

Registered pharmacy inspection report

Pharmacy Name: Z.A. Akram Ltd, Judy Row, off High Street, Monk Bretton, BARNSELY, South Yorkshire, S71 2EJ

Pharmacy reference: 1039099

Type of pharmacy: Community

Date of inspection: 03/12/2019

Pharmacy context

The pharmacy is in a row of shops in Monk Bretton, near Barnsley. 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.

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 to its services. It protects people's confidential information. And it keeps the records it must by law. The pharmacy team members know how to safeguard the welfare of children and vulnerable adults. They record and discuss mistakes that happen during dispensing. And they sometimes use this information to learn and reduce the risk of further errors. But they don't always collect information about the causes of mistakes to help inform the changes they make. So, they may miss opportunities to improve.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place. The sample checked were last reviewed in 2017. And the next review was scheduled for 2019. But these had not yet been reviewed. Pharmacy team members had read and signed some of the SOPs since they were last reviewed. But others had not been signed for some time. For example, pharmacy team members had not signed the procedures for preparation of multi-compartment compliance packs, support for self-care and signposting since 2016. So, they may not be working in the most up-to-date way. The pharmacy defined the roles of the pharmacy team members in some SOPs, but not all. Pharmacy team members said they knew each other's roles after having worked together for many years. And they discussed tasks to be completed throughout the day. The pharmacy had up-to-date SOPs and signed documents for the flu vaccination service being delivered via patient group direction (PGD). And it had a declaration of competence from the authorised pharmacist confirming their training was up to date. The pharmacist completed theoretical training every two years. And physical vaccination administration training every year. Pharmacy team members had not completed a risk assessment before they delivered the service to help identify and manage the risks. The pharmacist said he had visually assessed the risks to make sure the consultation room was suitable. And that he had the necessary equipment in place. But he had not considered other risks.

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 or record much detail about why a mistake had happened. They usually said rushing had caused the mistakes. Their most common change after a mistake was to slow down and double check next time. They made some changes to prevent isolated errors happening again. For example, they had recently separated allopurinol and amlodipine on the shelves to help prevent picking errors. The pharmacist analysed the data collected about mistakes every three to six months. And, pharmacy team members said they discussed the patterns identified. They said they usually attributed the patterns identified to rushing due to the volume of work they had to do. The pharmacist could not provide any records of his analysis during the inspection. The pharmacy had a process for dealing with dispensing errors that had been given out to people. It recorded incidents using a template reporting form. Pharmacy team members could not produce any records of dispensing errors during the inspection. They said they had not made a dispensing error for a long time. So the inspector could not assess the quality of the pharmacy's response to dispensing errors.

The pharmacy had a procedure to deal with complaints handling and reporting. But it did not advertise its complaints procedure to people in the pharmacy's retail area. It collected feedback from people by using questionnaires. And pharmacy team members said most of the feedback recently had been about

the tired looking premises, for example the comfort and convenience of the waiting area. They explained they were in the process of planning a major re-fit. But they did not know when the re-fit would be completed.

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. And these were kept electronically. It kept running balances in all registers. And these were audited against the physical stock quantity weekly, including methadone. It kept and maintained a register of CDs returned by people for destruction. And it was complete and up to date. The pharmacy maintained a responsible pharmacist record electronically. 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. They kept private prescription records in an electronic register, which was complete and in order. And they also recorded emergency supplies of medicines electronically. 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 been trained to protect privacy and confidentiality. The pharmacist had delivered the training verbally. Pharmacy team members said they had read an information pack about information governance. But they had not kept any records of their training. They did not know when they had last completed the training. Pharmacy team members were clear about how important it was to protect confidentiality. And they said they would use the consultation room to speak to people privately.

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 for advice. The pharmacist said they would assess the concern. And would refer to local safeguarding teams to get advice. The pharmacy had an SOP in place informing pharmacy team members about what to do in the event of a concern. The pharmacist had completed training on safeguarding in 2017. But other pharmacy team members had not completed any training. They explained how they had been trained verbally by the pharmacist and by reading the procedure.

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 feel comfortable making suggestions to help improve pharmacy services. Pharmacy team members complete ad-hoc training. And they learn from the pharmacist and each other to keep their knowledge and skills up to date. But they find it difficult to complete any learning during the working day. And they can feel under pressure completing the workload when members of the team are absent.

