

# Registered pharmacy inspection report

**Pharmacy Name:** Anlaby Road Pharmacy, 442 Anlaby Road, HULL,  
North Humberside, HU3 6QP

**Pharmacy reference:** 1032048

**Type of pharmacy:** Community

**Date of inspection:** 13/04/2021

## Pharmacy context

This community pharmacy is on a busy road leading from Hull City Centre and it changed ownership in February 2021. The pharmacy's main activities are dispensing NHS prescriptions and delivering medication to some people's homes. The pharmacy supplies medicines in multi-compartment compliance packs to help several people take their medicines. The pharmacy was inspected during the COVID-19 pandemic.

## 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 mostly identifies and manages the risks associated with its services including the risks from COVID-19. It has some up-to-date written procedures that the pharmacy team follows. And it completes all the records it needs to by law. The pharmacy protects people's private information properly. The pharmacy team members respond appropriately when errors occur. They discuss what happened and they generally take appropriate action to prevent future mistakes.

### Inspector's evidence

The pharmacy was inspected during the COVID-19 pandemic. The Superintendent Pharmacist (SI) had completed risk assessments for all team members to identify their personal risk of catching the virus. The risk assessment also identified the steps needed to support social distancing and infection control. The pharmacy was maintaining social distancing requirements by having a policy of limiting the number of people in the pharmacy. The pharmacy had installed a plastic screen on the pharmacy counter to provide the team with extra protection. It had clear floor markings showing people the direction of flow around the pharmacy and where to stand to support the social distancing requirements. The pharmacy displayed a poster reminding people to wear face coverings and the team reported most people complied with this. The team had access to Personal Protective Equipment (PPE) and all the team members wore face masks throughout the inspection. The dispensary provided space to enable team members to mostly adhere to social distancing requirements.

The pharmacy had a range of standard operating procedures (SOPs) dated March 2021 written by the SI. These provided the team with information to perform tasks supporting the delivery of services. However, some SOPs were not available at the time of the inspection such as reporting near miss errors and dispensing incidents as they were still being written by the SI. Only the pharmacists had signed the SOP signature sheets to show they had read the SOPs and would follow them.

On most occasions the pharmacist when checking prescriptions and spotting an error discussed it with the dispenser before correcting the mistake. The dispenser recorded the error known as a near miss. The record showed one entry since the change in ownership in February 2021. The pharmacy team had a system to record dispensing incidents. These were errors identified after the person had received their medicines. The pharmacy team had not had the occasion to report such incidents since the change of ownership. The team discussed near miss errors to identify how to prevent them happening again. The team members had separated some medicinal products after identifying the medicines were often involved in errors. The pharmacy had a procedure for handling complaints raised by people using the pharmacy. But it did not have a leaflet or other information source such as a poster to provide people with information on how to raise a concern.

The pharmacy had up-to-date indemnity insurance. A sample of records required by law such as the Responsible Pharmacist (RP) records and controlled drug (CD) registers met legal requirements. The team had received training on the General Data Protection Regulations (GDPR). The pharmacy displayed a poster in the retail area explaining its compliance with legal requirements. The team separated confidential waste for shredding onsite.

The pharmacy team members had access to contact numbers for local safeguarding teams. The

pharmacist had training from the Centre for Pharmacy Postgraduate Education (CPPE) on protecting children and vulnerable adults. The team had completed Dementia Friends training and team members were aware of the Ask for ANI (action needed immediately) initiative but had not had the occasion to offer it.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has an experienced team with the qualifications and skills to support its services. Team members work well together and support each other in their day-to-day work, especially at times of increased workload and changes to the pharmacy's processes. They frequently discuss ideas to enhance the delivery of the pharmacy's services. Pharmacy team members receive informal feedback on their performance and they have limited opportunities to complete ongoing training. This means they may find it harder to keep their knowledge and skills up to date.

### Inspector's evidence

The Superintendent Pharmacist (SI) and the other pharmacist owner covered the opening hours. The pharmacy team consisted of a full-time qualified dispenser, a part-time medicines counter assistant (MCA) and a part-time delivery driver. At the time of the inspection the pharmacist owner, the dispenser and the MCA were on duty. During the pandemic the team had worked well together to ensure pharmacy services were not affected.

