General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: London Road Pharmacy, 3-7 Alderson Road, SHEFFIELD, South Yorkshire, S2 4UA

Pharmacy reference: 1039247

Type of pharmacy: Community

Date of inspection: 07/03/2023

Pharmacy context

This community pharmacy is located on a high street in the city of Sheffield. Its main services include dispensing NHS and private prescriptions and selling over-the-counter medicines. It provides some people with their medicines in multi-compartment compliance packs, and it provides a substance misuse service. It delivers some 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 team members have access to procedures to help support them in managing the pharmacy's services safely. Team members keep people's confidential information safe. And they record details of mistakes made during the dispensing process and they discuss ways to improve patient safety. Team members know how to protect the welfare of vulnerable people and the pharmacy keeps most of the records it needs to by law.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs). These were held electronically. The SOPs provided the team with information to help them complete various tasks. Team members read the SOPs in the first few weeks of their employment. A team member who had recently joined the pharmacy team confirmed they had read and understood all the SOPs that were relevant to their role. Team members signed a record sheet confirming which SOPs they had read and understood.

The pharmacy had a process to record any mistakes made during the dispensing process which were identified before the medicine was supplied to a person. These mistakes were known as near misses. The pharmacy had recently introduced an electronic near miss recording system. The system automatically analysed the near misses for any trends or patterns. But the pharmacy's superintendent pharmacist (SI) explained he had decided to revert to using a paper log as he had noticed team members found using the electronic log time consuming and occasionally failed to record some near misses. The paper log had several sections to complete including the date and time the near miss happened, and if team members felt there were any contributory factors. Team members didn't always record contributory factors and so they may have missed the opportunity to identity any trends or patterns. The SI had recently completed an annual report on near misses. The team discussed the findings after noticing several common near misses involving medicines that had similar packaging or had similar names. The team had segregated some of these medicines to reduce the risk of them being selected by mistake during the dispensing process. The pharmacy had a process to report any dispensing mistakes that were identified after the person had received their medicine. The team used an electronic reporting tool to report such incidents. The reports were forwarded on to the pharmacy's head office and the pharmacy's area manager. The pharmacy had a concerns and complaints procedure. Any complaints or concerns were verbally raised with a team member. If the team member could not resolve the complaint, it was escalated to the SI.

The pharmacy had up-to-date professional indemnity insurance. It displayed the right responsible pharmacist (RP) notice. The RP record was correctly completed. The pharmacy kept electronic records of supplies against private prescriptions. The records were generally correctly completed but, in an example, the pharmacy had recorded the incorrect details of the prescriber that had issued the prescription. The pharmacy retained complete controlled drug (CD) registers. And the team kept them in line with legal requirements. The inspector checked the balances of three randomly selected CDs which were found to be correct. The pharmacy kept records of CDs returned to the pharmacy for destruction.

The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. The team placed confidential waste into a separate container to avoid a

mix up with general waste. The waste was periodically destroyed using a shredder. Team members understood the importance of securing people's private information. The pharmacy had a formal written procedure to help the team raise concerns about safeguarding of vulnerable adults and children. The SI and another team member had completed training on the subject. Team members described hypothetical safeguarding situations that they would feel the need to report. They had access to the contact details of the local safeguarding teams.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough team members with the right qualifications to help manage its services. Team members support each other and work well together. They are supported by the pharmacy to help them keep their knowledge and skills up to date. Team members provide feedback and implement changes to the way the pharmacy works to help improve efficiency.

Inspector's evidence

Present during the inspection were the SI who was also the RP during the inspection, a full-time trainee pharmacist, a full-time qualified pharmacy assistant, two part-time qualified pharmacy assistants, a part-time trainee pharmacy assistant and a part-time qualified counter assistant. Three part-time qualified counter assistants, a deliver driver and a part-time qualified pharmacy assistant were not present during the inspection. Team members worked additional hours to cover each other's planned or unplanned absences. Locum pharmacists provided pharmacist cover. The team was observed working well together during the inspection. They were seen involving the SI when talking to people about their health and when considering a suitable over-the-counter medicine to help people manage specific health conditions. Team members were managing the pharmacy's dispensing workload well and they were a few days ahead of the workload. This helped them work without time pressures. Team members explained this also helped them minimise the number of near misses they made.

The pharmacy supported its team members to help update their knowledge and skills. Team members were provided with a range of healthcare-related modules for team members to work through. Most modules had a short assessment for team members to complete to assess their understanding. Team members who were enrolled on a training course were given additional time to work through their respective courses. The trainee pharmacist was given four hours a week of protected time each month to complete their training so they could do so without interruption. Most recently, the team had completed training on suicide awareness and spotting signs of cancer.

Team members attended informal team meetings where they could discuss any professional concerns and give feedback on ways the pharmacy could improve. Recently the team had made changes to the way the pharmacy stored multi-compartment compliance packs. Separate shelves were used to store packs that were to be supplied weekly. The team explained this prevented them being handed out monthly in error. Team members were set some basic targets to achieve. They did their best to achieve the targets but focused on aiming to provide an efficient service for the local community.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's premises are suitable for the services it provides. It keeps its premises clean, tidy, and organised, and it has sufficient space to store its medicines properly. It keeps its premises secure from unauthorised access. And people can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy was clean, well maintained and highly professional in appearance. Throughout the inspection, the team kept benches in the dispensary well organised with baskets containing prescriptions and medicines awaiting a final check. The dispensary was spacious, and the floor space was kept clear from obstruction. There were clearly defined areas used for the dispensing process and there was a separate bench used by the RP to complete the final checking process. The pharmacy had ample space to store its medicines. There was an office room used to store confidential files and other paperwork. There was a private, soundproofed consultation room available for people to have private conversations with team members.

