

Registered pharmacy inspection report

Pharmacy Name: Wise Pharmacy, 200 City Road, Hulme,
Manchester, Greater Manchester, M15 4EA

Pharmacy reference: 9012062

Type of pharmacy: Community

Date of inspection: 16/02/2024

Pharmacy context

This community pharmacy is situated next to a GP practice in a suburban residential area, serving the local population. It mainly prepares NHS prescription medicines. The pharmacy orders people's repeat prescriptions on their behalf. And it provides the NHS emergency hormonal contraception (EHC) service.

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 team follows written instructions to help make sure it provides safe services.. Pharmacy team members receive training on protecting people's information, and they understand their role in supporting vulnerable people. And the pharmacy keeps the records it needs to by law. The team does not always review and record its mistakes, which means it may miss opportunities to learn from them.

Inspector's evidence

The pharmacy had written procedures that were issued in April 2022 and due for review in April 2024. These covered safe dispensing, the responsible pharmacist (RP) regulations and controlled drugs (CDs). Records indicated that staff members had read and understood the procedures relevant to their roles and responsibilities.

The dispenser and/or checker did not always initial dispensing labels when assembling prescription medicines that the pharmacy supplied. This meant the team could find it harder to identify who was responsible for each prescription medication supplied, or investigate and manage mistakes.

The RP, who was the regular pharmacist described the process for handling mistakes, which included the team discussing and recording the error. But they were unable to locate the records of mistakes identified when preparing prescription medicines. They recalled that the last known mistake and record the pharmacy team made was in July 2023. This suggested more recent mistakes had not been recorded. The team demonstrated a new online recording system for mistakes that the pharmacy's head office had issued the previous week which they intended to use moving forward.

The pharmacy had written complaint handling procedures, so staff members knew how to respond to any concerns. There was no publicly displayed information explaining how people could make a complaint, so people may feel less encouraged to raise a concern. The pharmacy had not completed a patient survey for several years.

The pharmacy had professional indemnity cover for the services it provided. The RP displayed their RP notice so the public could identify them. The pharmacy kept records of the RP in charge of the pharmacy, as required by law. It maintained appropriate records for the EHC service.

A randomly selected CD register indicated that the pharmacy kept records for CD transactions, as required by law. The team kept records of when it checked a CD running balance. But these checks were infrequent, which may delay it identifying any discrepancies. The pharmacy had a system for recording CDs returned to the pharmacy for safe disposal.

Team members had completed training on protecting patient information, and they secured and followed arrangements for destroying confidential papers. The pharmacy made sure team members each had their own security card and passwords to access NHS electronic patient data access. It maintained records to show it had explained to people who used the EHC service how it protected their confidentiality. There was no publicly displayed information about the pharmacy's privacy notice, which made it more difficult for people to find out about its policies on protecting their data.

The RP had level two safeguarding accreditation, and staff members had completed NHS safeguarding

training. The pharmacy had the local authority's safeguarding policy and procedures and contact details.

The team liaised with the local GP practice about new patients who needed the compliance pack service, which included assessing whether they needed to be limited to seven day's medication per supply to avoid them becoming confused. However, it did not make corresponding records of these discussions to support this.

The pharmacy kept records of the care arrangements for some people using compliance packs, including their next of kin's or carer's details and any special arrangements about who collected and when to supply their medication. This meant the team members had easy access to this information if they needed it urgently.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide safe and effective services. Team members work well together, and they have the qualifications and skills necessary for their roles.

Inspector's evidence

The staff present included the RP, who was the regular pharmacist, and a dispenser. The dispenser also delivered medication during the lunch period when the pharmacy was closed. The pharmacy had enough staff to comfortably manage its workload. The team usually had repeat prescription medicines ready on time. The pharmacy's footfall was minimal. Staff worked well both independently and collectively and they used their initiative to get on with their assigned roles and required minimal supervision. The team did not have any formal targets for the volume of services provided.

