

Registered pharmacy inspection report

Pharmacy Name: Precinct Pharmacy, 350 Allerton Road, Allerton Shopping Centre, Allerton, BRADFORD, West Yorkshire, BD15 7BN

Pharmacy reference: 1039414

Type of pharmacy: Community

Date of inspection: 16/09/2024

Pharmacy context

The pharmacy is in a shopping precinct in Allerton, near Bradford city centre. Pharmacy team members dispense NHS prescriptions and sell a range of over-the-counter medicines. The pharmacy provides services, such as the NHS Pharmacy First and Blood Pressure services. And team members deliver 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 adequately identifies and manages risks. It has the written procedures it needs relevant to most of its services to help team members provide services safely. Pharmacy team members understand their role to help protect vulnerable people. And they suitably protect people's confidential information. Team members record and discuss the mistakes they make so that they can learn from them. But they don't always follow documented procedures to help capture key information or analyse these records, so they may miss some opportunities to learn and improve.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place to help pharmacy team members manage the risks with most of the pharmacy's services. But it did not have SOPs for some services, such as the NHS Pharmacy First service or the NHS Hypertension Case Finding service (NHS Blood Pressure service). This meant team members may not always fully understand their responsibilities. The SOPs had last been reviewed in 2021. And team members had signed to confirm their understanding of the procedures since the last review.

The pharmacy provided the NHS Hypertension Case Finding service to people. Pharmacy team members explained how the pharmacy had considered some of the risks of providing the service, such as the suitability of the pharmacy's consultation room to deliver the service from. And ensuring they had the relevant equipment available. They also ensured they had completed the necessary training. But these assessments had not been written down to help them manage emerging risks on an ongoing basis as the service developed. Team members clearly explained how they collected and documented consent from people to receive the service. And shared the findings of the blood pressure measurements with people's GP. They collected and documented clear medical histories with people accessing the service. And explained how and when they would provide someone with 24-hour blood pressure monitoring. They also clearly explained the circumstances where they would urgently refer someone to their GP for an urgent, same-day appointment.

Pharmacy team members highlighted and recorded mistakes identified before people received their medicines, known as near miss errors. And dispensing errors, which were errors identified after the person had received their medicines. There were documented procedures to help team members do this effectively. Team members discussed their errors and why they might have happened. And they used this information to make some changes to help prevent the same or similar mistakes from happening again. For example, team members described how they had separated quinine and quetiapine to help prevent the incorrect medicine being selected. Pharmacy team members did not always record detailed information about why the mistakes had been made or the changes they had made to prevent a recurrence to help aid future reflection and learning. The pharmacy had a process for analysing the information it collected about errors. But team members did not regularly analyse their errors for patterns, so they might miss opportunities to reflect, learn, and make improvements to the pharmacy's services.

The pharmacy had a documented procedure in place for handling complaints and feedback from people. Pharmacy team members explained people usually provided verbal feedback. Or by leaving online reviews. And any complaints were referred to the pharmacist to handle. There was no

information available for people in the retail area about how to provide the pharmacy with feedback.

The pharmacy had current professional indemnity insurance in place. It kept accurate controlled drug (CD) registers and maintained running balances for all registers. And team members audited the running balances in the registers against the physical stock quantity at least every two weeks. The pharmacy kept a register of CDs returned by people for destruction. It maintained a responsible pharmacist (RP) record, and it was complete and up to date. The pharmacist displayed their responsible pharmacist notice. The pharmacy kept complete private prescription and emergency supply records. And team members monitored and recorded minimum and maximum fridge temperatures each day.

The pharmacy kept sensitive information and materials in restricted areas. It collected confidential waste in dedicated bags. The bags were sealed when full and collected for secure destruction. The pharmacy had a documented procedure in place to help pharmacy team members manage sensitive information. Pharmacy team members explained how important it was to protect people's privacy and how they would protect confidentiality.

Pharmacy team members explained how they would raise their concerns about vulnerable children and adults. And how they would discuss their concerns with the pharmacist and other colleagues. Team members were also aware of how to find information about key local safeguarding contacts by using the internet. The pharmacy had a documented procedure to help team members manage safeguarding concerns. And they completed formal safeguarding training each year.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members have the right qualifications and skills for their roles and the services they provide. They complete some additional training to keep their knowledge up to date. Pharmacy team members feel comfortable discussing ideas and issues. And they are confident their suggestions will be considered.

