

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: 21/07/2022

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 it 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 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
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 and the pharmacy team members generally follow these in practice. The team usually reviews and records its mistakes so that it can learn from them. Team members know how to protect and support vulnerable people, and they understand their role in securing people's confidential information.

Inspector's evidence

The pharmacy had some COVID-19 infection control measures. A large screen on the front counter protected people visiting the pharmacy and the pharmacy staff. A publicly displayed notice stated that a maximum of two people were allowed in the public area of the pharmacy at a time so they could socially distance. Hand sanitiser was available for staff members.

The pharmacy had written procedures which covered safe dispensing of medicines, the responsible pharmacist (RP) regulations and controlled drugs (CDs) that had been regularly reviewed. Records indicated that staff members had read and understood the procedures relevant to their role and responsibilities.

The dispenser and checker initialled dispensing labels for prescription medicines prepared in the pharmacy, which helped to clarify who was responsible for each prescription medication supplied and assisted with investigating and managing mistakes.

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 missed additional learning opportunities to identify trends and mitigate risks in the dispensing process.

Staff had completed training on the pharmacy's complaint handling procedures, so they could effectively respond to any concerns. There was no publicly displayed information on how people could make a complaint, so people may be less confident about raising a concern. The pharmacy had not completed a patient survey recently due to the pandemic.

The pharmacy had professional indemnity cover for the services it provided. The RP, who was the regular pharmacist and manager, displayed their RP notice, so the public could identify them. The pharmacy maintained the records required by law for the RP and CD transactions, including methadone and medicines that it had obtained and supplied. The team regularly checked its CD running balances and made corresponding records, which helped it to promptly identify any significant discrepancies. A randomly selected balance was found to be accurate. The team kept records of unwanted CDs returned to the pharmacy for destruction.

Staff members had signed a confidentiality agreement and they had completed the pharmacy's training on protecting people's data. They securely stored and destroyed confidential material. Each team member used their own security card to access NHS electronic patient data and they used passwords to access this information. Information about the pharmacy's policies for obtaining people's consent for

services was displayed in the consultation room. However, the pharmacy did not display a privacy notice explaining how it handled and managed people's personal information.

Staff members had completed safeguarding training. The RP and two regular locum pharmacists had level two safeguarding accreditation. The pharmacy had worked with the nearby medical centre who advised it about people who needed a compliance pack system and if they should be limited to seven days' medication per supply. The pharmacy kept records of the next of kin or carer's details and specific care requirements for people who received compliance packs. It retained proof of the prescriptions requested for vulnerable individuals. This helped the team to deal with queries relating to these vulnerable people.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide safe and effective services. It supports new team members to promptly start and complete training. Team members understand their individual roles and they work well together.

Inspector's evidence

The staff present included the RP, a dispenser and a trainee dispenser. The team members who were not present included a trainee dispenser and two locum pharmacists who covered weekends.

One of the trainee dispensers, who was a medicines counter assistant at the pharmacy, simultaneously started working in the dispensary and their training course in January 2022. Their training was progressing well with the support of the RP and course tutor. The other trainee dispenser, who started working at the pharmacy around twelve months ago, was about to complete their training course.

The pharmacy had enough staff to comfortably manage the workload. It usually had repeat prescription medicines, including compliance packs, ready in good time for when people needed them. The pharmacy received its prescriptions via the electronic prescription service, which helped to increase service efficiency and manage the team's workload. The pharmacy's footfall was minimal, and the team members used the extended weekday and weekend opening hours to prepare compliance packs. So, the team avoided sustained periods of increased workload pressure and it promptly served people.

Staff members worked well both independently and collectively and they used their initiative to get on with their assigned roles and required minimal supervision. They effectively provided the various dispensing services and had the skills necessary to provide them. The dispenser provided the compliance pack service under the RP's supervision.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean, secure and spacious enough for the pharmacy's services. It 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. 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.

The consultation room was accessible from the retail area. It could accommodate two people and was suitably equipped. 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 from unauthorised access.

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 appropriately to make sure they are in good condition and suitable to supply.

Inspector's evidence

The pharmacy operated between 7am to 9.30pm Monday to Saturday and 7am to 9pm on Sunday. It had a low-step entrance and staff could see anyone who needed assistance entering the premises.

The pharmacy had written procedures that covered the safe dispensing of higher-risk medicines including anti-coagulants, methotrexate, insulin and lithium. It did not have written procedures for dispensing valproate. But the RP had completed an audit for people taking valproate to help identify anyone in the at-risk group, and they had consulted them. The pharmacy had valproate advice booklets and cards to give anyone in the at-risk group. Staff members said that they had steroid emergency cards, but they could not locate them.

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 also recorded communications about medication queries or changes for people using compliance packs. It did not always label compliance packs that it prepared with a description of each medicine contained inside them. So, people occasionally might have difficulties identifying them.

The pharmacy prepared people's methadone before they presented. Methadone was supplied in divided daily doses, unless the patient requested it in a single bottle with a measuring cap. This helped to make sure people consumed an accurate amount.

The team used colour-coded baskets during the dispensing process to separate people's medicines and organise its workload. Staff members did not permanently mark part-used medication stock cartons, which may increase the risk of selecting the wrong medication quantity when dispensing and supplying medication.

The team members understood what questions to ask when selling over-the-counter (OTC) medicines. They referred repeat requests for codeine containing medicines to the RP who advised people to consult their GP. The pharmacy did not sell codeine linctus.

The pharmacy obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers and stored them in an organised manner. The team suitably secured CDs and it used destruction kits for denaturing unwanted CDs. The pharmacy monitored its refrigerated medication storage temperatures. Records indicated that some sections of the dispensary stock had last been date-checked at the end of 2021. The RP confirmed that the staff had checked these sections recently and they agreed to update the records to reflect this.

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

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

The delivery driver had a supply of hand sanitiser. They wore a face mask when they placed medicines at the delivery address front door and observed them being collected from a safe distance. They recorded each confirmed supply.

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

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 and a separate set for methadone. 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 RP used the BNF online, and recent versions of the BNF and cBNF available to check pharmaceutical information if needed.

The pharmacy had facilities that protected peoples' confidentiality. It regularly backed up people's data on the PMR, 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.