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 modern purpose-built unit. The level of cleanliness was appropriate for the services provided. Shop and dispensary fittings were suitably maintained. The retail area and counter could accommodate the maximum number of people who usually presented at any one time. The premises had enough space so that the staff could dispense medicines safely.

The team could secure the pharmacy to prevent unauthorised access. The consultation room provided the privacy necessary to enable confidential discussion. But its availability was not prominently advertised, so people may not always be aware of this facility.

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 opened on weekdays 9am to 6pm. It closed at lunchtime between 1pm to 2pm. The premises had a step-free entrance and staff members could see anyone who needed assistance entering the pharmacy.

The pharmacy had written procedures that covered the safe dispensing of higher risk medicines including anti-coagulants, methotrexate, lithium. It did not have a written procedure for valproate, but staff members had read the MHRA issued patient pregnancy prevention guide on valproate. The RP understood that that people at risk prescribed valproate should consult their GP if they were planning to become pregnant. But they were unaware that they should check that two specialists had agreed valproate treatment for these people, and that they should receive an annual specialist review to reassess the need for valproate therapy and consider alternative treatment options as recommended under MHRA guidance. The RP agreed to complete some learning to address this.

The pharmacy had checked if it had people at risk prescribed valproate, and it only supplied this medication sealed in the original packaging. The pharmacy had the advice guides which should be given to anyone receiving valproate for the first time, as stated under MHRA guidance. Valproate stock had the MHRA approved advice cards for people in the at-risk group attached, and the RP knew to avoid covering this card with a dispensing label.

The pharmacy kept records of verbal communications about medication queries or any changes for people using compliance packs. Descriptions for different medicines contained inside each compliance pack were not included with them, which may make it more difficult for people to identify them.

The RP explained that the dispenser usually prepared prescriptions medicines and they checked them. They stated that on the few occasions they checked medicines they had prepared the RP left a significant period between these steps. This helped to make sure any mistakes are identified before supplying medication.

The team prompted people to confirm the repeat prescription medications they required, which helped the pharmacy limit medication wastage, and so people received their medication on time. The pharmacy retained records of the requested prescriptions. This meant the team could effectively resolve queries if needed.

Pharmacy team members understood what questions to ask people when selling medicines to makes sure requests were appropriate. They were trained to refuse to sell over the counter (OTC) codeine-based pain relief medication to some people who repeatedly requested these products, and they advised them to consult their GP.

The team used baskets during the dispensing process to separate people's medicines and help organise

its workload. The team usually left a protruding flap on medication stock cartons to signify they were part-used. This might be easily overlooked and could increase the risk of not selecting the right quantity when dispensing and supplying medication.

The pharmacy obtained its medicines from a range of MHRA licensed pharmaceutical wholesalers and stored them in an organised manner. The pharmacy had a suitably secured CD cabinet. It quarantined obsolete CDs, and it used destruction kits for denaturing unwanted CDs. Team members monitored and recorded the refrigerated medication storage temperatures.

Records indicated that the pharmacy last completed a full stock expiry date check in July 2023. Staff members explained that they had recently date checked some dispensary stock, but they had not made any corresponding records that supported this. Most randomly selected stock had a reasonably long shelf life. But several refrigerated prescription medication stock items had expired in 2021 and October 2023. Some over the counter and dispensary stock items were due to expire in the forthcoming months. There were some tablet or capsule blisters with no identifiable batch number or expiry date. Team members subsequently started to dispose of these and agreed to check stock expiry dates every three months, as stated in the pharmacy's written procedures.

The team had an alphabetical storage system for people's bags of prescription medication. This meant it could quickly retrieve people's medicines when needed. The pharmacy took appropriate action when it received alerts for medicines suspected of not being fit for purpose, but it did not keep supporting records that confirmed this. The team had facilities in place to dispose of obsolete medicines, and these were kept separate from stock.

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 pharmacy team kept the dispensary sink clean and it had hot and cold running water and hand-sanitiser. The team had a range of clean measures. So, it had the equipment 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 had access to the British National Formulary (BNF) online, which meant it could refer to pharmaceutical information if needed.

The pharmacy 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 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.