplied were presented personally by patients, but these were processed efficiently and there were no queues of patients waiting for their medication to be dispensed. The team greeted people promptly and swiftly answered frequent telephone calls.

The technician was effective at managing the services. And the team worked well together. Two staff members provided the minor ailment service. Meaning its availability was continuous across the week.

The trainee dispenser, who had started working in the dispensary around September 2018, had completed nearly three quarters of their qualification course and was effectively supported in progressing towards accreditation. Staff had annual appraisals and had been recently enrolled on the CPPE's on line training programme. They were also enrolled on a trade-body's online training programme and attended local NHS health promotional training.

The pharmacy team obtained signed patient consent for MURs and Electronic Prescription Service (EPS) nominations. The co-owner said that the pharmacy obtained written consent for minor ailment consultations. So the pharmacy could confirm the patients who wanted to use these services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a secure and professional environment for healthcare services.

Inspector's evidence

The level of cleanliness was appropriate for the services provided, and records indicated the pharmacy team regularly cleaned the premises. The premises also had the space necessary to allow medicines to be dispensed safely for the scale of services provided. The consultation room offered the privacy necessary to enable confidential discussion, but its availability was not prominently advertised to the public. So, patients may not always take advantage of this facility.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy team follow a range of practices that help make sure people receive safe services. And they provide additional support to people on some more complex medicines. The pharmacy gets its medicines from licensed suppliers and generally manages them safely.

Inspector's evidence

The pharmacy was open from Monday to Friday 9am to 6pm and Saturday 9am to 1pm, meaning patients could access services across most of the week. The pharmacy had a step-free entrance. And the pharmacy team could see people entering the premises. So, they could assist anyone having difficulty.

The pharmacy team asked patients to confirm the repeat medications they required around five days before their prescription was due. This assisted in limiting medication wastage and ensured patients received their medication in a timely manner. They also kept records of prescriptions they ordered for patients, so could effectively resolve queries about the prescriptions if needed.

The pharmacy obtained the GP's view on whether each compliance pack patient should be limited to either weekly or monthly supplies and made corresponding records. The pharmacy team scheduled when to order compliance pack patient's prescriptions, which helped them to supply their medication in a timely manner. They kept a record of each patient's current medication that also stated the time of day they were to be taken, and queried differences between the record and prescriptions issued, with the GP surgery before they dispensed medication. So, the team reduced the risk of medication changes being overlooked.

The pharmacy wrote detailed communications about medication queries or changes for compliance pack patients alongside their list of current medication. So, it had a record that helped make sure these patients received the correct medicines.

The pharmacy team used disposable compliance packs. They consistently labelled packs with descriptions of each medicine. This helped patients and carers to identify each medicine. So, the team reduced the risk of patients becoming confused about them.

The pharmacy team had screened female patients prescribed valproate to identify those who were potentially exposed to the teratogenic risks of it. And they advised and issued MHRA approved guidance booklet to those at risk in line with national guidance. However, they did not always issue the MHRA valproate card, as required by national guidance.

As patients had their warfarin dispensed by a local INR testing clinic, the pharmacy did not always check that they were being routinely screened for regular INR tests. The team routinely counselled methotrexate patients on their prescribed dose, to take folic acid, and reminded them about potential side-effects or interactions with each prescription. They also screened these patients for regular blood tests and made corresponding records.

The pharmacy team used baskets to avoid each patient's medicines becoming confused with others during the dispensing process. The pharmacy team obtained medicines from licensed pharmaceutical

wholesalers and stored them appropriately.

The pharmacy was registered with the organisation responsible for establishing the UK medicines verification system to enable the Falsified Medicines Directive (FMD), and had the necessary software and hardware required to be FMD compliant and the team demonstrated that its system was operational. However, they were not routinely scanning medicines wherever it was possible.

The pharmacy team said that they regularly checked medicine stock expiry dates that was supported on most occasions by corresponding records. However, they confirmed they had not made records of the dispensary stock they checked in February 2019.

The pharmacy team refrigerated thermo-labile medicines, and consistently monitored and recorded the refrigeration storage temperatures. So, they made sure these medicines stayed fit for patient use.

The pharmacy team used an alphabetical system to store and retrieve bags of dispensed medication and their related prescription. So, the team could efficiently retrieve patients' medicines and prescription when they came to collect their medication.

Corresponding records suggested that the delivery driver usually signed the section where patients or recipients were supposed to indicate they had received their medicines. So, records are sometimes unclear, and the pharmacy could find it difficult to resolve queries about the service if they arise.

The team disposed of obsolete medicines appropriately in pharmaceutical waste bins segregated away from medicines stock, which reduced the risk of medicines not fit for purpose being supplied to patients. The team took appropriate action when they received alerts or recalls for medicines suspected of not being fit for purpose and made corresponding records.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide services safely.

Inspector's evidence

The pharmacy team kept the dispensary sink clean. They also had hot and cold running water and an anti-bacterial hand-sanitiser. So, they had facilities to make sure they did not contaminate medicines they handled.

The team had a range of clean measures. So, they could accurately measure and give patients their prescribed volume of medicine. The team had access to the latest versions of the BNF and cBNF online. So, they could refer to the latest clinical information for patients.

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.