General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: SKF Lo (Chemists) Ltd, 151 Beckfield Lane, Acomb, YORK, North Yorkshire, YO26 5PJ

Pharmacy reference: 1039020

Type of pharmacy: Community

Date of inspection: 16/01/2020

Pharmacy context

This is a community pharmacy in Acomb, North Yorkshire. It dispenses both NHS and private prescriptions and sells a range of over-the-counter medicines. The pharmacy team offers advice to people about minor illnesses and long-term conditions. And it provides services including home delivery, seasonal flu vaccinations and medicines use reviews (MURs).

Overall inspection outcome

✔ **Standards met**

Required Action: None

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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 identifies and manages the risks associated with the services it provides to people. And it has a set of up-to-date written procedures for the team members to follow to help them deliver the services safely. It keeps the records it must have by law. And it keeps people's private information secure. It acts on the feedback it receives from people who use the pharmacy to improve services. The team members discuss and record most of the mistakes they make when dispensing. And they implement some changes to minimise the risk of similar mistakes happening in the future. The team has the resources to help protect the welfare of vulnerable adults and children.

Inspector's evidence

The pharmacy had an adequately sizes retail area. The pharmacy was small and best use was made of the space available. The pharmacy counter prevented access from the retail area to the dispensary. There was an established work flow with separate areas for dispensing and checking. The pharmacy had a set of standard operating procedures (SOPs). And these were in-date. Most were reviewed every two years. And were due to reviewed in August 2021. They included ones for responsible pharmacist regulations and controlled drugs. Members of the pharmacy team had read the SOPs. And they had signed the training sheet to confirm they understood the SOPs and agreed to work to them.

The pharmacy recorded near miss errors. The team confirmed that they recorded and corrected their own near misses. The manager advised that there were usually between twenty-five and thirty-five near misses recorded monthly. The data for December showed that there were twenty-seven recorded. The manager completed a monthly patient safety review (MPSR). This was to identify any trends or patterns. And the findings were discussed with the team. The manager discussed look alike sound alike drugs were discussed. There were some warning stickers on medicines on the shelf. The MPSR for December made no mention of the two errors that had happened. And so, they missed opportunities to identify why the errors had occurred and what could be put into place to prevent a similar error occurring. And so, they may have missed out on some learning opportunities.

The pharmacy had a complaints procedure. And people were signposted to the procedure if they were unhappy with the service they received. The pharmacy welcomed feedback from people. And it collected the feedback from people for annual patient satisfaction survey. The results of the survey were displayed. An area highlighted for improvement was the lack of adequate seating in the retail area. The manager had added another chair.

The pharmacy had up-to-date professional indemnity insurance. The responsible pharmacist notice displayed the name and registration number of the responsible pharmacist on duty. Entries in the responsible pharmacist record complied with legal requirements. The pharmacy kept complete records of private prescription and emergency supplies. The pharmacy kept controlled drugs (CDs) registers. And they were completed correctly. The pharmacy team checked the running balances against physical stock monthly. The pharmacy kept complete records of CDs returned by people to the pharmacy. The pharmacy held certificates of conformity for unlicensed medicines and they were completed in line with the requirements of the Medicines & Healthcare products Regulatory Agency (MHRA).

The team was aware of the need to keep people's personal information confidential. They had all undertaken general data protection regulation (GDPR) trainiung. And there were training records in the information governance file. There was a privacy notice displayed on the outside of the consultation room door. The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. The pharmacy team used a cordless telephone so that they could move away from areas in the pharmacy where they may be overheard. This helped to protect people's private information. Confidential waste was segregated and shredded on site. The team members had guidance on safeguarding the welfare of vulnerable adults and children. And there were local numbers in the pharmacy. The RP had completed CPPE level two training.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy team members have the appropriate qualifications and skills to provide the pharmacy's services safely and effectively. They work well together to manage their workload and to ensure people receive a quality service. The pharmacy team members complete some training to keep their knowledge and skills up to date. They feel comfortable making suggestions to improve the pharmacy's services.

Inspector's evidence

At the time of the inspection there was the responsible pharmacist (RP) who was the manager. There were two dispensary assistants and one counter assistant. People were dealt with in an open friendly manner. And were welcomed when they approached the pharmacy counter. Pharmacy team members thought that they just about managed with the current level of staff. Holidays were planned in advance. And members of the pharmacy team worked extra hours if necessary. They also have external locum dispensers to cover holidays. The team received SOP training. The pharmacy was a healthy living pharmacy and members of the pharmacy team had received external training for this. The team received annual appraisals. The manager had hers with the area manager. The rest of the team had theirs with the manager. These were planned for April. There was a form to complete before the appraisal. So that pharmacy team members could reflect on what they wanted to get from the process.

