

Registered pharmacy inspection report

Pharmacy Name: Shoreham Pharmacy, 255 Shoreham Street,
SHEFFIELD, South Yorkshire, S1 4SS

Pharmacy reference: 1039372

Type of pharmacy: Community

Date of inspection: 08/09/2020

Pharmacy context

This is a community pharmacy in a residential area close to the centre of Sheffield, South Yorkshire. The pharmacy sells over-the-counter medicines and dispenses NHS prescriptions. And it delivers medicines for some people to their homes. The pharmacy supplies some medicines in multi-compartment compliance packs to help people take their medication. The inspection was completed during the Covid-19 pandemic.

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 identifies and adequately manages the risks associated with the services it provides to people. It generally maintains the records it needs to by law and keeps people's private information safe. The team members openly discuss and share details of any mistakes made while dispensing so they can learn from each other and prevent similar mistakes from happening again. They understand when and how to escalate any concerns they may have to help protect the wellbeing of vulnerable people.

Inspector's evidence

The pharmacy had several procedures in place to help manage the risks and help prevent the spread of coronavirus. These included posters on the entrance door and in the retail area reminding people visiting the pharmacy to wear a face covering as required by law. The pharmacy was operating a closed-door policy and so any people visiting the pharmacy were served at the entrance door. The pharmacy's team members spoke to people discreetly at the entrance door to protect their privacy or they directed people to other pharmacies in the area if they required a private consultation. For example, if a person had a rash they wanted examining. There was a sign on the door asking people to knock on the door if they required attention. The team members stated that people were generally happy that the pharmacy was operating a closed-door policy as the retail area was too small to allow people to socially distance from each other. The team members said a Perspex screen was due to be installed across the pharmacy counter which would provide some protection between the team members and people who were in the retail area. The pharmacy was expected to start allowing people to enter the premises once the screen was installed in early October 2020. There was a poster on the pharmacy's main window reminding people to return home if they were suffering from any of the main symptoms of Covid-19. The team members were not wearing masks while they were working, but they occasionally used masks when engaging with members of the public. They said it was often difficult to talk to each other when wearing personal protective equipment (PPE). The inspector provided the team members with Public Health England guidance on wearing PPE. The team members were able to appropriately socially distance from each other while they were working, and they were seen doing so effectively during the inspection. The pharmacist on duty had completed a Covid-19 risk assessment in July 2020. Following a staff consultation, several improvement measures had been put into place. These included asking local GP surgeries to issue electronic prescriptions only to reduce the risk of spreading infection via paper prescriptions. The pharmacy had not completed individual team member risk assessments.

The pharmacy had a set of standard operating procedures (SOPs). They covered tasks such as dispensing, responsible pharmacist (RP) requirements and controlled drug (CD) management. There was no indication of when the SOPs had last been reviewed or when the next review was due. Each team member had read and signed the SOPs that were relevant to their role within the last three years.

The responsible pharmacist highlighted near miss errors that were spotted during the dispensing process. The team kept records of any near miss errors in a near miss logbook which contained several entries. The entries contained details of when the error took place and why it might have happened. The team had not been recording details of the errors made since the pandemic had started. They said this was due to a lack of time as the dispensing workload had increased. Following a discussion with the inspector, the team members said they would plan to restart the process immediately. The team

members had continued to discuss the errors they made to ensure they learnt from their mistakes. But they didn't analyse the errors and so they may have missed out on identifying any trends or patterns.

The pharmacy had a concerns and complaints procedure in place. Any such matters were required to be raised verbally with a team member. If the matter could not be resolved by the team member it was escalated to the pharmacy's superintendent pharmacist (SI). It obtained feedback from people who used the pharmacy each year through a customer satisfaction survey. And the results were published for people to see and were mostly positive. The team members provided examples of how they had responded to feedback during the pandemic. For example, prescriptions for urgent medicines such as antibiotics were sent out for home delivery at the earliest opportunity.

The pharmacy had up-to-date professional indemnity insurance. The responsible pharmacist notice displayed the name and registration number of the responsible pharmacist on duty. Entries in the responsible pharmacist record complied with legal requirements. The pharmacy kept up-to-date and accurate records of private prescription and emergency supplies. The pharmacy kept controlled drugs (CDs) registers that were completed correctly. The team normally checked the running balances against physical stock each month, but they had not completed the task during the first few months of the pandemic. The pharmacist had however, completed a full check in September 2020. The pharmacy kept records of CDs returned by people to the pharmacy. The pharmacy held certificates of conformity for unlicensed medicines in line with the requirements of the Medicines and Healthcare products Regulatory Agency (MHRA).

