

Registered pharmacy inspection report

Pharmacy Name: Market Street Pharmacy, 95 Market Street,
Droylsden, Manchester, Greater Manchester, M43 6DD

Pharmacy reference: 9011889

Type of pharmacy: Closed

Date of inspection: 05/06/2023

Pharmacy context

This pharmacy first opened in August 2022. It is located in a closed unit on a main road in the town centre. The pharmacy dispenses NHS prescriptions which it delivers to people in the local area. It is not generally accessible to members of the public, unless people are receiving additional service such as vaccinations or blood pressure checks. It supplies some medicines in multi-compartment compliance aid packs to help people take their medicines at the right time.

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 risks, and it takes some action to improve patient safety. It has written procedures on keeping people's private information safe and protecting the welfare of vulnerable people. The pharmacy team keeps the records required by law, but these are not always well maintained, and some details are missing. This could make it harder to understand what has happened if queries arise.

Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) for most of the services it provided. The SOPs had signatures showing which members of the pharmacy team had read and accepted them. The qualified dispenser had not signed to indicate that he had read the SOPs, but he confirmed that he had read and understood them. The pharmacist superintendent (SI) was working as the responsible pharmacist (RP). He had not displayed an RP notice, which was not in line with RP regulations or the RP SOP. He displayed a notice when this was pointed out to him.

There was a dispensing error and near miss SOP. The pharmacy team recorded near misses on a log. The SI explained that he reviewed them and discussed them with the team, although he didn't generally record actions taken as a result. This means the team may be missing out on some learning opportunities. The SI described changes which the team had made, such as rearranging the pharmacy stock to create more space and introducing partitions between some of the medicines. This had improved the organisation in the dispensary and reduced the risk of picking errors. The SI said there hadn't been any dispensing errors, but he would investigate any which occurred and report them on the National Reporting and Learning System website.

There was a complaints SOP. The pharmacy's contact details and links to social media were on the pharmacy's website. But there was nothing outlining the pharmacy's complaints policy, so people might not know how to raise a concern or provide feedback. One of the trainee dispensers described how she would deal with a customer complaint received by telephone, and how she would refer it to the pharmacist.

Insurance arrangements were in place. A current certificate of professional indemnity insurance was available. Private prescription and emergency supply records were maintained electronically and appeared to be in order. The controlled drug (CD) registers were electronic. Records of CD running balances were kept, but these were not regularly audited, so any discrepancies might not be promptly identified. Two CD balances were checked and found to be correct. The pharmacy team were not clear where to record patient returned CDs. The SI confirmed none had been returned yet, but said that they could be recorded as part of the electronic CD registers. There was a denaturing kit available for the destruction of patient returned CDs. The RP log was electronic, but it was incomplete and inaccurate, so it did not provide a reliable record. The RP had not recorded the time they had ceased their duties on most of the entries, and absences were not usually recorded. The RP log indicated that the RP had commenced their duties at 9am on the day of the inspection, but they did not arrive at the pharmacy till later that morning. The trainee dispensers were not clear if he had signed in as RP at 9am or not, which meant they might have carried out activities which required an RP to be signed in. The SI thought

that the 'sign in' had occurred automatically. He said he would start to use a written record, rather than the electronic one, so he had better control of it.

There was an information governance (IG) SOP which included information about confidentiality. Confidential waste was collected in a designated place and shredded on site. One of the trainee dispensers had a basic understanding about confidentiality and correctly described the difference between confidential and general waste. He explained that he had done some training on the General Data Protection Regulation.

The SI had completed level 2 training on safeguarding. He explained that he had discussed safeguarding with the pharmacy team, although he hadn't made a record of this training. One of the trainee dispensers said she would voice any concerns regarding children and vulnerable adults to the SI. The pharmacy had a safeguarding SOP and safeguarding guidance. The contact numbers of who to report safeguarding concerns to in the local area had not been completed, which might cause a delay in the event of an incident which needed to be reported. There was nothing on display highlighting that the pharmacy had a chaperone policy, so people visiting the pharmacy and using the consultation room for services such as blood pressure checks might not realise this was an option. The SI said he would display a notice and make people aware of this option going forward. The pharmacy team was aware of the 'Safe Space' initiative, where pharmacies were providing a safe space for victims of domestic abuse and had received training on it. The SI said that although the pharmacy was generally closed to the public, he would allow people to use the consultation room if they required a safe space.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members have the appropriate training for the jobs they do. They are comfortable providing feedback to their manager and they receive informal feedback about their own performance. The pharmacy team has opportunities to discuss issues informally. But these discussions are not always recorded, so the pharmacy may not always act on any issues raised.

Inspector's evidence

There was a pharmacist (SI), an NVQ2 qualified dispenser (or equivalent) and two trainee dispensers on duty at the time of the inspection. The staffing level was adequate for the volume of work during the inspection and the team were observed working collaboratively with each other. Absences were covered by re-arranging the staff hours. The SI could request staff from another local pharmacy, which the SI and dispenser had close contacts with, if necessary. There was a delivery driver on the pharmacy team and the pharmacy was currently recruiting additional staff.

The qualified dispenser was experienced and explained that his role was to help train the trainee dispensers. One of the trainee dispensers was on an accredited dispensing assistant course. She was provided with training time at quiet times of the day and shared some of her knowledge with the other trainee dispenser who had not yet started a course. The SI confirmed that he would be enrolled once he had completed his first three months in the role. Team members received training from other sources and had completed courses on infection prevention and control, and antibiotic stewardship. Some members of the team were antibiotic guardians. The SI had completed recent training on sepsis, domestic abuse, cancer, risk management, inhaler technique and weight management.

