

Registered pharmacy inspection report

Pharmacy Name: Cottingley Pharmacy, 7 The Parade, Airedale Avenue, Cottingley, BRADFORD, West Yorkshire, BD16 1RP

Pharmacy reference: 1039415

Type of pharmacy: Community

Date of inspection: 02/02/2022

Pharmacy context

The pharmacy is in a parade of shops in Cottingley. Pharmacy team members dispense NHS prescriptions and sell a range of over-the-counter medicines. They provide medicines to people in multi-compartment compliance packs. And they deliver medicines to people's homes. The pharmacy provides a substance misuse service. The inspection was completed during the COVID-19 pandemic.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	4.3	Standard not met	The pharmacy does not have adequately robust processes for managing the storage of its medicines, including in the fridge. And for checking expiry dates. There is evidence of out-of-date and inappropriately stored medicines on the shelves.
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 to its services. And it keeps the records it must by law. Team members understand their role to help protect vulnerable people. And they suitably protect people's private information. Pharmacy team members regularly discuss the mistakes they make to learn from them. And they make some records to help reduce the risk of similar mistakes. The pharmacy has the documented procedures it needs relevant to its services. But some pharmacy team members have not read all these procedures. And they don't always carry out tasks in accordance with them.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place. The pharmacy owner had reviewed the procedures in October 2020. Pharmacy team members had read the procedures. But the last time they had documented they had read and understood them was 2018. The pharmacy employed a locum dispenser who had worked at the pharmacy regularly for approximately 18 months. He admitted that he had not read the SOPs. He explained that his role and the responsibilities of the team had been communicated to him verbally. The pharmacy had completed a risk assessment to help them manage the risks of Covid-19 infection. But a copy of the documented assessment was not available during the inspection. Pharmacy team members were wearing a face covering while they worked. They were regularly cleaning and sanitising their hands. And cleaning chairs and surfaces in the pharmacy regularly.

The pharmacist highlighted and recorded near miss and dispensing errors made by pharmacy team members when dispensing. Pharmacy team members discussed their errors and why they might have happened. But their discussions about why errors had happened were vague and errors were usually attributed to people not concentrating or not being careful enough. Pharmacy team members had made some changes to help prevent the same or similar mistakes from happening again. One example was separating look-alike and sound-alike (LASA) medicines to help prevent the wrong medicines being selected, such as lorazepam and lormetazepam. But sometimes, changes were not made when patterns were identified. One example was no action taken to prevent picking errors involving omeprazole and pantoprazole. In the records that were available, pharmacy team members did not usually capture much information about why the mistakes had been made or the changes to prevent a recurrence to help aid future learning. But they gave their assurance that these details were always discussed. Records were available of dispensing errors made by pharmacy team members that had been given out to people. Team members explained they discussed errors they made and made changes to help prevent them happening again. The records available captured little or no information about the causes of error and the actions taken to help prevent them recurring.

The pharmacy had a documented procedure in place for handling complaints and feedback from people. Pharmacy team members explained feedback was usually collected verbally. And any complaints were referred to the pharmacist to handle. There was no information available for people about how to provide the pharmacy with feedback. The pharmacy had up-to-date professional indemnity insurance in place. The pharmacy kept controlled drug (CD) registers complete and in order. It kept running balances in all registers, including registers for methadone. Pharmacy team members audited these against the physical stock quantity. But these audits were not completed regularly. The

pharmacy kept and maintained a register of CDs returned by people for destruction. This register was up to date. The pharmacy maintained a responsible pharmacist record. And this was also complete and up to date. The pharmacist displayed their responsible pharmacist notice to people. Pharmacy team members usually monitored and recorded fridge temperatures daily. But there were only two records made in January 2022. They explained this was because the fridge thermometer had broken. So, they had not been able to monitor fridge temperatures. This was discussed. And the pharmacy owner ordered a new thermometer during the inspection. Pharmacy team members kept private prescription and emergency supply records, which were complete and in order.

The pharmacy kept sensitive information and materials in restricted areas. It shredded confidential waste. But the pharmacy's shredder had recently broken. So, pharmacy team members were currently segregating and storing confidential waste to destroy when a replacement shredder arrived. Pharmacy team members explained how they protected people's privacy and confidentiality. Some pharmacy team members had read the pharmacy's SOP about confidentiality and data protection to help them achieve this.

Pharmacy team members gave some examples of symptoms that would raise their concerns about vulnerable children and adults. They explained how they would refer to the pharmacist. The pharmacy had a documented procedure explaining how team members should raise their concerns about children and vulnerable adults. Pharmacy team members would use the internet to find the details of local safeguarding contacts. One pharmacy team member had completed training about how to protect vulnerable people in 2018. Another pharmacy team member said they had completed training recently. But they could not provide any evidence of this. The pharmacist had last completed training in 2019. This was discussed. And they gave their assurance they would access and update the necessary training to underpin their current knowledge as soon as possible.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members have the right qualifications and skills for their roles and the services they provide. The pharmacy uses team members suggestions and ideas to help improve its services. Pharmacy team members complete some ongoing training. And they learn from the pharmacist and each other to keep their knowledge and skills up to date. But they don't always have opportunities to complete regular training at work.

Inspector's evidence

At the time of the inspection, the pharmacy team members present were the responsible pharmacist and two dispensers. One of the dispensers was a locum who worked at the pharmacy regularly. Pharmacy team members kept their skills and knowledge up to date by complete e-learning modules ad hoc throughout the year. But they had not completed any of this training recently. They explained this was because they did not have time to spend completing training while at work. The pharmacy owner was considering recruiting more staff to help this situation. Pharmacy team members discussed topics with the pharmacist and each other. The pharmacy did not have a formal appraisal or performance review process for pharmacy team members. They raised any learning needs verbally with the pharmacy's owner. And the owner would support them by signposting them to relevant reference sources or by discussing topics to help address their learning needs.