Inspector's evidence

At the time of the inspection, the pharmacy team members present were the regular RP, a trainee pharmacist, a qualified pharmacy technician, and a trainee pharmacy technician. Team members had the right qualifications for their roles. And they managed the workload well during the inspection. Pharmacy team members completed training ad hoc by completing online training modules, reading various materials, and discussing topics with colleagues. Team members received an appraisal with the pharmacist every year, where they discussed their performance and set objectives to work towards. They explained how they were supported by the RP to meet their objectives.

Pharmacy team members felt comfortable sharing ideas to improve the pharmacy's services. They explained how they would raise professional concerns with the pharmacist or SI. They felt comfortable raising concerns, and confident that their concerns would be considered. And that changes would be made where they were needed. The pharmacy did not have a whistleblowing policy, and team members were unsure about how to raise concerns anonymously. This was discussed, including where team members could raise concerns outside their organisation, such as the GPhC or the NHS.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and properly maintained. It provides an appropriate space for the services provided. The pharmacy has a suitable room where people can speak to pharmacy team members privately.

Inspector's evidence

The pharmacy was clean, tidy and well maintained. Its floors and passageways were free from clutter and obstruction. And it kept equipment and stock on shelves throughout the premises. The pharmacy had a private consultation room available. Pharmacy team members used the room to provide services from and to have private conversations with people.

The pharmacy had a clean, well-maintained sink in the dispensary used for medicines preparation. There was a toilet, with a sink which provided hot and cold running water and other facilities for hand washing. The pharmacy kept its heating and lighting to acceptable levels. Its overall appearance was professional and suitable for the services it provided.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to people. It has systems in place to help it provide services safely and effectively. The pharmacy sources its medicines appropriately. And it stores and manages its medicines as it should. Pharmacy team members generally provide people with advice and information about their medicines.

Inspector's evidence

The pharmacy had level access from a car park. Pharmacy team members could use the electronic patient medication record (PMR) system to produce large-print labels to help people with visual impairment take their medicines properly. And they gave examples of how they used written communication to help people with hearing impairment access their services and use their medicines safely.

The pharmacist counselled people receiving prescriptions for valproate if appropriate. And they checked if the person was aware of the risks if they became pregnant while taking the medicine. They also checked if the person was on a Pregnancy Prevention Programme. The pharmacy had printed materials available to provide to people to help them manage the risks of taking valproate. And team members were aware of the requirements to dispense valproate in manufacturer's original packs.

The pharmacy supplied medicines to some people in multi-compartment compliance packs when requested. It attached backing sheets to the packs, so people had written instructions of how to take their medicines. Pharmacy team members included descriptions of medicines on the backing sheets, so they could be identified in the pack. They provided people with patient information leaflets about their medicines when they were newly prescribed. But team members did not regularly provide people with leaflets unless their medicines changed. Team members documented any changes to medicines provided in packs.

Pharmacy team members signed the 'dispensed by' and 'checked by' boxes on dispensing labels during dispensing. This was to maintain an audit trail of the people involved in the dispensing process. They used baskets throughout the dispensing process to help prevent prescriptions being mixed up. The pharmacy delivered some medicines to people. It recorded the deliveries it made. The delivery driver left a card through the letterbox if someone was not at home when they delivered. The card asked people to contact the pharmacy. The delivery driver then automatically tried to deliver again the following day, before returning the medicines to the pharmacy once more and highlighting the failed delivery to the pharmacy manager. The pharmacy obtained medicines from licensed wholesalers. It had disposal facilities available for unwanted medicines, including CDs. The pharmacy stored CDs securely in a locked cabinet. Team members monitored the minimum and maximum temperatures in the pharmacy's fridges each day and recorded their findings. The temperature records were within acceptable limits.

Pharmacy team members checked medicine expiry dates every month, and they recorded their checks. They highlighted packs of medicines due to expire in the next three months. These items were removed from the shelves during the month before their expiry. Pharmacy team members explained how they acted when they received a drug alert or manufacturers recall. But they did not record these actions.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment available, which it properly maintains. And the team manages and uses the equipment in ways that protect people's confidentiality.

Inspector's evidence

The pharmacy had the equipment it needed to provide the services offered. It had various pharmacy reference texts and use of the internet. And it had suitable bags available to collect its confidential waste. It kept its computer terminals in the secure areas of the pharmacy, away from public view, and these were password protected. And bags of medicines waiting to be collected were kept in the secure areas of the pharmacy, away from public view, so people's private information was protected. The pharmacy restricted access to its equipment. It had a set of clean, well-maintained measures available for liquid medicines preparation. And it had a separate set of measures exclusively to prepare methadone.

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.