The pharmacy team members asked appropriate questions when selling medicines that could only be sold under the supervision of a pharmacist. The team usually had a meeting on a Wednesday afternoon. The manager discussed near misses and dispensing errors. And any information from head office. The pharmacy team thought that the manager was approachable and receptive to any suggestions to improve the service offered to people. They thought they worked well together and felt supported. The manager advised that there were targets in place for a range of services. And they did sometimes feel some pressure to achieve these. The pharmacy team members did their best to meet these.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is secure when closed. And the premises are well maintained. The premises are suitable for the services the pharmacy provides. It has a sound-proofed room where people can have private conversations with the pharmacy's team members.

Inspector's evidence

The pharmacy was clean, tidy and professional in appearance. The building was easily identifiable as a pharmacy from the outside. The dispensary was tidy and well organised during the inspection. Floor spaces were kept clear to minimise the risk of trips and falls. There was a clean sink in the dispensary with hot and cold running water. There was an adequately sized soundproofed consultation room. The room was smart and professional in appearance and was signposted by a sign on the door. The room was kept locked when not in use, and the team did not leave people in the room unattended. The temperature was comfortable throughout the inspection. Lighting was bright throughout the premises. There was a handyman that did repairs and dealt with maintenance issues.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides an appropriate range of services to help people meet their health needs. And these are accessible to people. The services are well managed. It stores, sources and manages its medicines safely. It responds appropriately to drug alerts and product recalls. And it makes sure that its medicines and devices are safe to use. The pharmacy team members identify people taking high-risk medicines and give them appropriate support and advice. But they don't always record it. So, they may not be able to refer to this information in the future if they need to.

Inspector's evidence

The pharmacy had access from the street into the pharmacy through a wide door to the front. There was a concrete ramp with hand rails. And so, people with wheelchairs and pushchairs could enter the pharmacy. The pharmacy advertised its services and opening hours in the window. There were a good range of healthcare related leaflets available for people to select and take away with them. There was a healthy living display area in the shop. The team members regularly used various stickers as an alert before they handed out medicines to people. For example, to highlight the presence of a controlled drug (CD) that needed handing out at the same time. The team members signed the dispensing labels to indicate who had dispensed and checked the medication. And so, a robust audit trail was in place. Baskets were available to hold prescriptions and medicines. This helped the team stop people's prescriptions from getting mixed up. The pharmacy kept records of the delivery of medicines from the pharmacy to people. The records included a signature of receipt. And so, there was an audit trail that could be used to solve any queries.

The pharmacy dispensed high-risk medicines for people such as warfarin. The RP said that the team were in the process of reading the new SOPs for high risk medicines such as warfarin, lithium and methotrexate. The RP had queried some of the contents with the SI. The RP advised that conversations with people on high-risk medicines such as warfarin were not always recorded on the persons records. Unless the person received a medicine use review. And then records were retained. The team members were aware of the pregnancy prevention programme for people who were prescribed valproate and of the risks. The team had access to literature about the programme that they could provide to people to help them take their medicines safely. The team had completed a check to see if any of its regular patients were prescribed valproate. And met the requirements of the programme. No eligible patients were identified.

The pharmacy team had completed a range of audits. One of these was to identify people who were over 65 years of age. And who were receiving a non-steroidal anti-inflammatory drug (NSAID). If these people were not receiving a proton pump inhibitor (PPI) they were referred to their GP.

Pharmacy medicines (P) were stored behind the pharmacy counter. So, the pharmacist could supervise sales appropriately. The medicines in the dispensary were stored tidily. The team had a date checking procedure in place. Short dated medicines were stickered. Out of date stock was found on the shelf. The manager advised that if they see out of date medicines, they do remove them. But they check stickered boxes when they are dispensing. So, she said it was unlikely that they would be supplied to people. They recorded the date some liquid medicines were opened on the pack. So, they could check

they were in date and safe to supply. The pharmacy had a robust procedure in place to appropriately store and then destroy medicines that had been returned by people. And the team had access to CD destruction kits.

The team were not currently scanning products as required under the Falsified Medicines Directive (FMD) and had not received training for this. The pharmacy obtained medicines from reputable sources such as Alliance, AAH and Phoenix. And invoices were retained. Drug alerts were received via email. These were printed off and actioned. These were retained in an orderly fashion to provide an audit trail that they had been actioned. The pharmacy checked and recorded the fridge temperature ranges every day. And a sample checked were within the correct ranges.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy's equipment is clean and safe, and the pharmacy uses it appropriately to protect people's confidentiality.

Inspector's evidence

The pharmacy had copies of the BNF and the BNF for children for the team to use. They could also access the internet as an additional resource. The pharmacy used a range of CE quality marked measuring cylinders. There was a separate measure for measuring methadone. The team members used tweezers to help dispense multi-compartment compliance packs. The fridge was used to store medicines was of an appropriate size. And the medicines inside were organised in an orderly manner. Prescription medication waiting to be collected was stored in a way that prevented people's confidential information being seen by members of the public. And computer screens were positioned to ensure confidential information wasn't seen by people. The computers were password protected to prevent any unauthorised access. The pharmacy had cordless phones, so the team members could have conversations with people in private. The electrical equipment looked to be in good working order. The pharmacy had a first aid kit.

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.