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: 10/01/2024

Pharmacy context

The pharmacy is in a row of shops in Acomb, near York. Pharmacy team members dispense NHS prescriptions and sell a range of over-the-counter medicines. The pharmacy provides services, such as the NHS Blood Pressure Check service. Team members provide medicines to people in multi-compartment compliance packs. And they deliver medicines to people's homes.

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 adequately identifies and manages risks. It has the written procedures it needs relevant to its services to help team members provide services safely. Pharmacy team members understand their role to help protect vulnerable people. And they suitably protect people's confidential information. Team members record and discuss the mistakes they make so that they can learn from them. But they don't always capture key information or analyse these records, so they may miss some opportunities to learn and improve.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place to help pharmacy team members manage the risks. The superintendent pharmacist (SI) had reviewed the SOPs in 2023. And they were due to review them again in 2025. Pharmacy team members had signed to confirm their understanding of some of the SOPs since they had been reviewed. But they had not read or signed a good proportion of the procedures. They explained that their manager left the business in October 2023. And since then, they had not had time to read the documented procedures. This meant they might not always fully understand their responsibilities.

Pharmacy team members highlighted and recorded near miss errors. And dispensing errors, which were errors identified after the person had received their medicines. There were documented procedures to help team members do this effectively. Team members discussed their errors and why they might have happened. And they used this information to make some changes to help prevent the same or similar mistakes from happening again. For example, team members described how they had separated different strengths of edoxaban on the shelves to help prevent the wrong strength being selected. Pharmacy team members did not always capture enough information about why the mistakes had been made or the changes they had made to prevent a recurrence to help aid future reflection and learning. The pharmacy had a process for analysing the information collected about errors. But team members did not analyse their errors for patterns, so they might miss opportunities to reflect, learn, and make improvements to the pharmacy's services. Pharmacy team members present during the inspection did not know how to access records of dispensing errors. They gave a clear explanation of how they would handle and resolve an error. But lack of records meant the inspector was unable to assess the quality of the pharmacy's response to dispensing errors at this inspection.

The pharmacy had a documented procedure in place for handling complaints or feedback from people. Pharmacy team members explained people usually provided verbal feedback. And any complaints were referred to the pharmacist to handle. There was information available for people in the retail area about how to provide the pharmacy with feedback. Team members explained that feedback often related to being able to obtain specific products for people. And they tried to accommodate these requests as much as possible, which people appreciated.

The pharmacy had up-to-date professional indemnity insurance in place. The pharmacy kept accurate controlled drug (CD) registers. It kept running balances for all registers, including registers for methadone. Pharmacy team members audited these balances approximately every three months, which was less than the requirements stipulated in the pharmacy's documented SOP. Checks of the running balances against the physical stock for three products were found to be correct. The

pharmacy kept a register of CDs returned by people for destruction. It maintained a responsible pharmacist record electronically, and it was complete and up to date. The pharmacist displayed their responsible pharmacist notice. Pharmacy team members monitored and recorded fridge temperatures. The pharmacy kept private prescription and emergency supply records, which were complete and in order.

The pharmacy kept sensitive information and materials in restricted areas. It collected confidential waste in dedicated bags. The bags were sealed when full and returned to the company's head office for secure destruction. The pharmacy had a documented procedure in place to help pharmacy team members manage sensitive information. Pharmacy team members explained how important it was to protect people's privacy and how they would protect confidentiality.

Pharmacy team members gave some sound examples of signs that would raise their concerns about vulnerable children and adults. And how they would discuss their concerns to the pharmacist, head office colleagues and other professionals engaged in the person's care. The pharmacy had procedures for dealing with concerns about children and vulnerable adults. Pharmacy team members explained they had completed formal safeguarding training. But they could not remember when they had last trained, and there were no records in the pharmacy to confirm when their formal training had last been completed. Team members also explained a local system in place to help people who were victims of domestic violence. They were able to direct people to contact information or a smart phone app where people could seek help. Or team members were able to access the app on people's behalf if necessary to report a concern and access help.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has team members who are qualified for their roles and the services they provide. Pharmacy team members sometimes complete ongoing training. And they learn from the pharmacist and each other to keep their knowledge and skills up to date. But the pharmacy does not have a manager. And this means team members may not always have the right leadership or opportunities to learn and develop. Pharmacy team members feel comfortable making suggestions to improve the pharmacy's services.

Inspector's evidence

At the time of the inspection, the pharmacy team members present were a locum pharmacist and two qualified dispensers. The pharmacy also employed a further full-time and part-time dispenser and two part-time delivery drivers. Team members were generally managing the dispensing workload, but they were not always completing some key processes or keeping all key activities up to date, such as regular checks of medicines expiry dates or analysing their mistakes for patterns and learning opportunities. Pharmacy team members explained they had not had a pharmacy manager since October 2023. The pharmacy was currently regularly operating using various locum pharmacists. And this was causing some issues with lack of effective leadership in the pharmacy and managing to accommodate tasks that had previously been completed by the manager.

