

Registered pharmacy inspection report

Pharmacy Name: South Anston Pharmacy, 13 Sheffield Road, South Anston, SHEFFIELD, South Yorkshire, S25 5DT

Pharmacy reference: 1039376

Type of pharmacy: Community

Date of inspection: 08/08/2022

Pharmacy context

The pharmacy is located in the centre of South Anston, a village in South Yorkshire. It dispenses NHS and private prescriptions. And it supplies some medicines in multi-compartment compliance packs, designed to help people remember to take their medicines. The pharmacy also offers a medicine delivery service.

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	1.7	Good practice	The pharmacy is committed to protecting people's confidential information. It achieves this through its team members engaging in regular data and information security learning. And through the completion of regular audits designed to monitor compliance with the pharmacy's information governance procedures.
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 associated with its services well. It is committed to keeping people's confidential information secure. And it regularly monitors the processes its team members follow when managing people's private information. The pharmacy generally keeps the records it must by law. It advertises how people can provide feedback about its services. And it uses the feedback it receives to support its team members in delivering its services safely. Pharmacy team members understand how to help safeguard vulnerable people. They engage in regular discussions about patient safety. And they act with care when they make mistakes, to reduce the risk of making similar mistakes again.

Inspector's evidence

The pharmacy had changed ownership within the last year. It had a range of governance tools available to support it in delivering its services safely. These included a comprehensive and up-to-date set of standard operating procedures (SOPs) implemented in December 2021. SOPs covered responsible pharmacist (RP) requirements, controlled drug (CD) management, dispensary processes and services. Training records confirmed that team members had read and understood them. Much of the pharmacy's workload was managed through the dispensing of repeat prescriptions. And it had systems to help monitor its workload to ensure it was completed ahead of collection and delivery dates. For example, a board in the dispensary provided information relating to the next dates of dispensing for multi-compartment compliance packs.

Pharmacy team members engaged in near miss reporting by recording details of the mistakes they made during the dispensing process on a paper record in the dispensary. They then transferred details of each near miss onto an electronic record. And they used this electronic record to help inform monthly patient safety reviews and actions designed to reduce risk. For example, the team had highlighted some 'look-alike and sound alike' medicines on the dispensary shelves to help prompt additional checks when picking medicines. Near miss rates had remained constant and monthly reviews had continued since the pharmacy manager had left the business over six months ago. A team member discussed the importance of being aware of personal patterns in near misses, and how they used this information to help prompt additional checks when completing dispensing tasks. The pharmacy had an incident reporting process. Team members had not been made aware of any incidents since the transfer of ownership of the pharmacy. A team member identified how this would be done, and stated they were able to seek assistance if required from the pharmacy's area manager.

The pharmacy clearly displayed a range of valuable information statements in its public area. This provided people with the opportunity to read about how the pharmacy team managed their personal information, details of the pharmacy's chaperone policy and how a person could provide feedback or raise a concern about the pharmacy. Team members acted on feedback provided by people. For example, they set up labels to print out and remind team members of people's specific needs when dispensing medicines. And a team member explained how they could provide details of the pharmacy's head office if a member of the public to people who wanted to escalate a concern.

The pharmacy had up-to-date indemnity insurance arrangements in place. The RP notice displayed the correct details of the RP on duty. A sample of the RP record generally complied with requirements, but

there were some minor gaps where the sign-out time of the RP had not been recorded. The pharmacy maintained running balances in the CD register. Balance checks varied in frequency and a team member identified how the team was trying to get back on track with fortnightly checks. A random physical balance check conducted during the inspection complied with the running balance in the register. The pharmacy held records associated with private prescriptions and emergency supplies of medicines in accordance with legal requirements.

