

# Registered pharmacy inspection report

**Pharmacy Name:** Hillgate Pharmacy, 56-58 Higher Hillgate,  
Stockport, Greater Manchester, SK1 3PZ

**Pharmacy reference:** 9011157

**Type of pharmacy:** Community

**Date of inspection:** 04/09/2019

## Pharmacy context

This is a pharmacy situated in a medical centre on a busy main road, serving the local population. It mainly supplies NHS prescription medicines and prepares some of them in weekly compliance packs to help make sure people take them safely. The pharmacy also provides other NHS services such as Medicines Use Reviews (MURs) and substance misuse treatment.

## 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	2.1	Good practice	Staff do not feel pressurised when working and complete tasks properly and effectively in advance of deadlines. And the pharmacy reviews its staffing levels so that they remain appropriate.
<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 generally manages its risks well. The pharmacy team has written instructions to help make sure it provides safe services. The team reviews its mistakes which helps it to learn from them. Pharmacy team members receive training on protecting people's information, and they understand their role in protecting and supporting vulnerable people.

### Inspector's evidence

The pharmacy had written procedures. These covered safe dispensing of medicines, the responsible pharmacist (RP) regulations and controlled drugs (CDs). Records indicated that staff had not read them since the procedures were last reviewed in March 2019, and they last read them several years ago. So staff may not always be following the latest version of each procedure.

The dispenser and checker initialled dispensing labels, which helped to clarify who was responsible for supplying each prescription medication. And it assisted with investigating and managing mistakes. The pharmacy team discussed and recorded any mistakes it identified when dispensing medicines, and it addressed each of these mistakes separately. The team had recently started reviewing these records for trends from July 2019. Staff usually recorded the reason why they thought they had made each mistake, which could help them to identify trends and mitigate risks in the dispensing process.

The pharmacy team received positive feedback across several key areas from people who used its services in its last satisfaction survey that was issued in March 2019. The pharmacy had written procedures on handling complaints, and it displayed in the leaflets in the consultation room which explained how to make a complaint, so people had access to this information.

The pharmacy had professional indemnity insurance for the services it provided. The RP, who was the resident pharmacist and manager, displayed their RP notice, so the public could identify them. The pharmacy maintained the records required by law for CD and private prescription transactions. It also maintained records for special medications it had supplied. The nature of the emergency was missing from the records for a medication recently supplied without a prescription, but in the main these records complied with the law. The pharmacy kept a record of the RP, but its electronic format could be easily amended without the changes being obvious. The RP said that they would address this. The pharmacy kept records of each MUR consultation. However, these were not recorded at the time of the consultation, and the RP relied on their memory to make a full record of these consultations.

The pharmacy regularly checked the methadone running balance, but it did not calculate any discrepancies as a percentage of the total volume dispensed since the last check. So, it may not always immediately notice any significant differences.

The pharmacy had obtained people's consent to provide MURs and the electronic prescription service (EPS). It obtained people's verbal consent for the prescription ordering service, so it may not always be able to effectively confirm the people who wanted to use this service.

The RP said that the pharmacy had data protection policies and staff had completed GDPR training in the last eighteen months, but they could not locate the records to support this. And the pharmacy team

had not completed an audit into how effectively it protected people's data for some while. Staff securely stored and destroyed confidential material. They used passwords to protect access to people's electronic data and everyone used their own individual security card to access people's NHS electronic data.

The team in consultation with the GP assessed the needs of people using compliance packs. This included whether they needed their medication limited to seven days per supply, which could help them to avoid becoming confused. The pharmacy also kept records of each compliance pack patient's care arrangements, including their next of kin details. So, the team had easy access to this information if needed urgently. And the team had reported safeguarding concerns to the GP when people exhibited signs of confusion, which in some cases it led to it dispensing their medicines in compliance packs. The RP and all the regular locum pharmacists had level 2 safeguarding accreditation. The pharmacy had a file of the local safeguarding board's contacts, procedures and referral forms that had been reviewed in March 2019. Records indicated that staff had familiarised themselves with the file several years ago.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to provide safe and effective services. Team members work well together and have the qualifications and skills necessary for their roles. Qualified staff complete some additional ongoing training, but this is not effectively planned or monitored. So, it may not always meet their needs or make sure their knowledge is up to date.

### Inspector's evidence

The staff present included the RP and two experienced full-time dispensers. The pharmacy's other staff included three locum pharmacists who provided regular evening and weekend cover, an experienced full-time dispenser, and a part-time delivery driver.

