

# Registered pharmacy inspection report

**Pharmacy Name:** A-Z Chemist, 35 Hankinson Way, Salford, Greater Manchester, M6 5JA

**Pharmacy reference:** 9012328

**Type of pharmacy:** Internet

**Date of inspection:** 02/12/2024

## Pharmacy context

This is a distance-selling pharmacy operating from a retail unit on a shopping parade. The pharmacy dispenses NHS prescriptions and some people receive their medicines in multi-compartment compliance packs to help make sure they take them safely. The pharmacy delivers medicines to people in the local area. It has a website (<https://a-zchemist.co.uk>) which provides information about the pharmacy.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy manages risks to make sure its services are safe. Team members discuss and learn from any mistakes they make. And they are clear about their roles and responsibilities to help make sure they provide services safely. Team members keep people's private information secure, and they know how to help protect the welfare of vulnerable people.

### Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in the dispensary which all members of the team had signed and dated to confirm they had read and understood. The SOPs had been recently prepared as the pharmacy had only opened recently within the last year. The superintendent (SI) explained that he intended to review SOPs periodically or sooner if an incident occurs.

The SOPs defined the team members' roles and responsibilities. Team members explained their main responsibilities and worked with their capabilities. The responsible pharmacist (RP) notice was visible and identified the pharmacist on duty. The pharmacy team members understood what they could and couldn't do in the absence of the RP.

The pharmacy team members highlighted and recorded mistakes identified and made during the dispensing process, also known as near misses. And they investigated and recorded mistakes that were identified after a person received their medicine, known as dispensing errors. Team members discussed any mistakes made and why they may have happened. They used the learning from these events to make changes to prevent the same mistakes happening again. The pharmacy manager regularly discussed errors with the team, to learn from them. For example, the team members had separated medicines that looked alike or had similar names and separated them to prevent the wrong medicine from being selected.

The pharmacy had a documented procedure to manage complaints and for reporting. The pharmacy team members clearly understood how to deal with people's feedback. However, there wasn't a section on the website to inform people how to provide feedback or complain. The dispenser described how they would try and resolve the complaint and if they couldn't do so over the phone, they would signpost people by giving them the superintendent's contact details.

The pharmacy had up-to-date professional indemnity insurance. The pharmacy team maintained appropriate records including controlled drug (CD) registers, RP records and private prescriptions records. The pharmacy kept running balances in all CD registers, and these were audited against the physical stock on a regular basis. The running balances of three medicines were checked against the physical stock and they were all found to be correct. Records for private prescriptions and emergency supplies were recorded manually, in date order. The pharmacy retained unlicensed specials invoices and the certificate of conformity; these included details of the prescriber and the person receiving the medicine.

The pharmacy had information governance policies and team members understood the principles of data protection and confidentiality. The pharmacy stored confidential information securely and

separated confidential waste prior to collection and disposal by a licensed contractor. The RP had completed level 3 safeguarding. Although they had not had to report a safeguarding concern, pharmacy team members clearly explained different safeguarding scenarios and how they would report them. Details for local support agencies were available in the dispensary so concerns could be reported promptly.

## 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

At the time of inspection, the pharmacy team members present were the regular pharmacist (who was the RP), and three dispensers. There were three members of the team not present on the day of which there was a trainee dispenser, a dispenser and a delivery driver. The pharmacy was busy with a large volume of NHS prescriptions dispensed.

The team coped with their workload during the inspection and worked well together. The pharmacy team members felt the branch was adequately staffed and workload was manageable. The pharmacist tried to make sure there was always three members of the team working with him.

The pharmacy team members were up to date with their training. Appraisals were planned to be conducted once a year and regular informal huddles occurred to communicate the latest and relevant information. The pharmacy had targets in place, and team members worked towards them and did not feel they were pressured in achieving them. The team members were aware of the whistleblowing policy and knew what to do in the event of needing to raise a concern.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are clean, secure and suitable for the pharmacy's services. The pharmacy's website provides general information about its services and how to access them.

### Inspector's evidence

The pharmacy premises were clean, organised, adequately maintained and the passageways were generally free of clutter and obstruction. There was enough space to carry out dispensing tasks safely. The dispensary, benches and prescription storage areas were reasonably well-organised.