The pharmacy team received feedback informally from the pharmacy manager and issues were discussed as they arose, but these discussions were not recorded. One of the trainee dispensers said that she would feel comfortable talking to the SI about any concerns she might have and was comfortable admitting her errors. The pharmacy did not have a whistleblowing policy, but the SI said this was something he would organise. The team were not under pressure to achieve any targets and financial incentives were not in place.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a suitable environment for the provision of healthcare services. It has a private consultation room that enables people with the opportunity to receive services in private and have confidential conversations with members of the pharmacy team.

Inspector's evidence

The pharmacy premises were clean and in a reasonable state of repair. The temperature and lighting were adequately controlled. The pharmacy had been recently fitted out and the fixtures and fittings were in good order. Maintenance problems were reported to the landlord. For example, there was a slight water leak which was being dealt with at the time of the inspection. There was a small stockroom where excess stock was stored. Staff facilities included a small kitchen and a WC, with a wash hand basin and hand wash. There was a separate dispensary sink for medicines preparation with hot and cold running water. The consultation room was uncluttered, clean and professional in appearance. This room was used when carrying out services such as blood pressure testing and vaccination. The pharmacy had a website (www.marketstreetpharmacy.co.uk) which gave some general information about the pharmacy and its services, enabling people to make an informed decision about their care.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers healthcare services which are generally well managed, and people receive appropriate care. It gets its medicines from licensed suppliers and the team carries out some checks to ensure medicines are in suitable condition to supply. But the lack of clear audit trails when delivering medicines to people's homes, may make it harder for the team to deal with any queries or problems that arise. And the pharmacy team could improve the way it stores and manage some of its medicines to ensure they are secure and fit for use.

Inspector's evidence

People could communicate with the pharmacist and staff via the telephone, by email or via the pharmacy's website. Services provided by the pharmacy were advertised on the pharmacy's website and in the window of the pharmacy. The team signposted people to other services not provided by the pharmacy. But this was not always recorded, so it was difficult for staff to remember examples of improved patient outcomes.

There was a home delivery service. Team members were not following the delivery SOP and maintaining a robust audit trail for all deliveries. They did not routinely make records or get signatures unless the medicine was a controlled drug, so it might be difficult to deal with any queries or problems that arise. The SI said they were looking to introduce a delivery App which would allow all deliveries to be recorded and tracked. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy.

Space was adequate in the dispensary, and the workflow was organised into separate areas with a designated checking area. The dispensary shelves were well organised, neat, and tidy. Dispensed by and checked by boxes were generally initialled on the medication labels to provide an audit trail. Different coloured baskets were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up. The baskets were stacked to make more bench space available.

Stickers were put on assembled prescription bags to indicate when a fridge line or CD was prescribed. 'Pharmacist' stickers were used to highlight when counselling was required. The team were aware of the valproate pregnancy prevention programme. An audit had been carried out and one person in the at-risk group had been identified. The SI confirmed that he had had a discussion with them and provided additional information about the risks and the requirement for pregnancy prevention. And the valproate information pack and care cards were available to ensure people in the at-risk group were given the appropriate information and counselling.

Medicines were supplied in multi-compartment compliance aid packs for some people. There were ten people who received their medication weekly, and the others received their packs monthly. The weekly packs were often assembled in advance of the prescription and were stored unlabelled until the prescription was received. This was not in line with the labelling requirements and increased the risk of error. There was a partial audit trail for changes to medication in the packs, but it was not always clear who had confirmed these and the date the changes had been made, which could cause confusion when assembling packs. The SI could not locate a SOP for multi-compartment compliance-aid packs but said

he would review the procedure and ensure there was a SOP in place for the team to follow. Disposable equipment was used. An assessment was made by the pharmacist for new people requesting a compliance aid pack, as to the appropriateness of a pack, or if other adjustments might be more appropriate to their needs. Consent was requested to access Summary Care Records (SCR) as part of the process when a patient was initiated on packs, so the pharmacist had the required clinical information for the initial set up of the pack.

CDs were stored in a CD cabinet which was securely fixed to the wall. Recognised licensed wholesalers were used to obtain stock medicines and appropriate records were maintained for medicines ordered from 'Specials.' Medicines were stored at an appropriate temperature. They were generally stored in their original containers, but there were a few pots which contained loose tablets and capsules which had been removed from their original packaging and did not contain their batch number or expiry date. One bottle contained three different strengths of levothyroxine. They were removed from the dispensary shelves for destruction when this was pointed out. Date checking was carried out, but this was not always documented. Short-dated stock was highlighted. Dates had not been added to some opened liquids with limited stability. The SI said they had been opened less than a week ago and would be used before they expired, but he agreed to ensure the bottles were dated when opened in future. Expired and unwanted medicines were segregated and placed in designated bins.

Alerts and recalls were received via email messages. If relevant to the pharmacy these were read and acted on by a member of the pharmacy team. A copy was generally retained in the pharmacy with a record of the action taken, so the team were able to respond to queries and provide assurance that the appropriate action had been taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have access to the equipment and facilities they need for the services they provide. They maintain the equipment so that it is safe to use.

Inspector's evidence

The pharmacist could access the internet for the most up-to-date information. The SI said he used the electronic British National Formulary (BNF) and BNF for children as these were freely available. There was a clean medical fridge for storing medicines. The minimum and maximum temperatures were being recorded regularly and had been within range throughout the month. All electrical equipment appeared to be in good working order and had been PAT tested. Patient medication records (PMRs) were password protected. There was a selection of clean glass liquid measures with British standard and crown marks. The pharmacy had a range of clean equipment for counting loose tablets and capsules, and there was a separate labelled tablet triangle that was used for cytotoxic drugs. Medicine containers were appropriately capped to prevent contamination. A small number of vaccinations had been administered in the consultation room which contained a sharps bin and anaphylactic kits.

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.