

# Registered pharmacy inspection report

**Pharmacy Name:** Pharmacykwik, 106 Broughton Lane, Salford, Greater Manchester, M7 1UF

**Pharmacy reference:** 9011406

**Type of pharmacy:** Closed

**Date of inspection:** 05/04/2022

## Pharmacy context

This is a distance-selling pharmacy which relocated from another premises in July 2020. It operates from a business unit situated in a residential area, and it mainly serves people living in Greater Manchester. It has a website. The pharmacy prepares NHS prescription medicines, and it manages people's repeat prescriptions. A large number of people receive their medicines in weekly multi-compartment compliance packs to help make sure they take them safely. Medicines are delivered to people in their homes. This inspection was completed during the COVID-19 pandemic.

## 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	N/A	N/A	N/A
<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

Overall, the pharmacy manages the risks associated with its services. It has written policies and procedures to help make sure it operates safely and 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 within the pharmacy premises.

### Inspector's evidence

Members of the public did not visit the premises. The dispensary size was large enough for team members to keep a safe distance from each other when working. The staff members had access to face masks and hand sanitiser. They tested for COVID-19 if they had any of the symptoms and did not work if they received a positive result.

The pharmacy had written procedures that were regularly reviewed. These covered safe dispensing, the responsible pharmacist (RP) regulations and controlled drugs (CD). The RP, who was the superintendent and one of the regular pharmacists, confirmed that the trainee dispensers were reading or had read all the procedures that were relevant to them and signed to declare this. However, these declarations were not available.

The dispenser and checker initialled dispensing labels, which helped to clarify who was responsible for each prescription medication the pharmacy supplied and which helped investigating and managing mistakes. The pharmacy had written procedures for managing mistakes. The pharmacy team discussed and recorded any mistakes it identified when dispensing medicines, and it addressed each of these mistakes separately. Staff members recorded the reason why they thought each mistake had happened and they reviewed these records monthly to identify any trends. So, they used additional opportunities to learn and further mitigate risks in the dispensing process.

Team members had read the pharmacy's complaint handling procedures, so they could effectively respond to any concerns. Information explaining how people could make a complaint was displayed on the practice leaflet on the pharmacy's website. The pharmacy had not completed a recent patient survey due to the pandemic.

The pharmacy had professional indemnity cover for the services it provided. The RP displayed their RP notice. The pharmacy maintained the records required by law for the RP and CD transactions. The team periodically checked its CD running balances, but it did not make corresponding records, which meant it could delay identifying any significant discrepancies. Some stored patient-returned CDs had not been entered in the destruction register.

Staff members had read the pharmacy's written procedures for data protection, and they securely stored and destroyed confidential material. Each team member used their own security card to access electronic patient data and they used passwords to access this information.

The pharmacy had written safeguarding procedures and the regular pharmacists had level two safeguarding accreditation. The pharmacy kept records of the next of kin or carer's details and specific care requirements for people who received compliance packs. This helped the team to deal with

queries relating to these vulnerable people. The team informally assessed people's needs before supplying compliance packs, including if they should be limited to seven days' medication per supply. However, these assessments were undocumented, so it was difficult to determine how effective they were.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to provide safe and effective services. Team members work well together. The pharmacy provides appropriate training for new team members, which helps them develop the knowledge needed for their roles.

### Inspector's evidence

The RP, and two trainee dispensers were working during the inspection. One trainee had been working at the pharmacy for three months and had recently been enrolled on appropriate dispenser training course. The superintendent planned to enrol the other trainee, who started two months ago, within the next month. The trainees worked well both independently and collectively. They used their initiative to get on with their assigned roles and did not need constant management or supervision. The pharmacy also employed two delivery drivers.

The team had enough staff members to reasonably managed the workload. It usually had repeat prescription medicines, including those dispensed in compliance packs ready in good time for when people needed them. The pharmacy received its prescriptions via the prescription management and electronic prescription services. Most prescription medicines, including those dispensed in compliance packs, were prepared using automated robotic technology. These systems helped to maintain service efficiency. The pharmacy did not have any official targets for the services it provided.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is generally clean and tidy, and it provides a professional environment for the services it offers. It has suitable facilities to help protect people's privacy. The pharmacy's website contains basic information about the pharmacy and its services, but some details need amending to make sure they are up to date.

