

Registered pharmacy inspection report

Pharmacy Name: Crosspool Pharmacy, 23 Sandygate Road,
SHEFFIELD, South Yorkshire, S10 5NG

Pharmacy reference: 1039374

Type of pharmacy: Community

Date of inspection: 15/12/2023

Pharmacy context

This community pharmacy is in the area of Crosspool, 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 provides a seasonal 'flu vaccination service. And it delivers some 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
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 use a set of written procedures to support them in managing pharmacy services safely. And they keep people's sensitive information secure. The pharmacy has a process for team members to record mistakes made during the dispensing process. And they make some changes to the way they work to reduce the risk of mistakes happening again. They are suitably equipped to support the safeguarding of vulnerable adults and children.

Inspector's evidence

The pharmacy had a digital set of standard operating procedures (SOPs) available to its team members. The SOPs provided the pharmacy's team members with information to help them complete various tasks. For example, managing controlled drugs (CDs). The SOPs had been created by the pharmacy's superintendent pharmacist (SI). Team members were required to read the SOPs that were relevant to their role. They did this when they started working at the pharmacy, and when new or revised SOPs were issued. The SOPs were scheduled to be reviewed periodically to make sure they were up to date and accurately reflected the pharmacy's way of working. Team members signed a document to confirm they had read and understood each SOP.

The pharmacy used a log to record mistakes made during the dispensing process which were identified before a medicine was supplied to a person. These mistakes were known as near misses. Each team member was given the responsibility to record their own near misses. This helped them take responsibility for their mistakes and manage their own learning. Team members recorded details such as the date the near miss happened. The log had a section for team members to record what had happened. But these details were often vague and when asked, team members were not able to recall the full details of the near miss. They didn't always record why the near miss might have happened and so the team may have missed the opportunity to identify any specific trends or patterns. Team members had implemented some measures to reduce the risk of near misses happening. These included ensuring medicines were stored tidily in the dispensary and different strengths and forms of the same medicines were not stored together. The pharmacy used an electronic reporting system to help report dispensing incidents that had reached people. The report was completed by the pharmacy's accuracy checking technician (ACT) and kept in the pharmacy for future reference. The pharmacy had a procedure to support people in raising concerns about the pharmacy. It was outlined within leaflets stored in the retail area. Any concerns or complaints were usually raised verbally with a team member. If the team member could not resolve the complaint, it was escalated to the SI.

The pharmacy had current professional indemnity insurance. It was displaying a responsible pharmacist (RP) notice. It displayed the name and General Pharmaceutical Council (GPhC) registration number of the RP on duty during the inspection. However, the notice was kept far behind the pharmacy counter and so was difficult for people to see from the retail area. A sample of the RP record inspected was completed correctly. The pharmacy kept complete records of supplies against private prescriptions. The pharmacy retained complete CD registers. And of the sample checked, the team kept them in line with legal requirements. The team completed balance checks periodically. The inspector checked the balance of a randomly selected CD against physical stock which was found to be correct. The pharmacy kept complete 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 and they had each completed formal training on information governance and data protection. Team members described how they offered people the use of the pharmacy's consultation room if people felt uncomfortable discussing their health in the retail area. The RP and the ACT had completed formal training on the safeguarding of vulnerable adults and children via the Centre for Postgraduate Pharmacy Education (CPPE). Team members accurately described hypothetical safeguarding situations that they would feel the need to report.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy employs a skilled and experienced team to manage the pharmacy's workload safely and efficiently. It adequately supports its team members to update their knowledge and skills. Team members have access to the pharmacy's whistleblowing policy to support them in raising concerns anonymously.

Inspector's evidence

The employed pharmacist worked two days a week at the pharmacy. The other days were covered by a locum pharmacist. During the inspection, the RP was supported by the ACT, who worked full-time, a full-time qualified counter assistant, a part-time qualified pharmacy assistant and two trainee pharmacy assistants. On the day of the inspection, the pharmacy was receiving additional support from a team member who usually worked at another pharmacy owned by the pharmacy's owners. This team member was supporting with retail sales. Throughout the inspection, team members were observed working efficiently. Team members were supporting each other in completing various tasks. They were observed involving the RP when recommending over-the-counter medicines to people to treat various minor ailments. They could cover each other's absences by working additional hours if required, however team members explained this was not common as they felt they had enough team members to efficiently manage the workload. Team members didn't take leave in December as this was the pharmacy's busiest time of year. One team member was responsible for managing the dispensing of multi-compartment compliance packs. The team member explained they always ensured the packs were dispensed a week in advance to prevent any disruption in service should they be any unplanned absences.