The pharmacy had two private consultation room available, and it was kept locked when not in use. The room had enough space for people to access services and private conversations couldn't be heard from outside. The pharmacy had a first-floor which pharmacy team members mainly used to assemble multi-compartment compliance packs for care homes. There was a clean, well-maintained sink in the dispensary used for medicines preparation.

There were toilets with a sink which provided hot and cold running water and other facilities for hand washing. The staff facilities area was clean and there was a sink providing hot and cold water. The levels of ventilation and lighting were seen to be appropriate. The premises were protected against 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 operated Monday to Friday 9am to 6pm and people could not visit the pharmacy in person. They could access the pharmacy team and pharmacy services through use of a telephone number and its website.

The pharmacy offered a range of services including delivery of medicines, providing multi-compartment compliance packs to people who need them, repeat prescription service and the New Medicines Service (NMS). These were advertised on the pharmacy's website with details on how to request such services. They also advertised the NHS Pharmacy First service outside of the pharmacy but the owner explained they haven't done much of this service.

The pharmacy had a clear flow for dispensing and checking activities. Dispensing audit trails were maintained to help identify who was involved in the dispensing, checking and handing out of prescriptions. Additional notes were added to the patient medication record (PMR) as appropriate. Baskets were used during the dispensing process to isolate individual people's medicines and to help prevent them becoming mixed up.

The pharmacy supplied medicines in multi-compartment compliance packs to around 100 people. One of the dispensers was responsible for ordering people's prescriptions. She ordered the prescriptions in advance to allow time to resolve queries and dispense the medication. The pharmacy attached backing sheets to the packs, so people had written instructions about how to take their medicines. Pharmacy team members included descriptions of what the medicines looked like, so they could be identified in the pack. And they provided people with patient information leaflets about their medicines each month. Pharmacy team members documented any changes to medicines provided in packs on the person's master record sheet, which was a record of all their medicines and where they were placed in the packs. And on their electronic PMR. There was a home delivery service with an associated audit trail. Each delivery was recorded, and a signature was obtained from the recipient. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy.

The pharmacy team kept higher-risk medicines such as methotrexate in a separate area in the dispensary. The team members were aware of the criteria of the valproate Pregnancy Prevention Programme and would highlight any people who might need additional information to the pharmacist. The pharmacist counselled people receiving prescriptions for valproate if appropriate and they checked if the person was aware of the risks if they became pregnant while taking the medicine. Valproate stock had the MHRA approved advice cards for people in the at-risk group attached. Team members supplied valproate sealed in the original packaging unless otherwise appropriate.

The pharmacy obtained medicines from licensed wholesalers and stored them on the shelves. It kept all stock in restricted areas of the premises where necessary. The pharmacy had medicinal waste bins to

store out-of-date stock and patient-returned medication. It stored out-of-date and patient-returned CDs separate from in-date stock and the pharmacy kept its CDs securely. Pharmacy team members had a robust system in place to check medicine expiry dates three months. A short-dated sticker was attached to these medicines that were due to expire within three months. Liquid medicines were annotated with the date opened to help make sure they remained safe to supply. No out-of-date medicines were found after a random check of around 30 selected medicines. The team monitored the minimum and maximum temperature of the medicine's fridge daily and the records seen were within acceptable limits.

The pharmacy received alerts about medicines and medical devices from the Medicines and Healthcare Products Regulatory Agency (MHRA) via email. The RP said they would action any alerts and inform staff if any actions were needed. There was a clear audit trail of the alerts being actioned and they were up to date.



## 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 had a range of validated measuring cylinders for measuring liquid medicines. These were cleaned after use and stored appropriately. There were tablet counters available and separate equipment was used for cytotoxic and non-cytotoxic medicines.

The pharmacy team had access to appropriate, up to-date reference sources online and via mobile apps to help them with their roles, including the BNF and BNF for Children. The pharmacy had internet access. And the single computer terminal in the pharmacy was sufficient for the current workload to be completed safely. The pharmacy had a telephone to answer calls from people using the pharmacy. NHS smartcards were used by people to whom they belonged.

### 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.