General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: KPS Manley Pharmacy, 207-211 Clarendon Road, Manchester, Greater Manchester, M16 0EH

Pharmacy reference: 9012371

Type of pharmacy: Community

Date of inspection: 20/11/2024

Pharmacy context

This community pharmacy is situated in a residential area of Whalley Range, Manchester. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including a private prescribing service, seasonal flu vaccinations and the NHS Pharmacy First service. The pharmacy supplies medicines in multi-compartment compliance packs to some people to help them 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 team follows written procedures, and this helps them to provide services effectively. And they know how to keep people's information safe. The pharmacy generally keeps the necessary records as required by law. Members of the team discuss and record when things go wrong. But they do not audit their prescribing policies to check they are being followed correctly.

Inspector's evidence

The pharmacy had written standard operating procedures (SOPs) which were issued in December 2023. SOPs were stored on electronic software. Members of the pharmacy team completed an acknowledgement on the software to show when they had read and accepted the SOPs.

The pharmacy had placed certain 'pharmacy-only' medicines within the retail area inside clear boxes. An alert on the clear boxes advised people to speak to a member of the team to purchase these medicines. The superintendent pharmacist (SI) had considered the risks associated with this practice and had only selected medicines which he felt had the least likelihood of theft or abuse. Higher risk medicines, such as those containing codeine, were stored behind the counter. But the SI had not completed a written risk assessment, which would help to provide the necessary assurances that all of the risks associated with this practice had been considered.

The pharmacy offered a face-to-face private prescribing service with pharmacist independent prescribers (PIPs). The service was offered to those who presented to the pharmacy with a need for acute medicines. The pharmacy also offered a weight management service, which included the prescribing of GLP-1 medications. The pharmacy had developed a prescribing SOP, and non-medical prescribing policy. This included a record of the pharmacist's agreed formulary and competency declaration, which required sign-off by the SI. There were risk assessments available for the service, and the specific conditions which they routinely prescribed for. But the pharmacy had yet to complete an audit against its services and policies, to help review prescribing decisions, how well the procedures were being correctly followed, and to identify improvements.

The pharmacy had systems in place to identify and manage risk, such as the recording of dispensing errors and details of the subsequent learning outcomes. Near miss incidents were recorded on electronic software, but few had been recorded lately. The SI acknowledged this was likely due to the accuracy checking software which they had recently installed. As a result of this change, the SI had identified a need to capture the details about who was performing the 'picking' phase of the dispensing process in order to help with the process review.

The roles and responsibilities for members of the team were documented within the SOPs. A trainee dispenser explained what their responsibilities were and was clear about the tasks that could or could not be conducted in the absence of a responsible pharmacist. The correct responsible pharmacist (RP) notice was on display. The pharmacy had a complaints procedure. Any complaints were recorded and followed up by a member of the team. A current certificate of professional indemnity insurance was available.

Records for the RP, private prescriptions and unlicensed specials appeared to be in order. Controlled drug (CD) registers appeared to be in order. Running balances were routinely recorded and checked on

a frequent basis. Two CD balances were checked, and both were accurate. A separate register to record patient returned CDs was available.

An information governance procedure was available. When questioned, a trainee dispenser described how confidential information was separated and removed by a waste carrier. A privacy notice was available and described how confidential information was stored and handled by the pharmacy. Safeguarding procedures were available. The pharmacist had completed level 2 safeguarding training. Members of the team explained they would refer any concerns to the pharmacist in the first instance.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough team members to manage the workload safely. And they complete the necessary training for their role. But ongoing learning is not routinely provided, so learning needs may not always be identified or addressed.

Inspector's evidence

The pharmacy team included three pharmacists, one of whom was the SI and two were PIPs, eight dispensers, six of whom were in training, a medicine counter assistant, a pharmacy student, and a delivery driver. All members of the pharmacy team were appropriately trained or on an accredited training course. The workload appeared to be well managed. Staffing levels were maintained by part-time staff and a staggered holiday system.

Members of the pharmacy team had completed various online training packages, such as GDPR and antibiotic stewardship. Records of training were kept showing what training had been completed. But ongoing training was not provided in a consistent manner, which would help to ensure learning needs were met. A trainee dispenser provided examples of selling a pharmacy only medicine using the WWHAM questioning technique, refusing sales which they felt were not appropriate, and referring people to the pharmacist when needed.

PIPs had provided their declarations of competence, and P-formularies, to help show what clinical area they are competent to prescribe within. The documentation referenced guidance which had been studied to attain competence, such as reading NICE clinical knowledge summaries. But the evidence to support the PIPs work had not been peer reviewed. So they may not be able to show their learning needs had been fully met.

Members of the team felt well supported by each other. They were seen working well together and assisted each other with any queries they had. Team members were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the SI. There were no targets for professional based services.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. Consultation rooms were available for people to have a private conversation with a member of the team.