Pharmacy team members kept their skills and knowledge up to date by completing learning ad hoc. They had most recently complected some online training modules about antimicrobial stewardship and infection prevention and control in November 2023. They explained that they were currently struggling to find time to complete ongoing learning during working hours. Pharmacy team members explained they also discussed topics with each other. The pharmacy had formal appraisal process in place for pharmacy team members. Team members had received appraisals in 2023 with their previous manager where they had discussed their performance and any learning needs. They had not set any objectives to work towards. Currently, pharmacy team members raised any personal knowledge and development needs verbally with the pharmacist contacts in the head office team.

Pharmacy team members explained how they would raise professional concerns with the area manager or head office. They felt comfortable sharing ideas to improve the pharmacy or raising a concern. But they were less confident that their points would be considered by people outside their immediate team. Pharmacy team members had recently been required to undertake various tasks that had previously been completed by their manager. They explained how they had found it difficult to find time to learn how to complete these new tasks. But they had managed and worked together to complete them to their best ability. The pharmacy had a whistleblowing policy. But pharmacy team members did not know how to access the company’s whistleblowing system.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is clean and properly maintained. It provides a suitable space for the services it provides. The pharmacy has a consultation room where people can speak to pharmacy team members privately.

Inspector's evidence

The pharmacy was clean and well maintained. It was tidy and generally well organised. The pharmacy's floors and passageways were free from clutter and obstruction. It kept equipment and stock on shelves throughout the premises. And it had a private consultation room. Pharmacy team members used the room to have private conversations with people.

The pharmacy had a clean, well-maintained sink in the dispensary used for medicines preparation. It had a toilet, with a sink which provided hot and cold running water and other facilities for hand washing. The pharmacy maintained its heating and lighting to acceptable levels. The pharmacy's overall appearance was professional, including the pharmacy's exterior which portrayed a healthcare setting. The pharmacy's professional areas were well defined by the layout and were signposted from the retail area. Pharmacy team members prevented access to the restricted areas of the pharmacy.

Principle 4 - Services ✔ Standards met

Summary findings

Pharmacy team members manage and provide the pharmacy's services safely and effectively. The pharmacy suitably sources its medicines. Its services are easy for people to access. And it has some processes to help people understand and manage the risks of taking higher-risk medicines. Pharmacy team members generally store and manage medicines appropriately. But they don't always follow the pharmacy's SOP for managing the expiry dates of medicines. So, there is a risk that people might receive medicines that have expired.

Inspector's evidence

The pharmacy had ramped access from the street. Pharmacy team members could use the patient medication record (PMR) system to produce large-print labels to help people with visual impairment take their medicines properly. And they said they would use written communication with someone with hearing impairment to help them access services.

The pharmacy had an SOP that helped team members manage the expiry dates of medicines. But team members were not following the SOP. The SOP instructed team members to check all stock every three months. But the last recorded full check of all stock was in January 2023. Team members had checked some areas of the pharmacy since then, but not all areas. They highlighted any short-dated items up to six months before their expiry by attaching a sticker to the pack. But they relied on people seeing a sticker and removing a product to prevent it from remaining on the shelves once expired. Team members also explained they checked medicines expiry dates when they dispensed and checked medicines for each prescription. After a search of the shelves, the inspector did not find any expired medicines.

The pharmacist counselled people receiving prescriptions for valproate if they were at risk. And they checked if the person was aware of the risks if they became pregnant while taking the medicine. They advised they would also check if they were on a pregnancy prevention programme and taking regular effective contraception. The pharmacist did not record these conversations with people to help with future queries. And pharmacy team members did not know if the pharmacy carried out any regular audits to help identify people at risk. They were aware of the need to dispense valproate-containing medicines in the manufacturer's original packs.

The pharmacy supplied medicines to people in multi-compartment compliance packs when requested. It attached backing sheets to the packs, so people had written instructions of 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 routinely 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 they recorded some of these changes on the person's electronic patient medication record (PMR). Pharmacy team members signed the 'dispensed by' and 'checked by' boxes on dispensing labels during dispensing, to help maintain an audit trail of the people involved in the dispensing process. They used baskets throughout the dispensing process to help prevent prescriptions being mixed up.

The pharmacy delivered some medicines to people. It recorded the deliveries it made. The delivery driver left a card through the letterbox if someone was not at home when they attempted delivery. The card asked people to contact the pharmacy. The pharmacy obtained medicines from licensed wholesalers. It had disposal facilities available for unwanted medicines, including CDs. Team members monitored the minimum and maximum temperatures in the pharmacy's fridges each day and recorded their findings. The temperature records were within acceptable limits. Pharmacy team members explained they acted when they received a drug alert or manufacturers recall. They received these alerts via email. Team members printed each alert and annotated them to confirm the action they had taken.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the necessary equipment available for the services it provides. It manages and uses its equipment in ways that protect people's confidentiality.

Inspector's evidence

The pharmacy had the equipment it needed to provide the services offered. The resources it had available included the British National Formulary (BNF), the BNF for Children, various pharmacy reference texts and use of the internet. The pharmacy had a set of clean, well-maintained measures available for medicines preparation. It had suitable containers available to collect and segregate its confidential waste. It kept its password-protected computer terminals and bags of medicines waiting to be collected in the secure areas of the pharmacy, 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.