The pharmacy had enough staff to comfortably manage its workload. The team usually had repeat prescription medicines, including those dispensed in compliance packs ready in good time for when people needed them. The pharmacy received most of its prescriptions via the prescription ordering and electronic prescription services, which enhanced service efficiency. The pharmacy had a steady footfall, so the team avoided sustained periods of increased workload pressure and it could promptly serve people.

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. Two of the dispensers provided the compliance pack service. The pharmacy had an effective strategy to cover planned staff leave. It only allowed one team member to be on planned leave at any time, and the pharmacy owner provided staff from its other pharmacy to cover this leave.

Staff had participated in the pharmacy's appraisal process and occasionally arranged their own training. But the pharmacy did not have a planned training programme for them. Staff attended regular monthly team meetings that were mainly patient safety related.

The pharmacy did not have any formal targets set for the scale of services it provided. The RP said that they could manage the competing MUR and dispensing workload, as the MUR demand was low. They took around twenty minutes per consultation and held them in the consultation room, so they conducted them in an appropriate time and place.

## Principle 3 - Premises ✓ Standards met

### Summary findings

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

### Inspector's evidence

The premises' cleanliness was appropriate for the services provided. And it had the space needed to allow the pharmacy to dispense medicines safely. Staff could secure the premises to prevent unauthorised access. The consultation room offered the privacy necessary to enable confidential discussion. But its 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 in the main manages them effectively to make sure they are in good condition and suitable to supply.

### Inspector's evidence

The pharmacy was open extended hours throughout the week. It had a low-step entrance and staff could see anyone who needed assistance entering the premises.

The pharmacy had a written procedure for dispensing higher-risk medicines that covered anticoagulants, lithium, insulin and methotrexate. The RP said that all the dispensary team members had completed training on dispensing valproate safely but could not find the records that supported this. They had checked all the people on valproate and did not have anyone in the at-risk group. However, the pharmacy did not have the MHRA approved valproate written advice to give these people.

The pharmacy team prompted people to confirm the repeat medications they required. This helped it limit medication wastage and people received their medication on time. And the team made records of these requests, so it could effectively resolve queries if needed. The pharmacy had recently worked closely with local GPs to find alternative hormone replacement therapy (HRT) products for people who could not obtain their usually prescribed medicine.

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 effectively query differences between the record and prescriptions with the GP surgery, and reduced the risk of it overlooking medication changes. The team labelled each compliance pack with a description of each medicine inside them. However, it sometimes did not include enough detail in each description, which could make it more difficult for people to identify each medicine.

The RP had methadone instalments ready in advance of people presenting for them, which helped to organise the pharmacy's workload. They also advised people of the safety benefits of having their instalment for more than one day dispensed in divided daily doses and kept corresponding records of this.

The pharmacy team used baskets during the dispensing process to separate people's medicines and organise its workload. The team usually only left a protruding flap on medication stock cartons to signify they were part-used, which could increase the risk of people receiving the incorrect medication quantity.

The pharmacy obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers and stored them in an organised manner. It had installed the hardware needed to implement the Falsified Medicines Directive (FMD) but the software had developed a fault. The RP had spoken to the system

supplier two weeks ago but did not have a target date for to resolve it.

The pharmacy suitably secured its CD stock, properly quarantined its date-expired and patient-returned CDs, and it had destruction kits for destroying them. The team suitably monitored the medication refrigerator storage temperatures. Records indicated all the pharmacy's stock had been date checked in June and July 2019, and the RP said that all the stock had been date checked every two or three months over the last year. However, the pharmacy had discarded the corresponding records. The team took appropriate action when it received alerts for medicines suspected of not being fit for purpose, but it did not make corresponding records of the action it had taken. It disposed of obsolete medicines in waste bins kept away from medicines stock, which reduced the risk of these becoming mixed with stock or supplying medicines that might be unsuitable.

The pharmacy team used an alphabetical system to store bags of dispensed medication, so staff could efficiently retrieve patient's medicines when needed. The RP checked the CD prescription issue date at the point of supply, which made sure the pharmacy only supplied CDs when it had a valid prescription. However, it did not routinely apply stickers to alert them to the supply deadline date.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

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

### Inspector's evidence

The pharmacy team kept the dispensary sink clean and it had hot and cold running water and an antibacterial hand-sanitiser. The team had a range of clean measures, including separate ones for methadone. 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. The team had access to the latest version of the BNF and a recent cBNF, which meant it could refer to pharmaceutical information if needed.

The pharmacy team had facilities that protected people's confidentiality. It viewed electronic patient information on screens not visible from public area, and regularly backed up people's data on its patient medication record (PMR) system. So, it secured people's electronic information and could retrieve their data if the PMR system failed. It had facilities to store people's dispensed 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.