

Registered pharmacy inspection report

Pharmacy Name: Beech Road Pharmacy, 101 Beech Road, Chorlton, Manchester, Greater Manchester, M21 9EQ

Pharmacy reference: 9011263

Type of pharmacy: Community

Date of inspection: 12/07/2024

Pharmacy context

This community pharmacy is located in a residential area. Its main activity is dispensing NHS prescriptions for people living locally, and it manages some people's repeat prescriptions. It also provides a large number of people with their medicines in multi-compartment compliance packs, including those living in assisted living and care home establishments across the Greater Manchester region. The pharmacy provides other NHS services which includes the New Medicine Service (NMS), 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

The pharmacy manages its risks reasonably well. The pharmacy team follows written instructions to help make sure it provides safe services. The team discusses its mistakes which helps it to learn from them. Team members protect people's private information, and they understand their role in protecting and supporting vulnerable people. The pharmacy generally keeps the records it needs to by law. But some records have information missing and others are not always kept up to date. This could make it harder for the pharmacy to show how it handles and supplies medicines safely.

Inspector's evidence

The pharmacy had written procedures that were regularly reviewed. These covered safe dispensing, controlled drugs (CDs) management, and the responsible pharmacist (RP) regulations. But procedures did not cover reporting of CD concerns, so the pharmacy may miss opportunities to access support and share learning from incidents. The superintendent pharmacist confirmed that staff members had read the procedures relevant to their roles and responsibilities, but not all of them had signed to declare this.

The dispenser and checker usually initialled dispensing labels, which helped to clarify who was responsible for each prescription medication they supplied. And this assisted with investigating and managing mistakes. However, the dispenser did not always initial dispensing labels on compliance packs, which could limit their opportunities to learn and improve.

The pharmacy had written procedures for handling mistakes. The pharmacy team discussed and recorded any mistakes it identified when preparing medicines. The team addressed each of these errors separately, and regularly reviewed the records of mistakes. But staff members did not always document why each mistake had happened. So, the pharmacy could be missing additional opportunities to identify patterns and mitigate risks in the dispensing process.

The pharmacy had written complaint handling procedures, so staff members knew how to effectively respond to any concerns. There was no publicly displayed information explaining how people could make a complaint, so people may feel less encouraged to raise a concern. The pharmacy had not completed a patient survey since the pandemic.

The pharmacy had professional indemnity insurance for the services it provided. The RP, who was a regular locum pharmacist, displayed their RP notice so the public could identify them. The pharmacy had an RP record, but it rarely included the time when the pharmacist ceased acting as the RP, as required by law.

The pharmacy kept records for CD transactions. But it sometimes delayed making these records for several days after the transaction. One randomly selected CD running balance was found to be accurate. The pharmacy kept a record of CDs returned for disposal although this was not updated regularly. The pharmacy maintained records of NMS consultations.

Pharmacy team members had completed data protection training on protecting people's information. They secured and destroyed any confidential papers, used passwords to access NHS electronic patient data, and had their own security card to access this information. There was no publicly displayed

information about the pharmacy's privacy policy. So, people may have more difficulty finding out how the pharmacy protects their data.

The RP and superintendent pharmacist had level two and one safeguarding accreditation respectively. The other staff members had completed safeguarding training and the pharmacy had corresponding procedures for handling these concerns. The pharmacy liaised with GP practices about people who requested domiciliary compliance packs. It assessed the most suitable supply interval to avoid them becoming confused. But the pharmacy did not keep corresponding records of these assessments to support the person's ongoing care. The pharmacy kept records of the care arrangements for people using compliance packs, including their next of kin's or carer's details and any specific medication delivery arrangements. This meant the team members had easy access to this information if they needed it urgently.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide safe and effective services. Team members work well together, and they have the qualifications and skills necessary for their roles.

Inspector's evidence

The staff present included the RP, an accredited checking dispenser (ACD), five dispensers and trainee pharmacist. The pharmacy's other staff included the superintendent pharmacist who was the manager, a dispenser, a medicines counter assistant (MCA) who worked Saturdays only, and a pharmacy undergraduate student who worked as an MCA during vacations. 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 supplied in compliance packs and delivered. The pharmacy received most of its prescriptions via the prescription management and NHS Electronic Prescription Service. The pharmacy had a steady footfall, but the team worked well together to manage the service demand. Team members communicated effectively with each other, so they managed sustained periods of increased workload pressure, and they promptly served people. The team did not have any official targets or incentives for the scale of services it provided.

Staff members worked well both independently and collectively. They used their initiative to manage their assigned roles and they required minimal supervision. They effectively oversaw the various dispensing services and had the skills necessary to provide them. One dispenser and the ACD worked full-time on the domiciliary and care home compliance pack services under the pharmacist's supervision.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean, secure and suitable for the pharmacy's services. It has a private consultation room, so people can have confidential conversations with pharmacy team members and maintain their privacy.