The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. Confidential waste was placed into a separate bin to avoid a mix up with general waste. The confidential waste was periodically destroyed by using a shredder. The team members understood the importance of keeping people's private information secure and they had all completed information governance training as part of their employment induction process.

The pharmacist and a pharmacy technician had completed safeguarding training through the Centre for Pharmacy Postgraduate Education (CPPE), and a safeguarding procedure was in place and displayed on a wall in the dispensary. The displayed listed the contact details of the local safeguarding team and the areas local Police Community Support Officer (PSCO).

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members with the skills required to manage the workload effectively. And they support each other well. The team members attend regular team meetings and have performance appraisals. So, they have the opportunity to suggest and implement improvements and raise professional concerns.

Inspector's evidence

At the time of the inspection the responsible pharmacist was the pharmacy's resident full-time pharmacist. She was supported by a full-time NVQ3 qualified pharmacy technician. The pharmacy also employed a part-time pharmacy dispenser and a delivery driver. The pharmacist had joined the pharmacy around six months ago and she said she had settled in well. A full-time dispenser had recently left the business. The pharmacy was in the process of recruiting a replacement, but it had not had much success. The team attributed this to people being reluctant to start working in a pharmacy during a pandemic.

The pharmacy technician was training to be an accuracy checking technician. And she was provided with some protected time to complete her training without distractions during her contracted hours. But she was not always able to take the protected time due to the pressures of the dispensing workload. She added that she was looking forward to the pharmacy recruiting another team member which would allow her to use her protected time more regularly. The pharmacy had a formal performance appraisal process in place. They took place annually and were in the form of a private conversation between one of the pharmacy's owners and the team member.

The team members held regular team meetings during which they could raise concerns and give feedback. They were grateful for the autonomy given to them by the pharmacy's owners which helped them work better. For example, the team were using the main pharmacy fridge to store some food items. They felt this may compromise the quality of the medicines stored in the fridge and so the team ordered an additional fridge to store food in. The pharmacy technician said she was able to discuss any professional concerns with the pharmacist or the pharmacy owners and was comfortable doing so. The pharmacy didn't have a whistleblowing policy and so the team members may not be able to raise and escalate a concern anonymously. There were some targets set to the team such as prescription items dispensed. The team members strived to achieve them but they explained there was little pressure to meet them.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is kept clean, tidy and secure. It is generally well maintained. The pharmacy has adequate arrangements for having private conversations with people during the pandemic.

Inspector's evidence

The pharmacy was clean, professional in appearance and generally well maintained. But there was peeling plaster collecting on each stair that led to the basement. Additionally, the stairwell was poorly lit and therefore there was a risk of a trip or a fall. Other areas of the pharmacy were brightly lit. The inspector discussed the risks with the team members, and they agreed to bring the issue to the attention of the pharmacy's owners.

The dispensary was small, and it had a limited amount of bench space available, but the team was managing the space well and the dispensary was kept tidy. They had increased the number of times the pharmacy was cleaned during the pandemic. There was a fixed hand sanitiser dispenser located at the entrance to the dispensary. And they used it after they interacted with people at the entrance door. There was a clean, well maintained sink in the dispensary for medicines preparation. There was a toilet and sink available for staff use. The pharmacy had a sound-proofed consultation room which contain adequate seating facilities. The temperature was comfortable throughout the inspection.

Principle 4 - Services ✓ Standards met

Summary findings

During the pandemic, the pharmacy has restricted access to help keep the team and people safe. It continues to provide services as it can. The pharmacy is adequately managing its services. The team members keep records and audit trails of tasks associated with its services to help them manage and resolve any queries effectively. The pharmacy sources and stores its medicines appropriately but it doesn't have a robust process to check the expiry date of its medicines.

Inspector's evidence

The pharmacy had steps up from the pavement. And there was a ramp, so people using wheelchairs and prams could easily access the pharmacy. The pharmacy advertised its services and opening hours in the main window. People were able to knock on the entrance door of the pharmacy to get the team's attention or they could phone the pharmacy to speak to a team member. There was a notice on the entrance door asking people to be patient if they were not seen to straight away. There were seats available in the retail area for people to use when the pharmacy was to start allowing members of the public to enter the premises. Large print labels were provided on request to help people with a visual impairment. The team members had access to the internet which they used to signpost people requiring services that the pharmacy did not offer.

