

# Registered pharmacy inspection report

**Pharmacy Name:** Pickfords Pharmacy, Colliseum Buildings, High Street, Bentley, DONCASTER, South Yorkshire, DN5 0AP

**Pharmacy reference:** 1039148

**Type of pharmacy:** Community

**Date of inspection:** 05/07/2023

## Pharmacy context

This is a community pharmacy in the Doncaster suburb of Bentley, around two miles North of the city centre. The pharmacy's main services include selling over-the-counter medicines and dispensing NHS prescriptions. It supplies some medicines in multi-compartment compliance packs, designed to help people remember to take their medicines. And it delivers medicines to people's homes.

## 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 identifies and manages the risks associated with providing its services effectively. It keeps the records it needs to by law in good order. And it protects people's confidential information appropriately. Pharmacy team members know how to respond to people's feedback. They regularly share learning following the mistakes they make during the dispensing process. And they act with care when they have concerns about a vulnerable person to help keep them safe from harm.

### Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs). These covered the responsible pharmacist (RP) role, controlled drug (CD) management and pharmacy services. The SOPs were available to its team members electronically and in a manual folder kept on the premises. Current SOPs had varied review dates and some of these review dates had passed. For example, SOPs associated with the RP role had been due for review in January 2023. Not all team members had signed the current version of SOPs to confirm they had read and understood them. The RP and pharmacy manager acknowledged the need to ensure training records associated with the SOPs were kept up to date. Team members on duty were seen working in accordance with the procedures. For example, completing audit trails when dispensing medicines. And asking appropriate questions when managing a request for a Pharmacy (P) medicine. A trainee team member discussed the tasks that could not be completed if the RP took absence from the premises. And they discussed how they would manage a hypothetical scenario associated with managing confidentiality.

The pharmacy team followed procedures associated with managing risk. This included reporting mistakes made and identified during the dispensing process, known as near misses and mistakes identified following the supply of a medicine to a person, known as dispensing errors. Near miss reporting was generally consistent, with a minor gap in reporting seen in March 2023 when the regular pharmacist had been on leave. Records included details of the mistake and the actions the team took to reduce risk. For example, assorted brands of insulin with similar packaging had been separated in the stock fridge to reduce the risk of a picking error occurring. A team member demonstrated other actions applied throughout the dispensary following these mistakes and identified how the actions had contributed to reducing risk. For example, separating different strengths of the same medicine on the dispensary shelves. Incident reporting following a dispensing error included details of the actions taken by the team to help reduce the risk of similar incidents occurring. The team regularly discussed and acted on its mistakes through informal briefings as they occurred. And its reporting records were available to the whole team to help share learning.

The pharmacy had current indemnity insurance. The RP notice on display contained the correct details of the RP on duty. And the RP record was generally completed in full, a few records did not have the sign-out time of the RP. A sample of other pharmacy records examined complied with legal and regulatory requirements. The pharmacy held its CD register electronically. Records associated with both liquid and solid dose CDs were kept with running balances. And regular full balance checks of physical stock against the register took place. A random physical balance check of a CD conducted during the inspection complied with the running balance in the register. The team recorded patient-returned CDs in a separate register at the point of receipt.

The pharmacy advertised how people could provide feedback and raise a concern. Pharmacy team members understood how to manage feedback and a team member provided an example of how they would escalate a concern to the RP or manager dependent upon the nature of the concern. The team had completed some learning associated with confidentiality and understood the need to protect people's personal information. The pharmacy held all personal identifiable information in the staff-only area of the premises and confidential waste was appropriately separated and securely disposed of. Team members discussed how they would recognise and report concerns relating to safeguarding vulnerable people. They had completed relevant learning to support them in doing this. This included learning associated with safety initiatives designed to offer a safe space to people experiencing domestic violence. Team members provided examples of how they had responded to concerns related to medicines compliance. These included liaising with other healthcare providers and carrying out assessments to explore reasonable adjustments to help people take their medicine safely. The team regularly followed up with people if reasonable adjustments were made to ensure they were benefitting from them.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has a team of people who work together well to deliver its services. Pharmacy team members engage in learning relevant to their roles. They know how to provide feedback and raise concerns at work. And they contribute to regular conversations and actions designed to support the safe delivery of pharmacy services.

