

Registered pharmacy inspection report

Pharmacy Name: Exel Pharmacy, 149 New Line, Greengates,
BRADFORD, West Yorkshire, BD10 0BU

Pharmacy reference: 1039474

Type of pharmacy: Community

Date of inspection: 06/07/2022

Pharmacy context

The pharmacy is in a parade of shops in Greengates, near Bradford. 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 to help them take their medicines correctly. They deliver medicines to people's homes. And they provide people with the NHS New Medicines 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	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 to its services. And it has the documented procedures it needs relevant to its services. 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 to learn from them. But they don't always identify why mistakes happen or record the patterns they find, so they may miss opportunities to reflect and make improvements to the pharmacy's services.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place to help pharmacy team members manage the risks to its services. The superintendent pharmacist (SI) had reviewed the SOPs available during the inspection in 2019. Pharmacy team members had signed to confirm they had read and understood the procedures in 2019. The SI had set a date to review them again in 2021. But this was overdue. After the inspection, the pharmacy owner confirmed that the SOPs were currently being reviewed and read by the team. The pharmacy did not have documented risk assessments available for the NHS New Medicines Service or the NHS Hypertension Case Finding Service it was providing. The responsible pharmacist (RP) discussed that the risks associated with each service had been considered visually and verbally. And this primarily considered the risks of using the pharmacy's consultation room. During the inspection, pharmacy team members could also not find any records of these consultations or of any referrals the pharmacist had made. Team members discussed that the pharmacy owner would likely have made some records, but they did not know where these were kept. So, it would be difficult for them to resolve any queries that occurred when the pharmacy owner was not there.

Pharmacy team members highlighted and recorded near miss and dispensing errors they made when dispensing. There were documented procedures to help them do this effectively. They discussed their errors and why they might have happened. And they used this information to make changes to help prevent the same or similar mistakes from happening again. One example of changes they had made was separating look-alike and sound-alike (LASA) medicines, such as amlodipine and amitriptyline, to help prevent the wrong medicines being selected. The records available contained little or no information about why mistakes had been made. Or the changes team members had made to prevent them happening again. Pharmacy team members discussed their errors each month to establish if there were any patterns. But they did not record any of their analyses. This meant team members might miss out on opportunities to reflect, learn, and make improvements to the pharmacy's services. The pharmacy recorded dispensing errors that had been given out to people. But during the inspection, pharmacy team members could not find these records. So, the quality of their dispensing error management could not be assessed.

The pharmacy had a documented procedure to deal with complaints handling and reporting. It collected feedback from people verbally and did not have any records of any feedback received. Pharmacy team members explained a recent change they had made to their process when handing out prescriptions to people, following feedback from someone. The pharmacy had up-to-date professional indemnity insurance in place. It maintained a responsible pharmacist record which was complete. The pharmacy kept controlled drug (CD) registers electronically, that were complete and in order. It kept running balances in all registers. These were audited against the physical stock quantity monthly, and

every two weeks for methadone. The inspector checked the running balances against the physical stock for three products. And these were correct. The pharmacy kept private prescription and emergency supply records. But pharmacy team members could not access the most up-to-date electronic records during the inspection.

The pharmacy kept sensitive information and materials in restricted areas, and it shredded confidential waste. The pharmacy had a documented procedure in place to help pharmacy team members manage sensitive information correctly. Team members explained how important it was to protect people's privacy and how they would protect confidentiality. A pharmacy team member gave some examples of symptoms that would raise their concerns about vulnerable children and adults. The pharmacy had a documented procedure for dealing with concerns about children and vulnerable adults. And some printed guidance materials and local contact information for team members to refer to. They explained how they would refer any concerns to the pharmacist. The RP had completed training in 2021. But there were no records that other team members had completed safeguarding training. They explained they had completed training, but they did not know when.

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 appropriate training ad-hoc to keep their knowledge up to date. Pharmacy team members feel comfortable discussing ideas and issues.

Inspector's evidence

At the time of the inspection, the pharmacy team members present were a pharmacist, three dispensers and a delivery driver. They were managed the workload well. Pharmacy team members completed training ad-hoc by reading various materials. And by completing training modules provided by the NHS e-learning for healthcare platform when available. They had recently completed modules about antimicrobial stewardship and infection prevention and control as part of the requirements of the Pharmacy Quality Scheme. Pharmacy team members had recently received an appraisal where they had the opportunity to discuss their performance. They had not been asked to set any objectives to work towards.

Pharmacy team members felt comfortable sharing ideas to improve the pharmacy's services. They had introduced a rota to help them make sure there was a dedicated team member at the pharmacy counter all the time to answer queries and take in prescriptions from people. This helped them manage distractions from the pharmacy counter while they were dispensing prescriptions. Pharmacy team members explained they would raise professional concerns with the pharmacist or the pharmacy's owners. They felt comfortable raising concerns and confident that concerns would be considered. They were less confident that changes would be made where they were needed in a timely way. They explained that if they had a concern they could not raise internally, they would contact the GPhC for advice. There was no whistleblowing policy available during the inspection.

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 can speak to pharmacy team members privately.

Inspector's evidence

The pharmacy was clean and well maintained, and it was tidy and well organised. The floors and passageways were free from clutter and obstruction. Pharmacy team members 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 and another sink for cleaning and hand hygiene. There was a toilet, with a sink which provided 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 met

Summary findings

The pharmacy's services are accessible to people, including people using a wheelchair. The pharmacy has systems in place to help provide its services safely and effectively. It sources its medicines appropriately. And it stores and manages its medicines properly.

Inspector's evidence

The pharmacy had access from the street via a ramp. People knocked on the door to attract attention if they needed help. Pharmacy team members could use the prescription 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 communicate with people with hearing impairment. And they would use an online translation tool to help communicate with people who did not speak English.

The pharmacy provided advice to people about new medicines they had been prescribed as part of the NHS New Medicines service. Pharmacy team members had been trained to help identify people who had been prescribed new medicines. And the pharmacy's electronic records system helped do this effectively. They referred people to the pharmacist to have a consultation about their new medicines and any newly diagnosed conditions. The pharmacist gave an example of someone who had received a consultation because they had recently been diagnosed with high blood pressure. The pharmacist provided them with advice and information to help them manage their condition. Pharmacy team members planned the NMS service well to make sure people received follow-up contact from the pharmacist at the right times.

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 to help them take their medicines correctly. 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. Pharmacy 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. The pharmacy delivered medicines to people, and 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 pharmacy obtained medicines from licensed wholesalers. It stored medicines on shelves, and 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 three months, 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 the month before the product was due to expire.

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 shredder available to destroy its confidential waste. It kept its password-protected computer terminals in the secure areas of the pharmacy, away from public view.

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.