

Registered pharmacy inspection report

Pharmacy Name: Bredbury Pharmacy, 238-240, Stockport Road, Bredbury, Stockport, Greater Manchester, SK6 2AN

Pharmacy reference: 9012147

Type of pharmacy: Community

Date of inspection: 23/02/2024

Pharmacy context

This is a traditional community pharmacy, situated in a suburban residential area, serving the local population. It mainly supplies NHS prescription medicines. Some people receive their medicines in weekly multi-compartment compliance packs to help make sure they take them safely.

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. The team reviews its mistakes which helps it to learn from them. Pharmacy team members receive training on protecting people's information, and they understand their role in protecting and supporting vulnerable people. And the pharmacy keeps the records it needs to by law.

Inspector's evidence

The pharmacy had written procedures that were regularly reviewed. These covered safe dispensing, the responsible pharmacist (RP) regulations safe dispensing including controlled drugs (CDs). But procedures did not cover reporting of CD concerns. So, the pharmacy may miss opportunities to access support and share learning from incidents. The RP, who was the superintendent pharmacist, confirmed that staff members had read all the procedures relevant to their roles and responsibilities, but not all of them had signed to declare this.

The dispenser or checker did not always initial the dispensing labels for prescription medicines that the pharmacy had prepared. This may lead to difficulties clarifying who was responsible for each prescription medication supplied when investigating and managing mistakes.

The pharmacy had written procedures for handling mistakes. The team recorded mistakes it identified when dispensing medicines, and it addressed each of these incidents as they arose. The team members reviewed these records collectively each month, so they could consider learning points. But the records rarely included details indicating why the team thought each mistake happened. So, the team could miss additional opportunities to identify trends and mitigate risks in the dispensing process.

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 since the pandemic.

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.

A randomly selected electronic CD register indicated that the pharmacy maintained records for CD transactions, as required by law. The team regularly checked its CD running balances. One randomly selected balance was found to be accurate. But the team did not always record these checks, which meant the pharmacy might have difficulties addressing any discrepancies. Records of CDs returned to the pharmacy for safe disposal were kept.

Team members had completed training on protecting patient information, and they secured and destroyed any confidential papers. Each team member used their own security card and passwords to access NHS electronic patient data. 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 a level two safeguarding qualification. Staff members had completed basic training on identifying and handling safeguarding concerns. The pharmacy had access to the local authority's safeguarding policy and procedures and contact details.

The team informally assessed 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 assessments to support this.

The pharmacy kept records of the care arrangements for 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 provided cover on one weekday and the senior dispenser. The pharmacy's other staff included the regular locum pharmacist who worked four weekdays, a regular locum pharmacist who covered Saturdays, and two trainee dispensers. Both trainees had worked at the pharmacy for two months. One of them was completing a dual medicine counter assistant and dispenser apprentice course. The superintendent explained that they planned to enrol the other trainee, who was an overseas qualified doctor, on a dispenser qualification course shortly.

The pharmacy had enough staff to comfortably manage its workload. The team usually had repeat prescription medicines ready on time, including compliance packs. The footfall was steady, so the team avoided sustained periods of increased workload pressure and it could promptly serve people. The RP was available to provide additional pharmacist cover when needed.

Staff worked well both independently and collectively. They used their initiative to get on with their assigned roles and required minimal supervision. And they effectively oversaw the various dispensing services and had the skills necessary to provide them. The senior dispenser was qualified and managed the compliance pack service under the pharmacist's supervision.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean, secure and suitable for delivering 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 modernised retail unit. The level of cleanliness was appropriate for the services provided. The shop and dispensary fittings were suitably maintained. The retail area and counter could accommodate the number of people who usually presented at any one time. The dispensary and the separate compliance pack area provided enough space for the volume and nature of the pharmacy's services.

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

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 from 9am to 6.30pm and Saturday 9am to 2pm. The premises had a low step 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, and lithium. It did not have written procedures for valproate, but staff members had read the recently updated MHRA guidance. The team had recently checked for any people at risk who were prescribed valproate, and it only supplied this medication sealed in the original packaging. Staff avoided obscuring the valproate card attached to the packaging when preparing them for supply. Valproate stock had the MHRA approved advice cards for people in the at-risk group attached. Staff members could not recall whether they checked that at-risk patients prescribed valproate have had their annual specialist review. But the pharmacy agreed to review its procedures to make sure this was included.

The team had a scheduling system to make sure people received their compliance pack on time. It kept a record of people's current compliance pack medication that also stated the time of day they were to take them. This helped it effectively query differences between the record and prescriptions with the GP surgery and reduced the risk of it overlooking medication changes. The pharmacy also kept records of verbal communications about medication queries or any changes for people using compliance packs.

The team kept a record of people's current compliance pack medication that also stated the time of day they were to take them. This helped it effectively query differences between the record and prescriptions with the GP surgery and reduced the risk of it overlooking medication changes. The pharmacy also kept records of verbal communications about medication queries or any changes for people using compliance packs. The team did not always include descriptions of each medicine contained inside each compliance pack, which may make it more difficult for people to identify them.

The team informed people if there was a long-term shortage for their prescription medication, and it suggested an alternative to the person's GP. These arrangements helped to make sure people maintained their treatment. The pharmacy routinely recorded all owed medicines on the patient's medication record, which helped to manage this.

Pharmacy team members understood what questions to ask people when selling medicines to make sure requests were appropriate. This included refusing to sell over the counter (OTC) medication to 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 left a protruding flap, but it did not always leave a permanent mark 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 suitably secured its CD stock. It quarantined obsolete CDs, and it used destruction kits for denaturing unwanted CDs. Team members monitored and recorded the refrigerated medication storage temperatures to make sure they were suitable for the storage of medicines.

Records indicated that the team had recently checked all the stock expiry dates. Staff members explained that they had completed and recorded stock expiry date checks three times in the last six months, but they were unable to locate these records. The team marked short-dated stock and quarantined medicines one month before they expired. Several randomly selected dispensary stock had a reasonably long shelf life.

The team had an efficient alphabetical storage system for people's bags of dispensed medication. This meant it could quickly retrieve people's medicines when needed.

Records indicated that the pharmacy took appropriate action when it received alerts for medicines suspected of not being fit for purpose. But it did not always take this action promptly, so the team may delay quarantining unsuitable medication. The superintendent pharmacist agreed to address 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 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. The team had access to the British National Formulary (BNF) online, which meant it could refer to pharmaceutical information if needed.

The team had facilities that protected people's 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.