### Inspector's evidence

A regular employed pharmacist worked four days a week and was the RP on duty during the inspection, a regular locum worked Fridays and Saturdays. The regular locum was present at the pharmacy for a period at the beginning of the inspection for personal reasons. They stepped in to support the RP and pharmacy team during a particularly busy period as the inspection began. The pharmacy employed a non-pharmacist manager who had completed a Master of Pharmacy degree, two qualified dispensers, a trainee dispenser, a trainee medicine counter assistant, two part-time delivery drivers and a new team member who was currently working through their induction training. Team members reported some flexibility within the current team to cover absences. The team was generally up to date with workload. It engaged in a city-wide seven day prescribing initiative which encouraged people to order their medicines ten days prior to them being needed. But it was experiencing some workload pressure due to people not following this initiative. The pharmacy had some targets associated with its services. The RP did not feel under undue pressure to meet targets and discussed how they applied their professional judgment when providing the pharmacy's services.

Team members in training roles were at various stages of their learning. They had some time provided to them to support with this learning. But there was some confusion around the enrolment status and supervised learning time for one team member following a reduction in their working hours. The superintendent pharmacist (SI) provided clarification regarding the training arrangements following the inspection. There was evidence of ongoing learning to support team members in delivering the pharmacy's services. For example, certificates of learning associated with the NHS Pharmacy Quality Scheme. The pharmacy had a whistle blowing policy and team members felt able to feedback at work. They demonstrated how some of their ideas had been used to inform safe working practices. For example, implementing a new prescription retrieval system to reduce the risk of hand out errors occurring. The inspection provided an opportunity for a team member to seek understanding of why a recent idea of theirs had not been implemented. And the team discussed how the same outcome could be achieved following a different process inspired by the original idea. The team communicated through daily conversations and informal briefings related to workload management and patient safety. It took the opportunity to record the outcomes of some of these discussions within its near miss and incident records. This helped the team to identify the effectiveness of the actions it took to reduce risk.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is adequately maintained, and it is kept secure. It offers an appropriate environment for the services it provides. And its private consultation facilities suitably protect people's privacy.

### Inspector's evidence

The pharmacy was secure and in a sufficient state of repair. The floor in the public area and much of the dispensary was carpeted, and this was stained in some areas as were some ceiling tiles close to the entrance of the premises. The pharmacy had received a partial refit using existing fixtures and fittings to create a larger dispensary. One outstanding maintenance issue following this refit was due to be resolved shortly after the inspection. This was in response to team members raising a concern about the temporary measures used to secure wires leading to computer equipment in the recently expanded dispensary. Team members had access to appropriate hand washing facilities and antibacterial hand sanitiser. Lighting and ventilation throughout the premises were sufficient.

The pharmacy premises consisted of an open plan public area leading to the medicine counter. A rope barrier at the counter deterred unauthorised access into the dispensary. The consultation room was accessed beyond this barrier and as such a member of the team escorted people wishing to have a private consultation in the room. The room offered a suitable protected space to hold private conversations. A separate entrance at the side of the pharmacy provided access to a large window at the side of the dispensary to support services such as the supervised consumption of medicines. The dispensary was a good size with ample storage space for stock. Workstations had been created from ex-retail fittings and provided enough space for the dispensing activity carried out. A designated area to one side of the dispensary provided a quiet environment for undertaking dispensing tasks associated with CDs, multi-compartment compliance packs and for reconstituting liquid medicines. The first floor of the pharmacy was a designated staff-only area and provided access to staff facilities and storage space for overflow stock and archiving.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are accessible to people and its team engages well with people to support them in taking their medicines safely. The pharmacy obtains its medicines from reputable sources. It stores them safely and securely and it uses effective processes to ensure they are safe to supply to people.