Inspector's evidence

At the time of the inspection, the pharmacy team members present were a pharmacist, two dispensers and a medicines counter assistant (MCA). The overall staffing levels at the pharmacy were one full-time dispenser, two part-time dispensers and two part-time MCAs. Pharmacy team members explained the pharmacy was usually staffed by one pharmacist, two dispensers and an MCA. The pharmacy team members were busy throughout the inspection. It was difficult at times to spend time talking to them as they were continually dispensing waiting prescriptions, answering the phone, and completing other urgent tasks. Pharmacy team members could not always cover each other's absence. They described how it could be particularly difficult when there was unplanned absence. There was sometimes, but not always, the option for a colleague from a nearby branch to cover absence. So, sometimes the team would work with less than the usual cover, which put pressure on the team to complete the workload. Pharmacy team members completed training ad-hoc by reading various trade press materials. And the pharmacy had recently enrolled pharmacy team members in a service that provided them with training modules on different topics. A recent example of a completed training module was about bowel cancer. Pharmacy team members explained they did all training in their own time where they could because they did not have time to train at work. The pharmacy had an appraisal process. But pharmacy team members did not regularly receive an appraisal with the manager. They felt the pharmacy was too busy to allow them time to train or reflect on their performance. They raised any learning needs informally with the pharmacist. And he would teach them and signpost them to relevant resources.

A dispenser explained she would raise professional concerns with the pharmacist or superintendent pharmacist (SI). She felt comfortable raising a concern. But she was less confident about how quickly her concerns would be considered, and changes made where they were needed. The pharmacy did not have a whistleblowing policy. Pharmacy team members communicated with an open working dialogue during the inspection. The pharmacy owners and SI did not ask the team to achieve any targets.

Principle 3 - Premises ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy was clean and well maintained. The pharmacy provided a small amount of bench space for the volume of prescriptions being dispensed. All areas of the pharmacy were tidy and well organised. And the floors and passage ways were free from clutter and obstruction. There was 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 cellar. The cellar was used for storage. And it was kept tidy and organised. The pharmacy had a private consultation room available. The pharmacy team 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, if somewhat dated, 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 sources, stores and manages its medicines appropriately. Its services are accessible to people. And it generally manages its services effectively and safely. It delivers medicines to people at home. And it asks them to sign for their medicines to confirm receipt. So, the pharmacy has an audit trail to refer to in case of queries. Pharmacy team members take steps to identify people taking some high-risk medicines. And they provide people with suitable advice. The pharmacy supplies medicines to people in devices to help them take their medicines safely. And it adequately manages this service. But not all pharmacy team members can help provide this service. So, this puts additional pressure on the team members involved.

Inspector's evidence

The pharmacy had level access from the street and from the health centre reception area. Pharmacy team members explained they would use written communication with someone with a hearing impairment. But they were unsure about how they would 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. And he checked if the person was aware of the risks if they became pregnant while taking the medicine, giving them appropriate advice and counselling. The pharmacy had a supply of printed information material to give to people to help them understand the risks. 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. Pharmacy team members added descriptions of what the medicines looked like, so they could be identified in the pack. And they provided people with printed information leaflets about their medicines each month. Pharmacy team members documented any changes to medicines provided in packs on notes in the patient's master file. But these notes did not document when the changes had been made or who had communicated the changes to the pharmacy team. One pharmacy team member was responsible for the preparation of all the packs. She explained it was difficult to manage them all herself. And when she was on holiday, she was required to prepare extra packs for the period while she was away. She said this made the period before her holidays pressured and stressful. The pharmacy had one other part-time pharmacy team member who was trained to be able to resolve any issues with packs. But pharmacy team members explained it would be the pharmacist's responsibility to resolve any issues with a pack in the absence of the usual team member responsible for pack preparation. The pharmacy delivered medicines to people. It recorded the deliveries made and asked people to sign for their deliveries. 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 to arrange a re-delivery. The team highlighted medicine bags containing CDs with a sticker on the bag and on the driver's delivery sheet.

The pharmacy obtained medicines from nine licensed wholesalers. Pharmacy team members were aware of the new requirements under the Falsified Medicines Directive (FMD). They had received training on the subject. And they explained some of the features of compliant products, such as the 2D barcode and the tamper evident seal on packs. The pharmacy had the right equipment in place. And

pharmacy team members were scanning compliant packs where possible. But they could not find the documented procedure that incorporated FMD into the dispensing process during the inspection. The pharmacy stored medicines tidily on shelves. All stock was kept in restricted areas of the premises where necessary. It had adequate disposal facilities available for unwanted medicines, including controlled drugs (CDs). Pharmacy team members kept the CD cabinet tidy and well organised. 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 checked medicine expiry dates every 12 weeks. And records were seen. They highlighted any short-dated items with a sticker on the pack up to four months in advance of its expiry. And they recorded expiring items on a monthly stock expiry sheet, for removal one or two months before they were due to expire. The pharmacy responded to drug alerts and recalls. And any affected stock found was quarantined for destruction or return to the wholesaler. Pharmacy team members recorded any action taken. And, records included details of any affected products removed. Pharmacy team members kept the contents of the pharmacy fridge tidy and well organised. They monitored minimum and maximum temperatures in the fridge every day. And they recorded their findings. The temperature records seen were within acceptable limits.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy 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, well maintained measures available for medicines preparation. It had a separate set of measures to dispense methadone. It positioned computer terminals away from public view. And these were password protected. The pharmacy stored medicines waiting to be collected in the dispensary, also away from public view. It had dispensary fridges that were in good working order. And pharmacy team members used it 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.