

Registered pharmacy inspection report

Pharmacy Name: Z. A. Akram, 22 High Street, Wombwell, BARNSELY,
South Yorkshire, S73 0AA

Pharmacy reference: 1039093

Type of pharmacy: Community

Date of inspection: 26/02/2020

Pharmacy context

The pharmacy is on a high street in Wombwell. Pharmacy team members dispense NHS prescriptions and sell a range of over-the-counter medicines. They offer services including medicines use reviews (MURs) and the NHS New Medicines Service (NMS). They supply medicines to people in multi-compartment compliance packs. And they deliver medicines to people's homes. The pharmacy provides a substance misuse service, including supervised consumption.

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 has procedures to identify and manage risks to its services. It protects people's confidential information. And it keeps the records it must by law. Pharmacy team members know how to help safeguard the welfare of children and vulnerable adults. They discuss mistakes they make when dispensing. And they sometimes record details about why these mistakes happen. So, they can identify opportunities to improve and reduce the risk of further errors. The team members generally follow the pharmacy's written procedures to complete the required tasks. But they don't follow some of these procedures accurately. So, there is a risk that tasks may not be carried out in the safest and most effective way.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place. The sample checked were last reviewed in May 2019. The date of the next review was not documented. The pharmacist said the procedures were reviewed every two years. Pharmacy team members explained they had read the procedures in 2019. But they had not all signed to confirm they understood them. The pharmacy defined the roles of the pharmacy team members in each procedure. Despite being reviewed in 2019, some of the documented procedures contained out of date information, such as the procedure for child protection. And some of the procedures did not reflect the ways of working explained by pharmacy team members, such as the procedure for handling and reporting a dispensing error. Pharmacy team members gave sound explanations of how they would deal with these situations.

The pharmacist highlighted and recorded near miss errors made by the pharmacy team when dispensing. Pharmacy team members discussed the errors made. But they did not discuss much detail about why a mistake had happened. And they did not record any information about causes or the changes they made to prevent the mistake happening again. A dispenser gave examples of changes the team had made after recent near-miss errors. For example, they had separated different strengths of amlodipine. And separated the different formulations of aspirin. The pharmacist said he analysed the data collected about mistakes approximately every three months. But he did not record his analysis. He based his analysis on the information recorded about the medicines involved in errors. He did not analyse the data for patterns of cause. The pharmacy had a documented process for dealing with dispensing errors that had been given out to people. It instructed pharmacy team members to record incidents using a template reporting form. But the pharmacist recorded dispensing errors using a notepad. The records available gave very little information about each error. He did not record any information about the causes of the errors. Or what had been changed to reduce the risks of the errors happening again. Pharmacy team members said they discussed dispensing errors that happened. But they could not give any examples of any changes they had made in response to a dispensing error.

The pharmacy had a procedure to deal with complaints handling and reporting. It did not advertise the procedure to people. It collected feedback from people by using questionnaires. But pharmacy team members could not give any examples of any changes they had made to improve in response to people's feedback.

The pharmacy had up-to-date professional indemnity insurance in place. It had a certificate of insurance displayed. The pharmacy kept controlled drug (CD) registers complete and in order. It kept running

balances in all registers. Pharmacy team members audited some of these registers against the physical stock quantity approximately monthly. But some registers were not audited frequently, usually for CDs that were not dispensed often. For example, they had last audited the register of MST 100mg tablets in February 2018. The pharmacy kept and maintained a register of CDs returned by people for destruction. And this was complete and up to date. The pharmacy maintained a responsible pharmacist record on paper. And it was complete and up to date. The pharmacist displayed their responsible pharmacist notice to people. Pharmacy team members monitored and recorded fridge temperatures daily in three fridges. They kept private prescription records in a paper register, which was complete and in order. And, they recorded emergency supplies of medicines in the private prescription register. They recorded any unlicensed medicines supplied, which included the necessary information in the samples seen.