### Inspector's evidence

The pharmacy had well-maintained dispensary fittings that were professional in appearance. All areas were generally clean and tidy. The dispensary size and available dispensing bench space was enough for the team to safely prepare medication. There was a separate area used to prepare compliance packs, so there was enough space to provide this service safely. The public did not usually visit the premises. A consultation room was available on entering the front of the premises, so they were unlikely to view any confidential information in the dispensary. The level of hygiene was appropriate for the services provided. Staff could secure the premises from unauthorised access.

The pharmacy's telephone number and basic information about its services were available on the website. People could use an electronic messaging system on the website to communicate with the pharmacy. The pharmacy's website included the owner's address and superintendent's identity, but it did not explain how people could check their registration status. The website had not been updated to include the pharmacy's current address.

## 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 manages them effectively to make sure they are in good condition and suitable to supply.

### Inspector's evidence

The pharmacy operated between 9am to 5pm Monday to Friday.

The pharmacy had written procedures that covered the safe dispensing of higher-risk medicines including anti-coagulants and methotrexate, but not for insulin, lithium, or valproate. The pharmacists were aware of the risks associated with taking valproate and they had checked for any people taking valproate to help identify anyone in the at-risk group. The MHRA approved valproate cards were available but the advice booklets were not available to give anyone in the at-risk group. The RP superintendent provided assurances to inform the team where to obtain the booklets and when to provide them.

The team prompted most people to confirm the repeat prescription medications they required, which helped it limit medication wastage, and so people received their medication on time. The pharmacy automatically requested prescriptions for some patients provided they had signed a written agreement confirming they would contact the pharmacy if they stopped taking their repeat medication. The pharmacy retained records of all the requested prescriptions. So, the team could effectively resolve queries if needed.

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 prescriptions that the GP practice had provided and reduced the risk of it overlooking medication changes. The team also recorded communications about medication queries or changes for people using compliance packs on the electronic patient medication record system, which appeared automatically when a person's record was accessed. These notes were in an unstructured format, so staff members may overlook some relevant information. Compliance packs had a printed front and side images of each medicine inside them. The image resolution was not always sharp enough to see each medication's markings, which could make it more difficult for people to identify them.

Most medicines were assembled using the robot, and the team used baskets to collect them from the robot to separate people's medicines and organise its workload. Staff members permanently marked on part-used medication stock cartons, which helped to make sure they selected the right quantity when dispensing and so people received the right amount of medication.

Over-the-counter (OTC) medicines were available via the website, including pharmacy only products. The website automatically presented the user with a series of questions to make sure the selected medicine was appropriate. People sometimes visited or telephoned the pharmacy to request OTC medicines and the RP approved all OTC sales.

The pharmacy obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers and stored them in an organised manner. The robot's automated systems tidily distributed medicine stock with its storage facility according to its programming. The team suitably secured CDs, quarantined patient returned and date-expired CDs, and it used destruction kits for denaturing unwanted CDs. The pharmacy monitored its refrigerated medication storage temperatures. The team reviewed expiry date reports each week that the robot produced for stock stored within it. These reviews were not documented to support that they had been completed. Records indicated that the team checked expiry dates on the stock stored on the dispensary shelves every six months, which meant there was potentially a risk of medicines becoming short dated or expiring.

The superintendent confirmed that the pharmacy took appropriate action when it received alerts for medicines suspected of not being fit for purpose. It did not keep corresponding records to support this, but the superintendent said they would rectify this. The pharmacy had facilities in place to dispose of obsolete medicines, and these were kept separate from stock.

The delivery driver placed people's medicines at their front door, observed them being collected at a safe distance and they recorded each confirmed supply. They took an image at the delivery address to help confirm that medication had been supplied to the correct address.



## 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. 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 robot had an auto-clean facility which made sure each section where stock was stored within in it was tended to every three months. The robot manufacturers cleaned the robot and replaced servicable parts every six months.

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 it 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.