Inspector's evidence

The pharmacy had recently moved premises into an adjacent business unit. The original premises could be accessed but it was in the process of being refitted. During this time, it was not used for pharmacy services. The pharmacy was fitted to a high standard. It appeared clean and adequately maintained. The size of the dispensary was sufficient for the workload. The temperature was controlled by the use of air conditioning and lighting was sufficient. Team members had access to a kitchenette and WC facilities.

Three consultation rooms were available. Each appeared to be clean and fitting of a healthcare setting.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are easy to access. And it manages and provides them effectively. It gets its medicines from licensed sources, stores them appropriately and carries out some checks to help make sure that they are in good condition. But members of the pharmacy team do not always record when they are providing counselling advice to ensure people receive a continuity in their care.

Inspector's evidence

The pharmacy and consultation room were easily accessible by those with additional mobility needs. Information was on display about the services offered. The pharmacy opening hours were also on display. The pharmacy had a medicines delivery service, and electronic delivery records were kept. Unsuccessful deliveries were returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery.

The pharmacy used a patient medication record (PMR) system which had built-in accuracy checking software. Prescriptions were organised into different 'workflows' on the PMR system and assigned to different roles within the pharmacy team. The first workflow was for a pharmacist to complete a clinical check of each prescription. The prescription was then released to the dispensing team, who picked the stock and scanned each box of medication using the PMR system. If the medication matched the prescription, a dispensing label would print, and the dispenser affixed this to the box. If it did not match the dispenser amended the product or request assistance from the pharmacist. The pharmacist did not perform a further accuracy check unless the medicine fell within an exception category. For example, a CD or a split pack. The PMR system kept an audit trail of who carried out each stage of the process.

Dispensed medicines awaiting collection were kept on collection shelves. Barcode scanners were used to record the location of the bags. Stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Members of the team were seen confirming the patient's name and address when medicines were handed out. The barcode scanner highlighted any prescriptions which had expired and could no longer be supplied, such as 28-day prescriptions for schedule 3 or 4 CDs. The team highlighted the need for any counselling advice using electronic notes which could be added by the pharmacist during the clinical check stage on the PMR software. But the team did not routinely highlight prescriptions containing higher-risk medicines (such as warfarin, lithium, and methotrexate) which is a missed opportunity to provide counselling advice and to help ensure people continued to take their medicines safely. Members of the team were aware of the risks associated with the use of valproate-containing medicines, and the need to supply full packs. Educational material and counselling advice was provided with these medicines. But the team were not aware of the counselling required for topiramate. The pharmacist acknowledged the importance of this and would convey the drug safety update to members of the team.

Some medicines were dispensed into multi-compartment compliance packs. Before a person was started on a compliance pack, the team completed an assessment about the person’s suitability. A record was kept for each patient, containing details about their current medication. Any medication changes were confirmed with the GP surgery before the record was updated. Hospital discharge information was sought and kept for future reference. The compliance packs were supplied with patient information leaflets (PILs) and medication descriptions.

The pharmacy offered a private consultation service with a PIP. They used electronic software to record consultations. The software used pre-loaded templates for the type of consultation being undertaken. The template was aligned to the risks which were identified in the pharmacy's risk assessment, and this helped the pharmacist to follow a clear decision-making process. The consultation appeared to be well documented, in a format aligned to the Calgary-Cambridge consultation model. All consultations were conducted in-person so that any clinical assessments or observations could be conducted. The pharmacist conducted a triage process prior to undertaking a consultation. But this conversation was not recorded onto the prescribing software, which would be important and useful information to refer to as part of the clinical decision-making process.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. The expiry dates of medicines were checked once every three months. Date checking records were available. Short-dated stock was highlighted, and liquid medicines had the date of opening written on. Controlled drugs were stored in a CD cabinet. There were two fridges, each equipped with a thermometer. Members of the team admitted whilst they had checked the fridge temperature, they had not kept records. So they may not be able to show medicines were stored in their correct condition. The team acknowledged the importance of the records and would begin logging the temperatures going forward. The fridge temperature was found within range during the inspection. Patient returned medication was disposed of in designated bins. Drug alerts were received from MHRA by email. But the SI had fallen behind with recording the actions taken on electronic software. The SI acknowledged the importance of this important and that it would be corrected following the inspection.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

Members of the pharmacy team have access to the equipment they need for the services they provide. And they keep the equipment clean in a manner expected of a healthcare setting.

Inspector's evidence

Team members accessed the internet for general information. This included access to the British National Formulary (BNF), BNFc and Drug Tariff resources. All electrical equipment appeared to be in working order. There was a selection of liquid measures with British Standard and Crown marks. Equipment appeared clean.

Computers were password protected and screens were positioned so that they weren't visible by external delivery drivers. A cordless phone was available in the pharmacy which allowed team members to move to a private area if the phone call warranted privacy.

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.