

Registered pharmacy inspection report

Pharmacy Name: K's Chemist, Ground Floor, Old Bank, 6 Great Clowes Street, Salford, Greater Manchester, M7 1RE

Pharmacy reference: 9011493

Type of pharmacy: Community

Date of inspection: 10/02/2022

Pharmacy context

This is a traditional community pharmacy situated on a main road in a suburban area, serving the local population. It mainly supplies NHS prescription medicines and it manages people's repeat prescriptions. The pharmacy also prepares medicines in weekly compliance packs to help make sure people take them safely and it has a home delivery service. 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
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 adequately manages the risks associated with its services. The pharmacy team follows written instructions to help make sure it provides safe services. The team usually records and reviews its mistakes so that it can learn from them. Pharmacy team members understand their role in securing people's confidential information, and they know how to protect and support vulnerable people.

Inspector's evidence

The pharmacy had some infection control measures. A screen had been installed on the pharmacy's front counter, and hand sanitiser was available for members of the public and staff members. Face masks were available for staff members to use and the public were encouraged to wear one.

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 regular pharmacist and manager, confirmed that staff members had read the latest versions of the procedures that were relevant to them. They had ticked the procedures they had read, but they had not signed or dated them to confirm this, however the RP said they would rectify this.

The dispenser and checker initialled dispensing labels, which helped to clarify who was responsible for each prescription medication the pharmacy supplied. 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. So, they had 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. There was no publicly displayed information on how people could make a complaint, so people may be less confident about raising concerns. The pharmacy had not recently completed a patient survey due to the pandemic.

The RP, who was the regular pharmacist and manager, displayed their RP notice, so the public could identify them. They did not always enter the time they ceased being the RP in the RP log, however they confirmed they would address this.

The pharmacy had professional indemnity insurance for the services it provided. It maintained the records required by law for CD transactions, and it monitored the CD running balances, which helped the team to detect discrepancies. A randomly selected CD running balance was accurate. The pharmacy kept records of the specials medicines it had obtained, but it did not always record the person receiving the supply, which the RP agreed to address.

The RP had completed information governance training. They recalled that staff members had completed confidentiality and data protection training, but they could not find the paperwork that confirmed this. Team members used passwords and their own NHS security cards to access people's electronic data. They securely stored and destroyed confidential material. A privacy notice was publicly displayed, which helped people understand how the pharmacy handled their information. The pharmacy had not completed a data protection audit, so it might miss opportunities to make additional

improvements.

The RP had level two safeguarding accreditation. All the remaining team members had completed level one safeguarding training. The pharmacy did not keep records of the care arrangements for people who received compliance packs, or their next of kin or carers details. This could make it more difficult for the pharmacy team to deal with queries relating to these vulnerable people.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's staff profile and skill mix help it to provide safe and effective services. Team members work well together and qualified staff have the skills necessary for their roles. The pharmacy provides appropriate training for new team members, which helps them develop the knowledge needed to provide the services.

Inspector's evidence

The RP, a dispenser and a medicines counter assistant (MCA) were present during the inspection. The pharmacy also employed two further dispensers, a trainee dispenser and two delivery drivers.

The RP explained that the pharmacy had enough staff members to manage the workload during the pandemic. The team usually had repeat prescription medicines, including those dispensed in compliance packs, ready in good time for when people needed them. The pharmacy received most of its prescriptions via the repeat prescription management and electronic prescription services, which supported maintaining service efficiency. The pharmacy had a low footfall. This helped the team to avoid sustained periods of increased workload pressure and it could promptly serve people.

Staff members 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. They had the necessary skills and they effectively managed the various dispensing services. One of the dispensers provided the compliance pack service under the RP's supervision.

The trainee dispenser had worked at the pharmacy for three months and was due to be enrolled on a training course. The MCA had recently started dispenser training. They confirmed that it was progressing well, and they were receiving the support when needed from the RP. But the MCA had to complete the training outside of working hours because there was not enough quiet time in work to do it.

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.

Inspector's evidence

The pharmacy had well-maintained shop and dispensary fittings that were professional in appearance. All areas were generally clean and tidy. The retail area and front counter could usually accommodate the number of people who presented at the same time. 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 consultation room was accessible from the retail area. It could accommodate two people and was suitably equipped. The dispensary was in a room adjoining the front counter, so any confidential information could not be viewed from the public areas. The premises could be secured to prevent unauthorised access.

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 6pm Monday to Friday. The pharmacy provided NHS COVID-19 lateral flow tests and it had a good supply of so it could provide these when people requested them.

The pharmacy had written procedures that covered the safe dispensing of higher-risk medicines including insulin, anti-coagulants, methotrexate and lithium. The team members had audited any people taking valproate to help identify anyone in the at-risk group. The MHRA approved valproate advice booklets were available to give anyone in the at-risk group.

The team prompted people to confirm the repeat prescription medications they required, which helped it limit medication wastage, so people received their medication on time. In most cases it did not retain the records of these requests but forwarded them on to the GP practice. So, the team could find it difficult to 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. These were noted in an unstructured format, so staff members may overlook some relevant information. The team did not always label compliance packs that it prepared with a description of each medicine inside them, which could make it more difficult for people to identify them.

The team used baskets during the dispensing process to separate people's medicines and organise its workload. Staff left a protruding flap on part-used medication stock cartons, which could easily be overlooked and lead to quantity errors and means people might not receive the right amount of medication.

The pharmacy obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers and stored them in an organised manner. The team suitably secured its CDs, quarantined its date-expired CDs, and it used destruction kits for denaturing CDs. The pharmacy monitored its refrigerated medication storage temperatures. Records confirmed that the team regularly completed medication expiry date checks for the stock up until May 2021. The RP confirmed that CD stock had been regularly date checked every three months since May 2021, but no records had been kept for this period.

The pharmacy took appropriate action when it received alerts for medicines suspected of not being fit for purpose and it kept corresponding records. It 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.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy team has the equipment and facilities that it needs for the services provides. The equipment is appropriately maintained, and the layout and design of the pharmacy protects people's privacy.

Inspector's evidence

Work surfaces, light switches, IT equipment, door handles and telephones were sanitised each working day. 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 RP used the latest copies of the BNF and cBNF to check pharmaceutical information if needed.

The pharmacy had facilities that protected peoples' confidentiality. It viewed people's electronic information on screens not visible from public areas and regularly backed up people's data on its 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.