### Inspector's evidence

People accessed the pharmacy through doors up a step from street level. A portable ramp was available to assist with access if needed. The pharmacy advertised its opening times and details of its services for people to see. Team members had appropriate knowledge of other local pharmacies and healthcare services. And they knew how to signpost people to these services in the event the pharmacy was unable to provide a service or supply a medicine. Pharmacy team members acknowledged people entering the pharmacy in a timely manner. And they referred queries to the attention of the RP who made themselves available to speak to people. The pharmacy team was particularly good at recognising people's individual circumstances. It had made a number of adjustments to the way it supplied medicines to people to help ensure they could take them safely. And it regularly checked in with these people to ensure the adjustments were supporting them as intended.

The pharmacy stored Pharmacy (P) medicines behind the medicine counter. Team members were observed asking appropriate questions when responding to a request for a P medicine. And the RP had good supervision over the medicine counter and public area. Team members were vigilant in monitoring requests for medicines subject to abuse, misuse and overuse and described how they managed these requests. This included referring repeat requests to a pharmacist. Pharmacy team members understood the requirements of the valproate Pregnancy Prevention Programme (PPP), including the need to issue the patient card when dispensing the medicine. The RP provided examples of counselling people taking higher-risk medicines, particularly those requiring ongoing monitoring. But the team did not regularly take the opportunity to record these kinds of interventions to support continual care. The team took particular care when dispensing CDs and cold chain medicines. They stored these medicines safely in clear bags and in an appropriate environment when assembled. The use of clear bags prompted additional checks of these medicines against the prescription when supplying them.

The pharmacy used coloured baskets throughout the dispensing process. This kept medicines with the correct prescription form and helped inform workload priority. Team members took ownership of their work by signing their initials within the 'dispensed by' and 'checked by' boxes on medicine labels. The pharmacy had an effective system for managing owed medicines. Team members made regular checks to establish stock availability and informed people about expected dates of availability when they had this information available. The driver demonstrated how an electronic audit trail supported the delivery process. Team members could access the application to confirm the status of a delivery when needed.

The pharmacy sent some dispensing workload associated with the supply of medicines in multi-compartment compliance packs offsite to one of the company's hub pharmacies. Team members had access to SOPs written specifically to support this practice. The process involved the RP documenting

the completion of data accuracy checks of the information being sent to the hub and a clinical check of the prescription. And the pharmacy had efficient processes for the management of locally dispensed medicines not dispensed inside the compliance packs. The process ensured these were matched to the correct set of compliance packs arriving from the hub. Patient information leaflets (PILs) were not seen to be provided by the hub pharmacy for the medicines assembled within compliance packs. The pharmacy assembled a small number of compliance packs locally. This was done following a risk assessment of a persons' individual needs. A sample of compliance packs examined were accompanied by up-to-date records associated with the person's medicine regimen. They contained full dispensing audit trails and PILs were provided regularly.

The pharmacy obtained its medicines from licensed wholesalers, and it stored them tidily and within their original packaging. The team recorded date checking activities and it highlighted short-dated medicines to prompt additional checks to ensure they remained safe to use. A random check of dispensary stock found no out-of-date medicines. The team marked liquid medicines with details of their opening dates to ensure they remained safe and fit to supply. The pharmacy kept CDs securely, with date-expired and patient-returned CDs appropriately separated. The pharmacy's medicine fridges were an appropriate size for the medicines they held. A sample of fridge temperature records showed that the temperatures had stayed within the required temperature range. The pharmacy had appropriate medical waste receptacles to support the safe disposal of medicine waste. It received medicine alerts by email and acted to respond to these alerts in a timely manner.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs for providing its services. It monitors its equipment to ensure it remains in safe working order. And its team members use the equipment appropriately.

### Inspector's evidence

The pharmacy had written reference resources available. And team members could access the internet to help resolve queries and to obtain up-to-date information. The pharmacy's computer was password protected. And information displayed on computer monitors was only viewed by authorised personnel. The pharmacy stored bags of assembled medicines in a retrieval system to the side of the dispensary. The arrangement prevented personal information on bag labels and prescription forms being visible from the public area.

The pharmacy had a range of equipment to support it in delivering its services and it maintained this equipment appropriately. Electrical equipment was in good working order with electrical leads free of visual wear and tear. The pharmacy had up-to-date service contracts for its automated dispensing machine for substance misuse services. Team members completed calibration checks of this machine daily. The pharmacy had a range of clean counting and measuring equipment for liquids, tablets, and capsules.

### 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.