

Registered pharmacy inspection report

Pharmacy Name: R. Chemist, 7 The Square, Lower Grange,
BRADFORD, West Yorkshire, BD8 0QB

Pharmacy reference: 1039484

Type of pharmacy: Community

Date of inspection: 08/02/2024

Pharmacy context

This is a community pharmacy on a parade of shops in the city of Bradford, West Yorkshire. Its main services include dispensing NHS and private prescriptions and selling over-the-counter medicines. The pharmacy provides services such as the NHS hypertension case-finding service, the NHS Pharmacy First service and a 'flu vaccination service. It supplies some people with their medicines in multi-compartment compliance packs. And it delivers some medicines to people's homes.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards met	1.2	Good practice	The pharmacy team members are good at identifying patterns of mistakes and implementing changes to the way they work to help improve patient safety.
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 provides its team members with a set of comprehensive procedures to support them in managing its services. Its team members are adequately equipped to safeguard vulnerable adults and children. The pharmacy has a process for team members to record details of mistakes made during the dispensing process. And they are good at identifying patterns of mistakes and implementing changes to the way they work to help improve patient safety.

Inspector's evidence

The pharmacy had a set of electronic standard operating procedures (SOPs). The SOPs were written by a third-party provider. The SOPs provided the pharmacy's team members with information and instructions on how to complete various tasks. For example, managing controlled drugs (CDs) and dispensing medicines. Each team member was required to read the SOPs that were relevant to their role within the first few weeks of starting employment at the pharmacy. Team members present during the inspection confirmed they had read and understood the SOPs that were relevant to their roles. Several SOPs had been recently reviewed to ensure they accurately reflected the pharmacy's way of working.

Team members used an electronic system to record details of mistakes made during the dispensing process which had been identified by the responsible pharmacist (RP) before supply to a person. These mistakes were known as near misses. Each team member had their own personal login details to access the system and they had individual responsibility for entering the records on to the system. Team members explained this helped them take ownership of their own learning from these mistakes. Team members described some common near misses involving medicines that were manufactured in several different strengths but had similar looking packaging. For example, a team member described how they had occasionally dispensed ramipril 5mg instead of 10mg. To reduce the risk of further selection errors, the team ensured the two strengths were kept apart from each other on dispensary shelves through the use of storage boxes. The pharmacy used the electronic system to report and record details of dispensing incidents, which were errors identified after people had received their medicines. The RP was responsible for completing the report forms. Team members talked about any dispensing incidents to help raise awareness and discuss what they could do to prevent a similar incident happening again. Team members explained such incidents were treated as a priority and team members who were not present when an incident happened were made aware of the details of the incident the day they returned to work. The team had recently implemented a process to involve two team members in the dispensing process. One team member selected medicines for dispensing and another checked the medicines against the relevant prescription before completing the labelling process. The team stated this process had significantly reduced the number of near misses and dispensing incidents. The pharmacy had a procedure to support people in raising concerns about the pharmacy. It was outlined via a notice displayed in the retail area. Any concerns or complaints were usually raised verbally with a team member. If the team member could not resolve the complaint, it was escalated to the SI.

The pharmacy had current professional indemnity insurance. It displayed an RP notice with the correct details of the pharmacist on duty. The RP record was generally completed correctly. However, on some occasions the RP had not recorded the time their RP duties had ended. The pharmacy maintained complete CD registers. And of the sample checked, the team kept them in line with legal requirements.

The team completed balance checks of CDs against the physical quantity regularly. The inspector checked the balance of two randomly selected CDs which were found to be correct. The pharmacy kept a register of CDs that had been returned to the pharmacy for destruction however a record was not made for some returned CDs that the pharmacy was holding.

