

Registered pharmacy inspection report

Pharmacy Name: Rusholme Pharmacy, 253 Wilmslow Road,
Manchester, Greater Manchester, M14 5LW

Pharmacy reference: 9011321

Type of pharmacy: Community

Date of inspection: 21/03/2024

Pharmacy context

This community pharmacy is open extended hours over seven days. It is situated in a shopping parade 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 orders people's repeat prescriptions on their behalf. A large number of people also receive their medicines in weekly multi-compartment compliance packs to help make sure they take them safely. The pharmacy provides an NHS substance misuse treatment service and there is a home delivery service.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	2.2	Standard not met	Some team members are not enrolled on appropriate training courses for the roles they are undertaking. So, the pharmacy cannot provide assurance that they are acquiring the skills and knowledge they need for their role.
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 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. And the pharmacy keeps the records it needs to by law.

Inspector's evidence

The pharmacy had regularly reviewed written procedures that included safe dispensing, the responsible pharmacist (RP) regulations and controlled drugs (CD). Records indicated that the regular pharmacists had read and understood these procedures. The superintendent, who was working as the RP, confirmed that the other team members, all of whom had started working at the pharmacy in the last twelve months, had not yet read the procedures relevant to their role and responsibilities. But the RP confirmed that team members had been shown how to dispense safely and had the RP regulations explained to them. The RP agreed to prioritise making sure staff members read these procedures in the next four weeks. The pharmacy had a written procedure for reporting CD incidents, which it previously did not have that all the team members had not yet read.

The dispenser and checker initialled dispensing labels, which helped to clarify who was responsible for each prescription medication they supplied. And this assisted with investigating and managing mistakes. The pharmacy team discussed any mistakes it identified when preparing medicines, but it did not always record them. The team addressed each of these errors separately, but staff members did not always document why or the time of day each recorded mistake had happened. So, they could be missing additional opportunities to identify patterns and mitigate risks in the dispensing process.

The pharmacy had professional indemnity insurance for the services it provided. The RP, who was one of three regular pharmacists, displayed their RP notice, so the public could identify them. The pharmacy maintained the records required by law for the RP.

A randomly selected electronic CD register indicated that the pharmacy maintained records for CD transactions, as required by law. The team checked its CD running balances, but these checks were infrequent, which meant there could be a delay in detecting a discrepancy. One randomly selected balance was accurate. The team kept a record of CDs returned to the pharmacy for safe disposal.

Team members had read the pharmacy's confidentiality code of conduct, and its written policies on protecting patient information and data security incident management. They secured and destroyed any confidential papers. Staff members used passwords to access NHS electronic patient data, but some of them did not have their own security card used to access this data. So, they may use another team members card, which may lead to an unclear audit trail of who accessed this data. Publicly displayed information about the pharmacy's privacy policy helped people understand how it protected their data.

All three regular pharmacists had level three safeguarding accreditation, and the other staff members had completed level one safeguarding training. The pharmacy liaised with GP practices if people needed to have a compliance pack. This included assessing whether they needed to be limited to seven day's medication per supply 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 not all met

Summary findings

The pharmacy has enough team members to manage the workload. But new team members are not enrolled on essential training courses. So, the pharmacy cannot provide assurance that they are acquiring the skills and knowledge they need for their role.

Inspector's evidence

The staff present included the RP, two pharmacy undergraduate students and a trainee dispenser, who had been working at the pharmacy for around twelve months. The pharmacy's other staff included a regular pharmacist, who was one of the managing directors, a regular locum pharmacist, and a second trainee dispenser who started working at the pharmacy a few months previously. A delivery driver was also employed. The two newer team members working as dispensers were not enrolled on accredited training courses.

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 and NHS Electronic Prescription Service. The pharmacy had a low footfall, so the team avoided sustained periods of increased workload pressure and it could promptly serve 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 and they used their initiative to manage their assigned roles and required minimal supervision. They effectively oversaw the various dispensing services and had the skills necessary to provide them. Most team members shared the responsibility for maintaining the compliance pack service 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 retail unit and it was professional in appearance. 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 open-plan dispensary and additional compliance pack area provided enough space for the volume and nature of the pharmacy's services.

The consultation room was accessible from the retail area, it could accommodate two people, and it was suitably equipped. But its availability was not prominently advertised, so people were less likely to know about this facility. The dispensary was set back from the front counter, which meant it was difficult to view any confidential information from the public areas. 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 operated between 8am to 11pm Monday to Friday and 10am to 11pm Saturday and Sunday. It had a low step at the front entrance 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, insulin and lithium. But there was no written procedure for dispensing valproate. The team members identified people in the at-risk group taking valproate, and they supplied the appropriate written advice to these people when necessary. Staff members checked if two specialists had agreed to initiate new patients in the at-risk group on valproate and they supplied full packs of this medication. Staff did not know to remind these patients about their annual review with their specialist, but the RP agreed to review this requirement with the team.

The team prompted people to confirm the repeat medications they required, which helped it limit medication wastage and people usually 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 had limited the compliance pack service to people who it assessed needed the service. This helped to keep the workload manageable. 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 kept communications about medication queries or changes for people using compliance packs. The compliance packs were not always labelled with a clear description of the medicines they contained, which might make it more difficult for people to identify each medicine.

The team had methadone instalments ready in advance of people presenting for them, which helped the pharmacy to manage its workload. The pharmacy prepared instalments for more than one day in divided daily doses, which supported people to take an accurate dose.

The pharmacy appropriately managed difficulties obtaining prescription medicine stock to fulfil prescriptions. The team kept the patient updated and advised them to seek an alternative medication in consultation with their GP. These arrangements helped to make sure people maintained their treatment. The pharmacy routinely gave people a written note for their owed medication.

Pharmacy team members understood what questions to ask people when selling medicines to make sure requests were appropriate. This included refusing to sell over the counter (OTC) medication to people who repeatedly requested these products, and they advised them to consult their GP.

The team used baskets during the dispensing process to separate people's medicines and organise its workload. Staff members permanently marked part-used medication stock cartons, which helped to

make sure they selected the right quantity when dispensing and supplying medication.

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 quarantined its obsolete CDs. The team monitored medication stock refrigerator temperatures. However, it did not monitor temperatures for the separate refrigerator used to store prepared prescription medications awaiting collection or delivery. The RP agreed to start monitoring the temperatures for this refrigerator.

The RP explained that the team checked expiry dates on all the pharmacy's medicine stock once every month, including CDs and refrigerated products. But the pharmacy did not keep any supporting records that confirmed this. The team marked short-dated stock and it quarantined stock that was due to expire in one month, which helped to make sure people received medication fit for purpose. Most stock medicines amongst several randomly selected products had a reasonably long shelf-life, but two medicines had expired in May 2022. These were removed for disposal.

The pharmacy kept records of medicines delivered to people, including those it was unable to deliver. Recipients of these deliveries signed for CDs the pharmacy had supplied.

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 hot and cold running water and an antibacterial hand sanitiser. 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 the British National Formulary (BNF) online.

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.