The pharmacy held personal identifiable information in staff only areas of the premises. Team members completed mandatory information governance learning at regular intervals. They had access to up-to-date information governance policies. And they engaged in regular data and security audits to ensure the pharmacy was complying with UK General Data Protection Regulation (GDPR). The team clearly considered how it displayed key information relating to dispensing. For example, a board with patient information on was positioned in a way which did not risk being viewed by unauthorised personnel. The pharmacy team shredded confidential waste regularly. The pharmacy had procedures and flowcharts associated with safeguarding vulnerable adults and children. Team members had completed learning on the subject to support them in identifying and reporting concerns. The RP reported completing learning through the Centre for Pharmacy Postgraduate Education (CPPE). A team member provided an example of how the team had acted to safeguard a member of the public by contacting the local safeguarding team.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a small, dedicated team of people who work together well. Pharmacy team members take opportunities to develop their understanding of topics relevant to their roles. They demonstrate enthusiasm when providing the pharmacy's services. And they engage in some continual shared learning to inform the safe delivery of pharmacy services. Pharmacy team members understand how to provide feedback about the pharmacy and can raise a professional concern if needed.

Inspector's evidence

The pharmacy had been operating with locum and relief pharmacists covering shifts for over six months. The RP on duty was a locum pharmacist who was familiar with the pharmacy. A relief pharmacist with management experience worked every Wednesday. And this pharmacist supported the team in completing some clinical governance tasks such as the data security audits. The pharmacy employed three part-time dispensers who covered the working week between them. Generally two dispensers worked alongside a pharmacist. Due to annual leave the pharmacy was short-staffed with only one dispenser on duty with the pharmacist. The team generally worked this way during periods of leave. A dispenser confirmed that they were confident in seeking support if the team identified it was not coping. Workload was well-planned and up to date. But both team members were busy throughout the inspection serving on the medicine counter, providing advice and support to people and answering prescription queries. Employed drivers provided the medicine delivery service on a Monday, Wednesday and Friday.

Pharmacy team members received some opportunities to engage in learning at work. For example, through completing e-learning modules and reading the regular company newsletters published by the superintendent pharmacist's team. But engaging in continual structured learning was not a current priority due to team members taking on new tasks to support the day-to-day management of the pharmacy. And pharmacy team members had not received an appraisal under the new ownership yet. They received regular support from their area manager. And the team was aware of how to report any concerns they may have at work. The pharmacy also had a whistle blowing policy to support its team members in raising safety concerns in confidence.

Pharmacy team members reported regular conversations taking place about patient safety. The RP expressed that they enjoyed working for the company and was clearly able to apply their professional judgement when providing the pharmacy's services. The dispenser and RP on duty worked together well to support the safe delivery of pharmacy services. The dispenser was observed referring requests for further information or support with minor ailments to the RP appropriately. It was clear that pharmacy team members worked together well by sharing workload and responsibilities.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are secure, safe and clean. They offer sufficient space for the pharmacy services provided. People can speak with a member of the pharmacy team in a private consultation room.

Inspector's evidence

The pharmacy was adequately maintained and secure. Team members working were not aware of any outstanding maintenance issues. Details of the pharmacy's business continuity plan was available to its team members. The pharmacy was clean and tidy with no slip or trip hazards evident. Electric heaters and floor level fan heaters were in place. Lighting throughout the premises was sufficient. Antibacterial soap and paper towels were available close to the sink in the dispensary. And hand sanitiser was available to both team members and members of the public. The pharmacy had kept some systems put in place to help reduce the spread of coronavirus. These included a plastic screen at the medicine counter and floor markers to promote social distancing.

The public area stocked healthcare items, seasonal gifts and greeting cards. A reasonable sized consultation room was accessible off the public area. Team members also used the room as a staff room and as such it was fitted with some kitchen facilities. It was kept clean and clear of clutter. And it provided a suitable space for holding a private consultation with a member of the public. The dispensary was a sufficient size for the level of activity taking place. And an area to the back of the dispensary provided storage space for dispensary sundries. Off a door to the back of the dispensary was staff toilet facilities.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy manages its services safely and effectively. It obtains its medicines from reputable sources and generally stores them safely and securely. Its team members work in accordance with procedures and use effective audit trails to help answer any queries that may arise during the dispensing process. Pharmacy team members engage regularly with people accessing the pharmacy's services. And they provide appropriate information to support people in using their medicines safely.