The pharmacy didn't provide its team members with a formal training programme to support them in updating their knowledge and skills. Team members used training material received by the pharmacy via third-party providers. Team members often trained at home to support them in updating their knowledge and skills. They explained they occasionally discussed the benefits of new over-the-counter medicines that the pharmacy was stocking and discussed how they could manage people's seasonal conditions such as hay fever in the summer months and 'flu in the winter months. Team members were not provided with a formal appraisal process. They explained the SI had recently discussed implementing appraisals to support team members in their personal development. Team members had access to the pharmacy's whistleblowing policy to support them in raising concerns anonymously. The pharmacy's owners didn't set the team any targets to achieve. Team members explained they were focused on providing a safe and efficient service for people who used the pharmacy.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are generally well maintained and of an adequate size for the services the pharmacy provides. The pharmacy has suitable facilities for people to have private conversations with team members.

Inspector's evidence

The premises was generally well maintained and kept clean and hygienic. The ground floor dispensary area was small, but the team had managed the space well. Benches were kept organised with baskets containing prescriptions and medicines awaiting a final check stored in an orderly manner. However, some of these baskets were kept on the floor. This created a risk of other medicines falling into the baskets, the baskets being knocked over, as well as a trip hazard. These risks were discussed with the RP who gave assurances the baskets would be stored on a dispensary bench going forward. There was a small, signposted, soundproofed consultation room in the retail area. There was a large storage area and staff facilities in the basement of the premises. Floor spaces were kept clear and medicines and other items were stored tidily.

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

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides a range of services to support people in managing their health conditions. It manages its services well, and team members support people to take their medicines correctly. The pharmacy stores its medicines appropriately and team members follow a process to ensure medicines are safe and suitable to supply.

Inspector's evidence

The pharmacy had a small step from the street to the main entrance door. Team members described how people with mobility issues or prams would be served at the entrance door. The pharmacy had a facility to provide large-print labels to people with a visual impairment. Team members described how they supported people with a hearing impairment to access the pharmacy's services. This included providing written messages to people and speaking slowly. 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 were aware of recently issued guidance to pharmacies to prevent supply of valproate outside of original manufacturers packaging. The pharmacy was providing a seasonal 'flu vaccination service. Team members promoted the service to people who were eligible for a 'flu vaccination to help ensure they were protected.

Team members used various alerts 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 to the RP the presence of a fridge line or a CD that needed handing out at the same time. They used 'mixed batch' alert stickers to attach to the packaging of medicines if they contained the same medicine from different batches. This helped people understand when their medicines looked different. 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 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 digital records of completed deliveries. These records supported the team in managing any queries.

The pharmacy offered a service to people to have their medicines dispensed in multi-compartment compliance packs. The packs were dispensed on the ground floor of the premises to allow team members to dispense them without distractions of the retail area. Team members used 'master sheets' as a reference source to ensure prescriptions for people were accurate. These were records of people's current medication and when they took them. Team members raised any discrepancies with the relevant prescriber. Any changes to treatment, such as if a medicine was stopped, was also recorded on the person's electronic record. Team members recorded the date of the change and the person who had informed them of the change. This ensured the pharmacy maintained a comprehensive audit trail. The packs were supplied with patient information leaflets.

The pharmacy stored pharmacy-only (P) medicines directly behind the pharmacy counter to prevent self-selection. The pharmacy had a process for the team to check the expiry date of the pharmacy's medicines every three months. The team was around two months behind with the process. However, no out-of-date medicines were found following a check of approximately 30 randomly selected

medicines. The team highlighted medicines were due to expiry within the next 6 months by using warning stickers. The pharmacy used a large, clinical grade fridge for storing medicines that required cold storage. Team members recorded the temperature of the fridge each day to ensure it was operating correctly. The fridge was operating within the correct temperature ranges on the day of the inspection. The team received drug alerts. Team members actioned the alerts but didn't retain a record of the action they took following the alert. And so, a full audit trail was not in place.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the 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 including copies of the British National Formulary (BNF) and BNF for children. The pharmacy used a range of CE marked measuring cylinders. There were suitable adrenaline pens, sharps bins, plasters, and swabs to support the team in delivering 'flu vaccinations. 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.

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.