

Registered pharmacy inspection report

Pharmacy Name: Pelican Pharmacy, Library at 405 Stockport Road, Timperley, Altrincham, Greater Manchester, WA15 7XR

Pharmacy reference: 9011537

Type of pharmacy: Community

Date of inspection: 01/10/2021

Pharmacy context

This medical centre pharmacy is situated on a main road of a suburban residential area, serving the local population. It mainly prepares NHS prescription medicines. Some people receive their medicines in weekly multi-compartment compliance packs to help make sure they take them safely. The pharmacy also has a home delivery service. This inspection was undertaken 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 generally manages the risks associated with its services. The pharmacy team follows written instructions to help make sure it provides safe services. It keeps the records required by law. The team usually records its mistakes so that it can learn from them. 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 appropriate measures in place to protect the public and its staff during the pandemic. A publicly displayed notice reminded people to wear face masks, maintain social distancing, and not to enter the pharmacy if they had any symptoms. A screen had been installed on the front counter and hand sanitiser was available for people and staff. The dispensary size was large enough for the pharmacy team members to keep a safe distance from each other most of the time. Face masks and hand wash were available for team members, and they had been regularly completing COVID-19 lateral flow tests until recently. They had now re-started taking the test because the local infection rate was rising.

The pharmacy had written procedures that included safe dispensing, the responsible pharmacist (RP) regulations and controlled drugs (CD) that had been regularly reviewed and were scheduled to be reviewed again in April 2023. Staff members had read the procedures that were relevant to their role and responsibilities. The dispenser and checker initialled dispensing labels, which helped to clarify who was responsible for each prescription medication they supplied, which assisted with investigating and managing mistakes.

The pharmacy team discussed and addressed any mistakes it identified when dispensing medicines. However, staff did not always record why mistakes happened. So, they could be missing additional opportunities to identify patterns and mitigate risks in the dispensing process.

The superintendent, who was the regular pharmacist, explained that he had clarified to team members how they should handle people's complaints. However, the pharmacy did not have a written procedure for handling complaints, and there was no publicly displayed information explaining how to make a complaint, so people may be less confident about raising concerns. The superintendent said they would address these issues. The pharmacy had not recently completed a patient survey due to the pandemic.

The pharmacy had professional indemnity insurance for the services it provided. The RP displayed their RP notice, so the public could identify them. The pharmacy maintained the records required by law for the RP and CD transactions. The team maintained records for unlicensed medicines that it had ordered and supplied.

Team members had signed a confidentiality agreement and read the pharmacy's data protection policies. They used passwords and their own NHS security cards to access people's electronic data. They securely stored and destroyed confidential material. The pharmacy had not completed a data protection audit, so it might miss opportunities to make improvements. And its privacy policy was not publicly displayed, so people could not easily access this information. The superintendent said that they would address these issues.

The RP had level two safeguarding accreditation, and team members had read the pharmacy's written procedures on safeguarding. The team informally assessed whether people using a compliance pack should be limited to seven days' medication per supply. New patients were generally only provided this service if they needed to be kept to a seven-day supply. The pharmacy kept records of the care arrangements for these people, which included their next of kin and carer's details.

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. New team members have access to appropriate support for their training and development.

Inspector's evidence

The staff present included the RP, one dispenser, one trainee dispenser, and a trainee pharmacist. The other team member who was not present included a trainee dispenser, and the pharmacy also employed two delivery drivers.

The pharmacy had enough staff to comfortably manage its workload. The trainee dispensers had been recruited to help manage the anticipated increased workload when the medical centre opened. 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 electronic prescription service, and it 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. They used their initiative to get on with their assigned roles and required minimal supervision. They effectively oversaw the various dispensing services and had the skills necessary to provide them. The dispensers shared the responsibility for maintaining the compliance pack service.

The trainee pharmacist, who started working at the pharmacy in August 2021, had some pharmacy experience. They expressed that their training was progressing positively, and they were likely to do well at their first review. They felt the RP, who was their designated supervisor, supported them when they need guidance. The two trainee dispensers, who both started working at the pharmacy in March 2021, had recently started their apprentice training course in September 2021. The RP explained that both trainees' skills and knowledge had progressed significantly prior to them starting their training course.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean, secure and spacious enough for the pharmacy's services. It has consultation rooms, so members of the public can have confidential conversations and maintain their privacy.

Inspector's evidence

The pharmacy transferred from another site into these new purpose-built premises in April 2021. It had well-maintained shop and dispensary fittings that were professional in appearance. All areas were generally clean and tidy. The large retail area and long front counter could usually accommodate the typical maximum number of people who presented at the same time. The relatively large dispensary and available dispensing bench space was enough to safely prepare medication given the prescription volume, and to accommodate three staff members. The area used to prepare compliance packs had enough space to provide this service safely.

Both consultation rooms were accessible from the retail area. They could accommodate two people and were suitably equipped. The dispensary was set back from the front counter, which meant it was difficult to view any confidential information from the public areas.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are suitably effective, which helps to make sure people receive safe services. It gets its medicines from licensed suppliers and generally manages them effectively to make sure they are in good condition and suitable to supply.

Inspector's evidence

The pharmacy operated between 9am to 5.30pm Monday to Friday. It had step-free public access and the team could see and assist people who needed help entering the premises.

When assembling and handing out prescription medicines, the superintendent explained that the team checked if people taking methotrexate had a recent blood test, understood their weekly dose, and were taking folic acid. The team usually checked if compliance pack users taking anti-coagulants had a recent blood test, but similar checks were not completed for other people. The pharmacy had not supplied any people taking valproate who were in the at-risk group. It had patient advice cards that accompanied this medication, but it did not have the MHRA approved advice booklets. The pharmacy did not have the emergency cards for people taking steroids to carry or have written procedures that covered the safe dispensing of higher-risk medicines. The superintendent confirmed that they would address all these issues to make sure that all people taking high-risk medicines received the right information.

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 also kept written communications about medication queries or changes for people using compliance packs. This helped it effectively query differences between its records and prescriptions with the GP practice, and reduced the risk of it overlooking any medication changes

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 it had kits for denaturing them. The team left a protruding flap on part-used medication stock cartons, which could be overlooked and lead to people receiving the incorrect medication quantity.

The team suitably monitored the medication refrigerator storage temperatures. Staff had regularly checked stock expiry dates every three months until March 2021. The superintendent agreed that the date checking routine would resume shortly.

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

The team used an alpha-numeric system to store patient's bags of dispensed medication, which meant it could efficiently retrieve people's medicines when needed. The delivery driver wore a mask and used hand sanitiser when they delivered medication. They placed people's medicines at their front door, observed them being collected at a safe distance and they reported any unsuccessful supplies where there was no-one at the delivery address.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment that it needs to provide its services effectively. And it has the facilities to secure people's information.

Inspector's evidence

During the pandemic the team sanitised the IT equipment, telephones, door handles and light switches regularly throughout the working day. Work surfaces were cleaned weekly. 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. 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. Staff used the latest versions of the BNF and cBNF to check pharmaceutical information if needed.

The team 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 patient medication record (PMR) system. So, it secured people's electronic information and could retrieve their data if the PMR system failed. And it 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.