

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: 26/11/2024

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	The pharmacy lacks a plan for monitoring and reviewing trainee team member's development and progress. The pharmacy does not always clarify to trainees who shall supervise them, and appropriate team members they could shadow or seek advice from.
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 written instructions to help make sure it provides safe services. But it does not always check that pharmacy team members have read these procedures before asking them to formally declare this. 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 some pharmacy team members had read these procedures, and all team members had read the safe dispensing procedures. However, the RP, who is the superintendent pharmacist, did not always check that team members had read all these procedures before asking them to sign the records that confirmed this. Team members referenced the prescription when they prepared prescription medication. The RP stated that they demonstrated to trainee dispensers the dispensing process when they started working at the pharmacy, they had informal discussions with them about how to prepare medication, and they had closely supervised the trainee's dispensing.

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 and recorded any mistakes it identified when preparing medicines. 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. The RP, who was the superintendent pharmacist, regularly reviewed these records, but did not share their findings with pharmacy team members. 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 regularly checked the CD running balances, which helped to promptly detect a discrepancy. 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 new team members had not applied for 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. All the other staff members

had completed level one safeguarding training, except for a new team member who started in November 2024. 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 there are delays with enrolling unqualified team members on to an essential training course. And they do not receive the appropriate monitoring and support regarding their development and progress. So, the pharmacy cannot always demonstrate that its team members are acquiring the skills and knowledge they need for their role.

Inspector's evidence

The pharmacy team consisted of the RP, two locum pharmacists, a trainee foundation pharmacist, four dispensers, four trainee dispensers, and a delivery driver.

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.

Two of the four trainee dispensers had started working at the pharmacy less than two months ago, so they had not been enrolled on a dispenser qualification course yet. The third trainee, who had been working at the pharmacy since around October 2023, had been enrolled on a dispenser qualification course since April 2024 and had completed most of their training.

The fourth trainee, who had been working at the pharmacy since around November 2023, was enrolled on a dispenser qualification course in April 2024. But they had not started their course. The RP, who was the tutor for all the trainees, had not checked on this trainee's progress until a few weeks ago. He assessed that this trainee had a knowledge of medicines because he was a dentist from overseas.

Not all the trainees had been advised about who their tutor was, how their training shall be monitored and supported or the team members they could shadow during their training. Trainees were not always referred to a suitable pharmacy team member for any queries they had or guidance they required. The RP accepted that there was no plan in place to monitor and review each trainee's development and progress.

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, lithium and valproate.

Team members supplied full packs of valproate to at-risk patients taking this medication. The valproate written procedure did not include that team members verify that two specialists had agreed to initiate new patients in the at-risk group on valproate. Staff reminded these patients about their annual review with their specialist, but no corresponding record was kept.

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 the questions to ask people when selling over the counter (OTC) medicines to make sure requests were appropriate. This included referring people to the pharmacist if they requested more than one pack of these products, refusing to sell to people who repeatedly requested them, 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. There was a single medication blister in the pharmacy's stock that did not have its batch number or expiry date.

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. Records indicated that the team monitored temperatures for both stock and prepared prescription medication refrigerators, and regularly checked stock expiry dates.

The team had an alphabetical storage system for people's bags of prescription medication. This meant it could quickly retrieve people's medicines and their prescription when needed. The pharmacy kept records of medicines delivered to people, including those it was unable to deliver. The RP explained that recipients of these deliveries signed for CDs the pharmacy had supplied, but they were unable to locate these records.

The team took appropriate action when it received alerts for medicines suspected of not being fit for purpose, and it kept corresponding records that confirmed this. The pharmacy 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 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.