The pharmacy had separate sinks available for hand washing and for the preparation of medicines. There was a toilet, with a sink which provided hot and cold running water and other facilities for hand washing. Team members controlled unauthorised access to restricted areas of the pharmacy. Throughout the inspection, the temperature was comfortable. Lighting was bright throughout the premises.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides a range of services that are generally well managed and easy for people to access. The pharmacy appropriately sources its medicines, and the pharmacy team completes checks of the expiry dates to make sure they are fit for purpose. The pharmacy generally stores its medicines appropriately.

Inspector's evidence

People had level access into the pharmacy through the main entrance door from street level. This made it easy for people using wheelchairs or pushchairs to enter the pharmacy. The pharmacy advertised its services in the main window. The pharmacy had a facility to provide large print labels to people with a visual impairment. The team helped some people who didn't speak English via translation applications. There were some healthcare related information leaflets for people to take away with them. Team members were aware of the importance of not covering braille on medicine packaging with dispensing labels. Team members were aware of the Pregnancy Prevention Programme (PPP) for people in the at-risk group who were prescribed valproate, and of the associated risks. They demonstrated the advice they would give in a hypothetical situation, including checking people were enrolled on a PPP if they fitted the inclusion criteria. The pharmacy was displaying a notice in the dispensary which outlined the risks of taking valproate. The team had recently decided to store valproate in a separate drawer to reduce the risk of valproate being dispensed in error.

Team members used various stickers to attach to bags containing people's dispensed medicines. They used these as an alert before they handed out medicines to people. For example, to highlight the presence of a fridge line or a CD that needed handing out at the same time. Team members signed the dispensing labels to keep an audit trail of which team member had dispensed and completed a final check of the medicines. They used dispensing baskets to hold prescriptions and medicines together which reduced the risk of them being mixed up. The baskets were of different colours to help separate the workload. For example, green baskets were used to highlight the medicines were to be delivered to a person's home. The pharmacy had recently added the facility for additional information to be printed onto labels used to seal bags of dispensed medicines. For example, the labels now displayed a reminder if people were due to have a review of their medicines at their GP surgery. Team members explained this feature had helped many people who were unsure of when their reviews were due. The pharmacy had owing slips to give to people when the pharmacy could not supply the full quantity prescribed. The pharmacy offered a delivery service and kept records of completed deliveries. And it kept an audit trail of the service. The pharmacy provided a substance misuse service. It used a separate electronic record system for the service. Supervised consumptions were undertaken in the pharmacy's consultation room. The team ensured they contacted the local drug team if people had missed doses to ensure their treatment remained appropriate.

The pharmacy dispensed medicines for some people into multi-compartment compliance packs. These packs were designed to help people to remember to take their medicines at the correct times of the day. The medicines were dispensed into small, sealed pods relating to the day and time of the day they should be taken by the person. For example, Tuesday, morning. The dispensing workload for the packs was spread evenly over a four-week period to help the team efficiently manage the workload. The team ordered prescriptions for people supplied with the packs a week in advance of them being due for

collection or delivery. This gave the team plenty of time to manage any queries, such as medicines that were missed off prescriptions. Team members used master sheets to cross-reference prescriptions to ensure they were accurate. The packs were supplied with patient information leaflets, and they were annotated with descriptions of the medicines inside. For example, green, round, tablet. But the descriptions were occasionally similar for different medicines in the same pack. For example, in one pack, three medicines were described as white, round, tablets. The team kept records of any changes to people's packs. For example, if a medicine had been stopped or a dose had been increased.

The pharmacy stored some pharmacy-only (P) medicines directly behind the pharmacy counter and some in glass cabinets to the side of the counter. There was a notice on each of the glass cabinets informing people not to open them without the assistance of a team member. Team members explained they always intervened if they observed a person wanting to select these medicines. Team members followed a process to check the expiry dates of the pharmacy's medicines, but they did not keep up-to-date records for this. A check of approximately 30 randomly selected medicines did not find any which were out of date. The team marked liquid medicines with details of their opening dates to ensure they remained safe and fit to supply. The pharmacy had medicine waste bags and bins, sharps bins and CD denaturing kits available to support the safe disposal of medicine waste. The pharmacy had two domestic grade fridges used to store medicines that needed cold storage. Team members kept records of the temperature ranges of the fridge. They generally did this each day but had occasionally failed to do so. Both fridges were operating within the correct temperature ranges on the day of the inspection. The pharmacy received medicine alerts electronically through email. The team actioned the alert and kept a record of the action taken.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the appropriately maintained equipment that it needs to provide its services. And it uses its equipment appropriately to help protect people's confidentiality.

Inspector's evidence

Team members had access to up-to-date reference sources. The pharmacy used a range of CE marked measuring cylinders. The cylinders were marked with different colours to help prevent cross-contamination. For example, cylinders that were marked red were used only for dispensing water, green cylinders were used to dispense CDs and yellow cylinders were used for any other liquid medicines. The pharmacy used an electronic blood pressure monitor which was due to be replaced every year. It also had an automated substance misuse dispensing system. The system was cleaned and calibrated each day. The pharmacy stored dispensed medicines in a way that prevented members of the public seeing people's confidential information. It suitably positioned computer screens to ensure people couldn’t see any confidential information. The computers were password protected to prevent any unauthorised access. The pharmacy had cordless phones, so that team members could have conversations with people in private. Team members had access to personal protective equipment including face masks and gloves.

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.