Inspector's evidence

People accessed the pharmacy through a simple door at street level. Those requiring assistance with access could alert team members through the use of a doorbell. The public area was welcoming with health promotional material displayed and a wide range of health and information leaflets available for people to take. Pharmacy team members were aware of how to signpost people to another pharmacy or healthcare provider if they were unable to provide a service. The dispenser explained a local policy to help people access medicines that were in short supply. This involved the pharmacy team checking if two other local pharmacies held stock of the medicine in the event it was unable to supply a medicine due to a stock shortage. If the other pharmacies did not have stock available to fill the prescription during these checks the team submitted a form to the surgery to request an alternative medicine.

The pharmacy protected Pharmacy (P) medicines from self-selection as it displayed them behind the medicine counter. The dispenser confidently managed a request for an over-the-counter medicine which was not licensed for sale for the intended recipient during the inspection. And team members discussed how they applied vigilance when handling requests for over-the-counter medicines that were subject to abuse and misuse. The RP was observed providing verbal counselling to people when handing out bags of assembled medicines. And they explained additional monitoring checks associated with supplying higher risk medicines. The pharmacy did not currently dispense valproate containing medicines to people requiring a pregnancy prevention plan. But the dispenser had a good understanding of the requirements of the pregnancy prevention programme and what to do if the pharmacy received a prescription for a person in the high-risk group. There was evidence of the completion of regular audits designed to support the safe supply of higher risk medicines. For example, an anticoagulant practice audit.

The pharmacy had a number of systems to support a safe and efficient dispensing process. For example, team members used coloured baskets throughout the dispensing process. This kept medicines with the correct prescription and informed workload priority. The pharmacy team kept original prescriptions for medicines owing to people. It used the prescription throughout the dispensing process when the medicine was later supplied. Audit trails to support the prescription ordering and medicine delivery service were effectively maintained. Team members took responsibility for their work by signing the 'dispensed by' and 'checked by' boxes on medicine labels during the dispensing process.

The pharmacy provided some medicines in multi-compartment compliance packs. Patient records identified people's medication regimens. And the team used event trackers to record details of changes to medication regimens, including the date the change was applied. Assembled packs contained backing sheets with dispensing audit trails and accurate descriptions of the medicines inside each compliance

pack. And patient information leaflets were seen to be provided with the assembled compliance packs.

The pharmacy sourced medicines from licensed wholesalers and specials manufacturers. It stored medicines in an orderly manner, and within their original packaging, on shelves throughout the dispensary. The pharmacy team completed date checking tasks by splitting the dispensary into sections. But a date checking matrix was not available to establish how often these checks were applied. A list of short-dated medicines provided assurance that some checks had recently taken place. But a random check of dispensary stock found several date expired products. Team members did check expiry dates when picking medicines which reduced the risk of these products being supplied. The dispenser segregated the products appropriately ready to dispose of them safely.

The pharmacy held CDs in a secure cabinet. The cabinet was small but medicines inside were held in an orderly manner. The pharmacy's medical fridge was clean and was a suitable size for the amount of medicines held. The pharmacy maintained an electronic fridge temperature record which showed it was operating within the accepted temperature range of two and eight degrees Celsius. The pharmacy had appropriate medical waste bins and CD denaturing kits available to support the team in managing medicine waste. It received medicine alerts through email, and there was an appropriate process in place for checking these alerts against stock held by the pharmacy.

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 safe for its team members to use. And pharmacy team members act with care by using the equipment in a way which protects people's confidentiality.

Inspector's evidence

The pharmacy had up-to-date written reference resources available in the dispensary. For example, the British National Formulary (BNF). Pharmacy team members had access to the internet and company intranet. Computers were password protected, and computer monitors faced into the dispensary. Team members used NHS smart cards to access people's medication records. The pharmacy stored bags of assembled medicines in a retrieval system within the dispensary. This protected information on bag labels from unauthorised view. Pharmacy team members used a cordless telephone handset when speaking to people over the telephone. This meant they could move out of earshot of the public area if the phone call required privacy.

The pharmacy team used crown-stamped measuring cylinders for measuring liquid medicines. Equipment for counting capsules and tablets was also available. There was separate equipment available for counting and measuring higher risk medicines. This mitigated any risk of cross contamination when dispensing these medicines. Stickers on electrical equipment used to support the delivery of pharmacy services confirmed it was subject to portable appliance testing at regular intervals. This helped to ensure the equipment remained safe for pharmacy team members 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.