A pharmacy team member explained they would raise professional concerns with the responsible pharmacist or the pharmacy's owner. They felt comfortable sharing ideas to improve the pharmacy or raising a concern. And they were confident that their points would be considered. A dispenser explained how an idea for improvement had been taken forward and this had resulted in a more efficient way of storing and managing medicines to help prevent picking errors. The pharmacy did not have a whistleblowing policy. Pharmacy team members were aware of organisations outside the pharmacy where they could raise professional concerns, such as the NHS or GPhC. Pharmacy team members communicated with an open working dialogue during the inspection. The pharmacy owner did not ask pharmacy team members to meet any performance related targets.

Principle 3 - Premises ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy was clean and well maintained. It was tidy and well organised. The pharmacy's floors and passageways were free from clutter and obstruction. 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 have private conversations with people. There was 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 maintained heat and light to acceptable levels. Its overall appearance was professional, including the pharmacy's exterior which portrayed a professional healthcare setting. The pharmacy's professional areas were well defined by the layout and were well signposted from the retail area. Pharmacy team members prevented access to the restricted areas of the pharmacy.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy does not manage and store all its medicines appropriately. And it does not have robust processes for checking expiry dates of its medicines and monitoring the temperature of medicines it keeps in the fridge. So, some of its medicines may not be fit to use. The pharmacy's services are accessible to people, including people using wheelchairs. And it suitably manages its services.

Inspector's evidence

The pharmacy had level access from the street. People knocked on the door to attract attention if they needed help. Pharmacy team members could use the patient medication records (PMR) system to produce large-print labels to help people with visual impairment. They explained how they would use written communication to help people with hearing impairment. And they would lower their masks to enable people to lip read, while standing behind a plastic screen to manage the coronavirus infection risks. The pharmacy also had a hearing induction loop available for people to use.

The pharmacy did not have a robust process in place to make sure the fridge was maintaining the appropriate storage conditions for medicines. Pharmacy team members did not regularly monitor or record fridge temperatures. The pharmacy had a thermometer in the fridge that pharmacy team members had used previously to monitor temperatures. Pharmacy team members explained the thermometer had stopped working some time ago. And they had not monitored the fridge's temperatures since. They showed records of monitoring up to the end of December 2021. They had made two entries in the record in January 2022. This was discussed with the pharmacy owner. And they ordered a new thermometer during the inspection. The pharmacy obtained medicines from licensed wholesalers. It stored medicines on shelves. And it kept medicines in restricted areas of the premises where necessary. It had adequate disposal facilities available for unwanted medicines, including controlled drugs (CDs). Pharmacy team members kept the CD cabinets tidy and well organised. And out-of-date and patient-returned CDs were segregated.

The pharmacy had a documented procedure for checking stock for short-dated and expired medicines. But this did not match the process being carried out by pharmacy team members. The procedure stated that team members should check for expired medicines every three months. And highlight short-dated medicines up to twelve months before their expiry. A dispenser said pharmacy team members checked medicines every six months. And highlighted medicines that were due to expire in the next six months by marking the pack with a highlighter pen. The pharmacy did not have any records available of any expiry date checking being completed. There was some evidence of pharmacy team members recording items that were due to expire in various months. This meant they could be removed at the beginning of their month of expiry. After a search of the shelves, the inspector found three medicines that were out of date from a sample checked. The pharmacy stored amber bottles on the shelves containing medicines that had been removed from their original packaging. Some bottles were not labelled with the necessary information, such as information about the expiry date or the batch number of the medicine. And there was no information on the labels about when they had been removed from their original blister. Some packs were found containing mixed batches of medicines. These medicines showed batch numbers and expiry dates that were different to the information on the box. So, there was a risk these medicines could remain on the shelves after they had expired or if the manufacturer had recalled them.

The pharmacy supplied medicines in multi-compartment compliance packs when requested to people in their own homes. It attached backing sheets to the packs, so people had written instructions of how to take their medicines. Pharmacy team members included descriptions of what the medicines looked like, so they could be identified in the packs. They provided people with patient information leaflets about their medicines each month. Pharmacy team members documented any changes to medicines provided in packs on the person's master record sheet. The master record sheet was a documented record of the person's medicines and the times of administration.

Pharmacy team members signed the dispensing labels for medicines that were dispensed in the pharmacy. This was to maintain an audit trail of the people involved in the dispensing process. And they used dispensing baskets throughout the dispensing process to help prevent prescriptions being mixed up. The pharmacy delivered medicines to people. It recorded the deliveries 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 to arrange a redelivery.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has most of the necessary equipment available, which it properly maintains. And it 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. The resources it had available included the British National Formulary (BNF), the BNF for Children, various pharmacy reference texts and use of the internet. The pharmacy had some equipment available to help prevent the transmission of Covid-19. These included hand sanitiser and plastic screens. The pharmacy had a set of clean, well maintained measures available for medicines preparation. It did not have a shredder available to destroy its confidential waste. The pharmacy owner gave her assurance that a shredder had been ordered. The pharmacy did not have a thermometer available to help monitor fridge temperatures. This was discussed. And the pharmacy owner ordered a thermometer during the inspection. The pharmacy kept its computer terminals in the secure areas of the pharmacy, away from public view. And these were password protected. The pharmacy restricted access to all equipment.

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.