

Registered pharmacy inspection report

Pharmacy Name: Shakespears Chemist, 9 Oak Lane, Manningham,
BRADFORD, West Yorkshire, BD9 4PU

Pharmacy reference: 1039476

Type of pharmacy: Community

Date of inspection: 08/01/2024

Pharmacy context

The pharmacy is in a parade of shops close to Bradford city centre. 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 identifies and manages risks. It has the written procedures it needs relevant to 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 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 risks for their services. These had been implemented in July 2023 and were due to be reviewed by the superintendent pharmacist (SI) in 2025. Pharmacy team members had signed to confirm they had read and understood the procedures.

The SI explained how they highlighted and recorded any dispensing mistakes that were identified in the pharmacy, known as 'near misses'. And although they had no examples, they gave their assurances that they would record dispensing errors, which were mistakes identified after people received their medicines. There were documented procedures to help them do this effectively. 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, to help prevent the wrong medicines being selected, such as amitriptyline and amlodipine. And team members had attached labels to the edges of shelves where these medicines to highlight the risks. The records available contained some information about why mistakes had been made, but the information captured about the causes of errors, and subsequent actions, was vague. Team members confirmed they discussed the errors they made with each other, which included discussions about why mistakes had happened. The pharmacy had a formal process for analysing the information collected about errors. But the SI explained that they had not analysed the data collected formally since one of their dispensers left in August 2023. Since then, errors had been discussed more informally when they occurred. This meant they might miss opportunities to reflect, learn, and make improvements to the pharmacy's services. The SI said there had been no dispensing errors since the pharmacy's last inspection, so there were no records to see. But they gave a clear explanation about how they would respond if alerted to a dispensing error, including how they would correct their mistake, who they would report the error to and the records they would make to aid learning.

The pharmacy had a documented procedure in place for handling complaints or feedback from people. Pharmacy team members explained people usually provided verbal feedback. And any complaints were referred to the pharmacist to handle. There was a practice leaflet available for people in the retail area about how to provide the pharmacy with feedback. But some of the information provided was out of date, including the information about other organisations people could complain to. The pharmacy had up-to-date professional indemnity insurance in place.

The pharmacy kept accurate controlled drug (CD) registers. It kept running balances for all registers. And since the pharmacy's last inspection, this now included registers for methadone. Pharmacy team members audited the balance against the physical stock quantity of methadone approximately each

week. They audited the running balances against the physical stock quantities in other registers each time they made an entry in the register. This meant that registers for CDs that were not used often were not frequently audited. A check of the running balances against the physical stock for two products were found to be correct. The pharmacy kept a register of CDs returned by people for destruction. It maintained an RP record. And pharmacy team members monitored and recorded fridge temperatures. The pharmacy 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. Pharmacy team members explained how they protected people's privacy and confidentiality. They gave examples of how they would be mindful of people's privacy when speaking to them about their medicines. And how they were careful not to leave sensitive documents, such as prescriptions, around the retail counter. The pharmacy had a documented SOP about confidentiality and data protection available in the pharmacy to help team members achieve this.

Pharmacy team members gave some clear examples of signs that would raise their concerns about vulnerable children and adults. And they explained how they would refer to the pharmacist. The pharmacy had a documented procedure for dealing with concerns about children and vulnerable adults. And this contained up-to-date contact information for local safeguarding teams. Team members had completed formal safeguarding training in 2023.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members receive the right training for their roles and the services they provide. They complete some ad hoc ongoing training 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 the superintendent pharmacist (SI) and one trainee dispenser. The pharmacy had recently lost another full-time dispenser and were currently recruiting to replace them. The team managed the workload adequately during the inspection. Pharmacy team members completed training ad hoc by reading various materials, completing online courses, and discussing topics with the SI. One recent example was an online course about safeguarding. 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 SI, who would teach them or signpost them to appropriate resources.

Pharmacy team members felt comfortable raising professional concerns with the pharmacy's SI and owner. They felt comfortable sharing ideas to improve the pharmacy or raising a concern. And they were confident that their points would be considered. Some recent changes included organising the area where prescriptions were prepared to help use the space more efficiently and prevent trip hazards. The pharmacy did not have a whistleblowing policy. Pharmacy team members had some knowledge 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 generally well organised. The pharmacy's floors and passageways were free from clutter and obstruction. It kept equipment and stock on shelves throughout the premises. And it had a private consultation room. Pharmacy team members used the room to have private conversations with people.

The pharmacy had a clean, well-maintained sink in the dispensary used for medicines preparation. It had a toilet, with a sink which provided hot and cold running water and other facilities for hand washing. The pharmacy maintained its heating and lighting to acceptable levels. The pharmacy's overall appearance was professional, including the pharmacy's exterior which portrayed a healthcare setting. The pharmacy's professional areas were well defined by the layout and were signposted from the retail area. Pharmacy team members prevented access to the restricted areas of the pharmacy.

Principle 4 - Services ✓ Standards met

Summary findings

Pharmacy team members manage and provide the pharmacy's services safely and effectively. The pharmacy suitably sources its medicines. And it generally stores and manages its medicines appropriately. The pharmacy's services are generally accessible to people. And it has some processes to help people understand and manage the risks of taking higher-risk medicines.

Inspector's evidence

The pharmacy had access from the street via a small step. It did not have a ramp available to help people access the premises, such as people who used a wheelchair. Pharmacy team members explained that people usually knocked on the window to attract their attention, and they would go to the door to help them. The pharmacy displayed its opening hours. It had a leaflet available that explained the services offered and how to contact the pharmacy, although the leaflet needed to be updated.

Pharmacy team members checked medicine expiry dates at every three months. Some records were available, but team members did not always keep the records up to date. Team members highlighted any short-dated items up to twelve months before their expiry by attaching a sticker to the pack. But they relied on people seeing a sticker and removing a product to prevent it from remaining on the shelves once expired. After a search of the shelves, the inspector did not find any expired medicines.

The pharmacy supplied medicines to people in multi-compartment compliance packs when requested, to help people take their medicines safely. Pharmacy team members ordered prescriptions for these packs several days in advance to give them time to deal with any queries or discrepancies. The pharmacy attached backing sheets to the packs, so people had written instructions of how to take their medicines. But pharmacy team members did not include descriptions of what the medicines looked like, so they could not be identified in the packs. 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.

The pharmacist counselled people receiving prescriptions for valproate if they were at risk. And they checked if the person was aware of the risks if they became pregnant while taking the medicine. They advised they would also check if they were on a pregnancy prevention programme and taking regular effective contraception. The pharmacist did not record these conversations with people to help with future queries. And the pharmacy did not carry out any regular audits to help identify people at risk. The SI was aware of the requirements to supply valproate to people in the manufacturer's original pack.

The pharmacy obtained medicines from licensed wholesalers. It had separate areas for labelling, dispensing, and checking prescriptions to help manage the workflow. Pharmacy team members generally kept these areas free from clutter. They used coloured baskets throughout the dispensing process to help prevent prescriptions being mixed up. 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. 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 attempted delivery. The card asked people to contact the pharmacy. The pharmacy had disposal facilities available for unwanted medicines, including CDs. Team members monitored the minimum and maximum temperatures in the pharmacy's fridge each day and recorded their findings. The temperature records were within acceptable limits.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment available for the services it provides. It manages and uses its 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 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.

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.