Inspector's evidence

The pharmacy was situated in a modernised retail unit. It was professional in appearance and well-lit. The shop and dispensary fittings were suitably maintained. The retail area and counter could accommodate the number of people who usually presented at any one time. The narrow galley dispensary was reasonably well organised, but the layout sometimes made it difficult for the team to work efficiently during periods of high dispensing workload. The separate compliance pack area provided enough space for this purpose.

The pharmacy had two consultation rooms available for people to have private conversations with team members or receive services. Both rooms were accessible from the retail area, and could accommodate two people. They were suitably equipped, clean and tidy. But their availability was not prominently advertised, so people were less likely to know about these facilities.

The dispensary had a high partition to separate it from the retail area, which meant it was difficult to view any confidential information from the public area. The level of cleanliness was appropriate for the services provided. And staff could secure the premises to prevent 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 the team makes some checks to make sure they are in good condition and suitable to supply.

Inspector's evidence

The pharmacy opened 9am to 6pm Monday to Friday and 10am to 4pm Saturday. It had a step free entrance with an automated door which led into the retail area. Seating was available for people while they waited. The opening hours and services offered were displayed in the front window.

The pharmacy had written procedures that covered the safe dispensing of higher risk medicines such as insulin, methotrexate and lithium. The pharmacy did not have a written procedure for dispensing some other medicines which were considered higher risk, such as fentanyl patches.

The pharmacy supplied valproate sealed in the original packaging unless otherwise appropriate. Team members were not fully familiar with some of the additional checks that might be needed for people at risk who were prescribed valproate. The superintendent had written procedures that covered the safe dispensing of valproate and anti-coagulants. Staff members had not read these SOPs, but the superintendent agreed to issue them to the team.

The pharmacy initially confirmed with patients which of their repeat prescriptions it should automatically order each month, which included medication to be taken daily. The RP explained that the pharmacy advised people to contact it when they needed their prescription for 'when required' medication such as inhalers and external applications to be ordered. But the pharmacy's procedures did not clearly explain this, so it might not always happen. The pharmacy retained records of the requested prescriptions. So, the team could effectively resolve queries if needed.

The team had a scheduling system to make sure domiciliary people received their compliance pack on time. It kept a record of people's current compliance pack 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 pharmacy also kept records of verbal communications about medication queries or any changes for domiciliary people using compliance packs. The team included descriptions of each medicine contained inside each compliance pack, which helped people to identify them.

Assisted living and care home establishments ordered repeat prescriptions for their residents directly with the GP or via the pharmacy. The team liaised with the care establishments in relation to any outstanding prescriptions, and it kept records of these communications when it discussed these issues electronically. However, the pharmacy did not keep records of telephone communications.

Multi-medication compliance packs for care establishment residents included descriptions of each medicine contained inside each compliance pack. One compliance pack system also included an image of each medication to help with identification. The pharmacy also supplied single medication compliance packs to some care establishments, so staff could more easily identify them. It was unclear if the pharmacy had checked whether care establishments required bespoke MAR sheets designed to

support administering high risk medications, injections or using body maps for external applications.

Pharmacy team members appropriately managed people's requests for over the counter (OTC) medicines. They refused sales if people repeatedly visited the pharmacy to request OTC medicines that were liable to abuse, and advised them to consult their GP. Team members knew about the recent legal reclassification of codeine linctus, which meant it should only be supplied via a prescription.

The team used 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 might lead to selecting the incorrect quantity when dispensing and supplying medication.

The pharmacy obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers and generally stored them in an organised manner. The team suitably secured its CDs, quarantined its obsolete CDs and it used destruction kits for denaturing unwanted CDs. Some stock and people's part-prepared prescription medicines were temporarily stored in baskets on the dispensary floor due to insufficient storage space.

Records indicated that team members regularly monitored and recorded the storage temperatures for three out of four medication refrigerators. The RP could not locate the fourth refrigerator's temperature records, and the temperature could not be checked during the inspection because the thermometer's battery had lost its charge. The RP stated that they would address this.

Team members explained that they checked medicine stock expiry dates monthly, but they did not keep any corresponding records that supported this. The team marked short-dated stock three months before its expiry date, which helped make sure it supplied people suitable medication.

The delivery driver recorded when they handed over medication to people, which helped to verify the completed deliveries. The pharmacy kept additional records for delivered CDs that included the supplying pharmacist's, driver's and CD recipient's details, the delivery address, and date and time of delivery. But these records did not include whether the drivers asked the recipient for proof of their identity or if they showed it.

The team took appropriate action when it received alerts for medicines suspected of not being fit for purpose. But it did not keep corresponding records that confirmed this, so it could find it harder to show that these were effectively managed. It disposed of obsolete medicines in waste bins kept away from its medicines stock, which reduced the risk of these becoming mixed with stock or supplying medicines that might be unsuitable.

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 team kept the dispensary sink clean; it had cold running water and an antibacterial hand sanitiser. The pharmacy did not have a running hot water facility, so it boiled water when needed. The team had a range of clean measures, and a separate set for preparing methadone supplies. 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 members had access to the British National Formulary (BNF) online.

The team had facilities that protected people's 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.