The pharmacy kept sensitive information and materials in restricted areas. It shredded confidential waste. Pharmacy team members had received training about how to protect privacy and confidentiality. The pharmacist had delivered the training verbally. Pharmacy team members were clear about how important it was to protect confidentiality. And there was a leaflet available for people in the retail area explaining the General Data Protection Regulations (GDPR). And how the pharmacy held and processed their private information. When asked about safeguarding, a dispenser gave some examples of symptoms that would raise their concerns in both children and vulnerable adults. They explained how they would refer to the pharmacist. The pharmacist said they would assess the concern. And would refer to local safeguarding teams and the person's GP for advice. The pharmacy had a documented procedure and guidance documents available for safeguarding. But the procedure and the guidance were out of date. The pharmacist had completed training about safeguarding in 2019. But pharmacy team members had not completed any formal training.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members have the right qualifications and skills for their roles and the services they provide. They complete ad-hoc training. And they learn from the pharmacist and each other to keep their knowledge and skills up to date. Pharmacy team members feel comfortable making suggestions to help improve pharmacy services. The pharmacy considers their suggestions. And it makes changes to help improve the way it delivers its services.

Inspector's evidence

At the time of the inspection, the pharmacy team members present were a pharmacist, three dispensers, a trainee dispenser and a trainee medicines counter assistant (MCA). Pharmacy team members completed training ad-hoc by reading various trade press materials. And by having regular discussions with the pharmacist and colleagues about current topics. Pharmacy team members received an appraisal with the pharmacist each year. They explained the process was informal. And they discussed their performance and any learning needs they had. They did not set any objectives at their appraisal. During the inspection, the trainee MCA supervised doses of methadone given to substance misuse clients. This was discussed. The pharmacist explained that he retrieved the dose required from the controlled drug (CD) cabinet each time. And he confirmed the dose was for the correct person before handing it to the MCA to supervise. The MCA had been trained to check the person's identity before handing out the dose. And she had been trained about how to safely supervise. The pharmacist explained that he checked the MCA's competence to supervise doses by observing her periodically.

A dispenser explained that they would raise professional concerns with the pharmacist or superintendent pharmacist (SI). They felt comfortable raising a concern. And confident that their concerns would be considered, and changes would be made where they were needed. The pharmacy did not have a whistleblowing policy for pharmacy team members to raise any concerns anonymously. Pharmacy team members communicated with an open working dialogue during the inspection.

Pharmacy team members explained a change they had made after they had identified areas for improvement. Previously, the pharmacy had delivered multi-compartment compliance packs to people's homes once a week. As the demand for the service grew, pharmacy team members noticed that the workload for the delivery driver was becoming unmanageable. So, they had discussed the issue. And had changed the system for delivering packs to split deliveries over two days to help the driver manage the workload more effectively. This had since expanded to three days a week as the service had continued to grow. The pharmacy owners asked pharmacy team members to achieve targets for the number of prescriptions dispensed. They incentivised target compliance with a financial bonus. Pharmacy team members explained they tried their best to reach the targets.

Principle 3 - Premises ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy was clean and well maintained. All areas of the pharmacy were tidy and well organised. And the floors and passage ways were free from clutter and obstruction. The pharmacy had a safe and effective workflow in operation. And clearly defined dispensing and checking areas. It kept equipment and stock on shelves throughout the premises. The pharmacy also had a first floor, which it used for storage. The pharmacy had a private consultation room available. Pharmacy team members used the room to have private conversations with people. The room was signposted by a sign on the door.

There was a clean, well maintained sink in the dispensary used for medicines preparation. There was a toilet, which provided a sink with hot and cold running water and other facilities for hand washing. Heat and light in the pharmacy was maintained to acceptable levels. The overall appearance of the premises was professional, including the exterior which portrayed a professional healthcare setting. The professional areas of the premises were well defined by the layout and well signposted from the retail area.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are generally accessible to people, including people using wheelchairs. The pharmacy has systems in place to help provide its services safely and effectively. It sources its medicines safely. And it adequately stores and manages its medicines. The pharmacy dispenses medicines into devices to help people remember to take them correctly. And pharmacy team members manage this service well. Pharmacy team members deliver medicines safely to people's homes.

