

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: 09/12/2022

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.

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 manages the risks associated with delivering its services. Pharmacy team members understand their role in helping to protect vulnerable people. And they know how to effectively protect people's private information. Team members sometimes record and discuss errors they make. But they do not fully analyse these errors. So, they may miss opportunities to learn and make effective changes to help make services safer.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) in place to help pharmacy team members manage the risks associated with its services. The pharmacy owner had reviewed the procedures in October 2020. But the last time pharmacy team members had documented that they had read and understood the SOPs was in 2018. One pharmacy team member had started working at the pharmacy approximately six months ago. They had read some procedures, but not all of them. The pharmacy owner said they were due to review the procedures as a priority. And team members would read and sign the procedures after the next review. The new team members gave their assurance they would read the SOPs as soon as possible.

The pharmacy had some records of errors being made and the latest record was from October 2022. Pharmacy team members recalled errors that had been made since that date, which had not been recorded. They explained how they discussed errors when they were made. And how they sometimes made changes to help prevent errors happening again. One example had been separating the look-alike and sound-alike medicines amlodipine and amitriptyline on the shelves to help prevent the incorrect medicine being selected. Team members explained it was the pharmacist's responsibility to record near miss errors. The records that were available contained little or no information about why mistakes had been made. Or the changes team members had made to prevent them happening again. The pharmacy did not analyse the data collected for patterns. This meant team members might miss out on opportunities to learn and make improvements to the pharmacy's services. The pharmacy had a written procedure in place for managing and recording dispensing errors, which were errors identified after the person had received their medicines. One example of a report was seen. The report gave details of the incident. But it provided limited information about the causes and any subsequent action team members had taken based on their learning, to help prevent the incident happening again.

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. It maintained a responsible pharmacist record, which was complete and up to date. The pharmacy kept controlled drug (CD) registers complete and in order. It kept running balances in all registers. These were audited against the physical stock quantity when an entry was made in the register. This meant that registers for medicines which were not used often were not regularly audited. For example, the register for sugared methadone was last audited in June 2022. The register for sugar-free methadone was audited approximately each month. The inspector checked the running balances against the physical stock for three products, and these were correct. The pharmacy kept and maintained a register of CDs returned by people for destruction. This register was up to date.

It kept private prescription and emergency supply records. And these records were also completed accurately.

The pharmacy kept sensitive information and materials in restricted areas. It shredded confidential waste. 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 signs 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 used the internet to find the details of local safeguarding contacts. Pharmacy team members said they had completed safeguarding training. But there were no records of their training available in the pharmacy during the inspection.

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 sometimes make effective changes to improve their environment and the way they work.

Inspector's evidence

At the time of the inspection, the pharmacy team members present were the responsible pharmacist and two dispensers. And they managed the workload adequately during the inspection. Pharmacy team members completed training ad hoc by reading various materials and discussing topics suggested by the pharmacy owner. Pharmacy team members could not give any examples of any training they had completed recently. They explained they were currently struggling to find time to complete training because of the workload pressures the pharmacy was experiencing. The pharmacy did not have an appraisal or performance review process for team members. Team members explained they would raise any learning needs informally with the owner, who would teach them or signpost them to appropriate resources.

Pharmacy team members felt comfortable raising professional concerns with 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 prescriptions waiting to be collected by people. 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 consultation room where people can 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 generally free from clutter and obstruction. The team stored 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 lighting 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 signposted from the retail area. Pharmacy team members prevented access to the restricted areas of the pharmacy.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to people. The pharmacy has systems in place to help provide its services safely and effectively. It sources its medicines appropriately. Pharmacy team members provide people with information to help them take their medicines safely. They generally store and manage medicines properly. But sometimes, stock medicines are not properly labelled to help identify short-dated items or products that have been the subject of an alert.

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.

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 dispensing baskets throughout the dispensing process to help prevent prescriptions being mixed up. 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 supplied medicines to 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 what the medicines looked like, so they could be identified in the pack. And they provided people with patient information leaflets about their medicines each month. Team members documented any changes to medicines provided in packs on the person's master record sheet, which was a record of all their medicines and where they were placed in the packs. And this was also recorded in a communications diary and on the person's electronic patient medication record (PMR). 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.

The pharmacy obtained medicines from licensed wholesalers. It stored medicines on shelves. It kept all stock in restricted areas of the premises where necessary. The pharmacy had adequate disposal facilities available for unwanted medicines, including CDs. Pharmacy team members monitored the minimum and maximum temperatures in the fridge where medicines were stored each day. And they recorded their findings. The temperature records seen were within acceptable limits. Pharmacy team members checked medicine expiry dates every month. And up-to-date records were seen. They highlighted and recorded any short-dated items up to six months before their expiry. And they removed expiring items during the check before they were due to expire. After a search of the pharmacy's shelves, no out-of-date medicines were found. A small number of 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. This was discussed. Pharmacy team members explained they had done some work to remove these packs. And they gave their assurance that any remaining packs would be identified and removed immediately.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has 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 a set of clean, well-maintained measures available for medicines preparation. It had a suitable shredder available to destroy its confidential waste. It kept its password-protected computer terminals and bags of medicines waiting to be collected in the secure areas of the pharmacy, away from public view so people's private information was protected.

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.