The team members were using various stickers within the dispensing process and they used these as an alert before they handed out medicines to people. For example, to highlight interactions between medicines or the presence of a fridge line or a controlled drug that needed handing out at the same time. The team members signed their dispensing labels when the dispensing and checking processes were complete. And this meant that a robust audit trail of the process was in place. They used baskets of different colours to hold prescriptions and medicines. For example, red baskets were used to indicate that the medicines needed to be delivered to somebody's home. Owing slips were given to people on occasions when the pharmacy could not supply the full quantity prescribed. One slip was given to the person and one was kept with the original prescription for reference when dispensing and checking the remaining quantity. The pharmacy kept a record of the delivery of medicines to people. Due to the pandemic, the delivery driver didn't ask people to sign for receipt of their medication. The driver left the medicines on the person's doorstep before moving away and waiting to watch them pick-up the medicines.

The pharmacy dispensed high-risk medicines such as warfarin. The team used alert stickers attached to people's medication bags to remind them that the bag contained a high-risk medicine. The bag was then brought to the attention of the pharmacist so they could provide the person collecting the medicine with additional advice if there was a need to do so. The team members had not been able to complete the process each time during the pandemic. This was mainly because many people taking high-risk medicines were now having their medicines delivered. The pharmacy didn't have a process in place to complete the process remotely, for example, by telephone. The team members were aware of the pregnancy prevention programme for people prescribed valproate, and of the associated risks. They demonstrated the advice they would give in a hypothetical situation and they had access to reading material about the programme that they could give to people to help them take their medicines safely.

The pharmacy supplied medicines in multi-compartment compliance packs to several people. The packs

were mostly provided either weekly or every four weeks. This schedule was agreed with the person following an initial risk assessment carried out by the team. To help the team manage the workload evenly, the dispensing of the packs was divided across a four-week cycle. The prescriptions were held in blue baskets to help the team members keep them separate from other types of prescriptions, such as ones for delivery. They used the person's electronic record to accuracy check prescriptions before the dispensing process started. Any queries were discussed with the relevant prescriber. Details of any changes such as dosage increases or decreases, were recorded on the person's electronic record. The details included the name of the prescriber making the change and the date the pharmacy was informed. The team members always used gloves and masks while they prepared packs to reduce the risk of spreading infection. The team recorded the descriptions of the products within the packs and supplied the manufacturer's patient information leaflets.

Pharmacy (P) medicines were stored behind the pharmacy counter so people accessing the pharmacy premises couldn't self-select any items without speaking to a team member. The team members were seen speaking to people at the entrance door about any P medicines they wished to buy. The pharmacy's medicines were stored tidily in the dispensary and were easy to find. The pharmacy had a process to check the expiry dates of its medicines to make sure none had expired. But the process was completed irregularly. Dot stickers were placed on boxes that were due to expire within the next 6 months. No records of the activity were kept so there wasn't an audit trail of the process in place. The inspector checked the expiry dates of 20 medicines that were stored in the dispensary, four expired medicines were found. And they didn't have short-dated dot stickers affixed which increased the risk of the short expiry date not being identified before being supplied to people. The risks were discussed with the team members and they agreed to complete a full date check once the inspection had been completed. The pharmacy had medical waste bins, sharps bins and CD denaturing kits available to support the team in managing pharmaceutical waste. The pharmacy wasn't currently accepting medicines for disposal from people and there was a notice on the entrance door explaining this. The team members explained that if anyone wanted to return any medicines they were either asked to secure them and keep them safely in their homes until further notice, or they were signposted to another pharmacy in the area. The pharmacy was expecting to resume accepting returned medicines once the pharmacy had started allowing public access.

The team was not currently scanning products or undertaking manual checks of tamper evident seals on packs, as required under the Falsified Medicines Directive (FMD). Drug alerts were received by the pharmacy team and actioned. The team kept records of the alerts for future reference. It checked and recorded fridge temperature ranges each day. A sample seen were within the correct ranges.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy's equipment is clean and suitable for the services it provides. The pharmacy uses its equipment appropriately to protect people's confidentiality.

Inspector's evidence

The pharmacy had copies of the BNF and the BNF for children available for the team to use. The team had access to the internet as an additional resource. The pharmacy used a range of CE quality marked measuring cylinders. Medicines waiting to be collected were stored in a way that prevented people's confidential information being seen by members of the public. Computer screens were positioned to ensure confidential information wasn't seen by people. The computers were password protected to prevent any unauthorised access. The pharmacy had cordless phones, so the team members could have conversations with people in private. It had a wireless card terminal for contactless transactions and reduce the use of physical cash during the pandemic. The team members had access to PPE including face masks and gloves. All equipment was clean and regularly monitored to ensure it was safe to use.

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.