There was some evidence that team members learned from dispensing mistakes when they occurred. The pharmacy team had access to extra training through articles in journals published by the pharmaceutical press. During the pandemic the team regularly discussed issues and concerns to support each other. This had extended during the transition to the new ownership. The pharmacy did not provide formal performance reviews for the team members. The pharmacist owners were planning to introduce performance reviews. The team received in the moment informal feedback. Team members could suggest changes to processes or new ideas of working. And were regularly consulted on new initiatives being introduced by the new owners.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are suitable for the services provided. The pharmacy has adequate facilities to meet the needs of people requiring privacy when using the pharmacy services.

### Inspector's evidence

The pharmacy was tidy and had enough storage space for stock, assembled medicines and medical devices. The team kept floor spaces kept clear to reduce the risk of trip hazards.

The pharmacy had a consultation room located at the front of the premises with blinds across the window to protect people's privacy. The team used this for private conversations with people. The pharmacist discussed the plans to relocate the consultation room to be closer to the pharmacy counter and a large size.

The lighting in the pharmacy was suitable and sufficient. There was a defined professional area. Materials for sale in the professional area were healthcare related. The premises were secure. The pharmacy had restricted access to the dispensary during the opening hours.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides services which are easily accessible. And it manages its services well to help people receive appropriate care. The pharmacy gets its medicines from reputable sources and it stores them properly. The team carries out checks to make sure medicines are in good condition and suitable to supply.

### Inspector's evidence

People accessed the pharmacy via a step-free entrance. The pharmacy kept a small range of healthcare information leaflets for people to read or take away. And the team had access to the internet to direct people to other healthcare services. The team members provided a repeat prescription ordering service. The team usually ordered the prescriptions two to three days before supply and kept a record of the request. This gave time to chase up missing prescriptions, order stock and dispense the prescription.

The pharmacy provided multi-compartment compliance packs to help 15 people take their medicines. The service was managed by the dispenser with support from the pharmacists. The dispenser used a calendar to record when each person was due their supply. Prescriptions were usually ordered in advance of supply to allow time to deal with issues such as missing items. And the dispensing of the medication into the packs. Each person had a record listing their current medication and dose times. The team checked received prescriptions against the medication record. And queried any changes with the surgery team. The team usually recorded the descriptions of the products within the packs. And it supplied the manufacturer's patient information leaflets. The team labelled completed packs with the week number of supply.

The pharmacy team used baskets when dispensing to hold stock, prescriptions and dispensing labels. This prevented the loss of items and stock for one prescription mixing with another. The pharmacy had checked by and dispensed by boxes on the dispensing labels. The team initialled the boxes to record who had dispensed and checked the prescription. A sample of completed prescriptions looked at had both boxes initialled.

Throughout the pandemic the pharmacy had seen an increase in requests for the delivery service. The pharmacy kept a record of the delivery of medicines to people for the team to refer to when queries arose. Due to COVID-19 the delivery driver did not ask people to sign for receipt of their medication unless the prescription was for a controlled drug (CD). The driver left the medication on the person's doorstep before moving away to watch them pick up the medication. If the prescription contained a CD the driver left the prescription on the doorstep with the supply before stepping away and asking the person to sign for it. The team members supported the part-time delivery driver by taking urgent prescriptions to people when they had finished work.

The pharmacy obtained medication from several reputable sources. The pharmacy team checked the expiry dates on stock and placed coloured dots on medicines with a short expiry date. The dispenser and pharmacists checked the expiry dates on medicines as part of the prescription dispensing and checking processes. The team did not record when date checking had taken place but did keep a list of medicines due to expire within the next few months. No out-of-date stock was found. The team

recorded fridge temperatures each day and a sample looked at were within the correct range. 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 in a CD cabinet that met legal requirements. The team used appropriate denaturing kits to destroy CDs. The pharmacists received alerts about medicines and medical devices from the Medicines and Healthcare products Regulatory Agency (MHRA).



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide safe services and it uses its facilities to suitably protect people's private information.

### Inspector's evidence

The pharmacy had references sources and access to the internet to provide the team with up-to-date clinical information. The pharmacy used a range of CE equipment to accurately measure liquid medication and it had a fridge to store medicines kept at these temperatures.

The computers were password protected and access to people's records restricted by the NHS smart card system. The pharmacy positioned the computers in a way to prevent disclosure of confidential information. The pharmacy stored completed prescriptions away from public view and it held private information in the dispensary and rear areas, which had restricted access. The team used cordless telephones to make sure telephone conversations were held in private.

### 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.