Inspector's evidence

The pharmacy had ramped access from the street through an automatic door. It advertised pharmacy services in various locations in the retail area and at the pharmacy counter. Pharmacy team members said they would use written communication to help someone with a hearing impairment. They were unsure about how to help someone with a visual impairment.

Pharmacy team members signed the dispensed by and checked by boxes on dispensing labels. This was to maintain an audit trail of staff involved in the dispensing process. They used dispensing baskets throughout the dispensing process to help prevent prescriptions being mixed up. The pharmacist counselled people receiving prescriptions for valproate if appropriate. He checked if the person was aware of the risks if they became pregnant while taking the medicine. And he referred people to their GP if she had any issues or concerns. The pharmacy did not have a stock of printed information material to give to people to help them manage the risks. This was discussed. And the pharmacist gave an assurance that a supply of information material would be obtained as soon as possible. The pharmacy supplied medicines in multi-compartment compliance packs when requested. It attached labels to the packs, so people had written instructions of how to take their medicines. And pharmacy team members added descriptions of what the medicines looked like, so they could be identified in the packs. 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 patient's master record sheet. The pharmacy delivered medicines to people's homes. It recorded the deliveries made. And it asked people to sign for their deliveries. This was to maintain a robust audit trail of the delivery service. Pharmacy team members highlighted bags containing controlled drugs (CDs) on the driver's delivery sheet. The driver asked people to sign for CDs in a separate place on the delivery record. The delivery driver left a card through the letterbox if someone was not at home when they delivered. The card asked people to contact the pharmacy.

The pharmacy obtained medicines from six licensed wholesalers. It stored medicines tidily on shelves. And all stock was kept in restricted areas of the premises where necessary. Pharmacy team members had some knowledge of the requirements of the Falsified Medicines Directive (FMD) introduced in February 2019. The pharmacy did not have any equipment, software or procedures in place to comply with the requirements. Pharmacy team members said the superintendent pharmacist was currently negotiating with software suppliers to implement the necessary equipment. They did not know a timescale for implementation. But they expected it to coincide with an upcoming pharmacy refit. The pharmacy had adequate disposal facilities available for unwanted medicines, including CDs. Pharmacy team members kept the CD cabinet tidy and well organised. And, out of date and patient returned CDs were segregated. The inspector checked the physical stock against the register running balance for three products. And they were found to be correct. Pharmacy team members kept the contents of

three pharmacy fridges tidy and well organised. They monitored minimum and maximum temperatures in the fridges every day. And they recorded their findings. The temperature records seen were within acceptable limits.

Pharmacy team members checked medicine expiry dates every six months. And records were seen. They highlighted any short-dated items with a sticker on the pack up to six months in advance of its expiry. And they recorded expiring items on a monthly stock expiry sheet, for removal during the month before their expiry. The pharmacy responded to drug alerts and recalls. And, any affected stock found was quarantined for destruction or return to the wholesaler. It recorded any action taken. And, records included details of any affected products removed.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy generally has the necessary equipment available, which it properly maintains. And it manages and uses the 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 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 measures available for medicines preparation. The measures were plastic. And they were not crown-stamped or kitemarked to confirm their accuracy. This was discussed. And shortly after the inspection, the pharmacist informed the inspector that the plastic measures had been replaced with a set of glass, crown-stamped measures. The pharmacy positioned computer terminals away from public view. And these were password protected. It stored medicines waiting to be collected in the dispensary, also away from public view. The pharmacy had three dispensary fridges, which were in good working order. Pharmacy team members used them to store medicines only. They restricted access to all equipment, and they stored all items securely.

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.