The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. The team placed confidential waste into a separate container to avoid a mix up with general waste. The waste was periodically, securely destroyed. Team members understood the importance of securing people's private information. They described how they offered people the use of the pharmacy's consultation room if people wanted to discuss their health in a private setting. The RP had completed training on the safeguarding of vulnerable adults and children up to level 3 via the Centre for Pharmacy Postgraduate Education. Other team members had not completed any formal training on the subject but were able to describe some common symptoms that they would feel the need to report. The pharmacy didn't have a formal procedure to support team members in raising a safeguarding concern. Team members explained they would discuss any concerns they had with the RP.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a suitably qualified team to help manage its workload. Team members complete some training to further their development and keep their knowledge and skills up to date. And they feel comfortable to provide feedback to improve the pharmacy's services.

Inspector's evidence

The RP was the pharmacy's full-time superintendent pharmacist (SI). The RP was supported by two full-time, qualified pharmacy assistants and a part-time, qualified pharmacy assistant. The pharmacy also employed a delivery driver. A locum pharmacist worked one day a week to cover the RP's absence. Throughout the inspection, team members were observed working efficiently. Team members supported each other in completing various tasks. They covered each other's absences by working additional hours if required. The RP had discussed with team members how they could manage the NHS Pharmacy First service. The RP anticipated the service would increase the pharmacy's workload and intended to review the pharmacy's staffing profile over the next few months.

The pharmacy didn't provide a formal training programme for its team members. But it supported them to update their knowledge and skills by providing training material to team members on request. For example, pharmacy related magazines. Each team member received an informal annual appraisal. This was typically in the form of a one-to-one conversation between the team member and the SI. They discussed the team member's progress and areas of improvement. Team members explained how they would raise any concerns with the RP and felt comfortable providing feedback to help improve the pharmacy's services. For example, the team had recently decided to change the way they stored bags of medicines that had been dispensed and were ready for people to collect. The pharmacy had implemented a new software system which printed a barcode on address labels. Team members scanned these barcodes using a scanner to record where in the pharmacy the bag was stored. Team members explained this system had helped them quickly identify where a bag of medicines was stored and so reduced the time people had to wait to collect their medicines. This improved the pharmacy's efficiency. The team was not set any targets to achieve.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services the pharmacy provides. The pharmacy has appropriate facilities for people to have private conversations with team members.

Inspector's evidence

The pharmacy premises was clean and hygienic. It was generally tidy and well organised but there were some medicines stored on the stairs which led to the first floor. This created a trip hazard. Some areas of the retail area were not well maintained. For example, the front door window was cracked, there were some broken floorboards and peeling wall plaster. The main dispensary was small however, benches were generally well organised throughout the inspection. There was a first-floor room used to dispense multi-compartment compliance packs.

There was a separate bench used by the RP to complete final checks of medicines. This helped reduce the risk of mistakes being made within the dispensing process. The pharmacy had sufficient space to store its medicines. There was a consultation room available for people to use to have confidential conversations with team members about their health. The pharmacy had separate sinks available for hand washing and for the preparation of medicines. There was a toilet, with a sink which provided hot and cold running water and other facilities for hand washing. Team members controlled unauthorised access to restricted areas of the pharmacy. Lighting was bright throughout the premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy manages and provides pharmacy services safely and effectively. The pharmacy suitably sources its medicines, and it generally manages and stores them appropriately. The pharmacy's services are easily accessible to people and it has adequate processes in place to support people to take high-risk medicines correctly.

Inspector's evidence

The pharmacy had stepped access from street level. Team members served people who used wheelchairs at the entrance door. The pharmacy advertised its opening hours and its services on the main entrance door. It had the facility to provide large-print labels to people with a visual impairment. Team members described how they supported people with a hearing impairment to access the pharmacy's services. This included providing written messages to people and speaking slowly. Team members used a translation application to support people who didn't speak English. Team members were aware of the Pregnancy Prevention Programme (PPP) for people in the at-risk group who were prescribed valproate, and of the associated risks. They were aware of recently issued legislation to ensure pharmacies supplied valproate in the original manufacturers packaging. The pharmacy provided an NHS hypertension case-finding service. Team member demonstrated examples of where they had identified people who had hypertension and how they had provided suitable advice to people to help them manage their blood pressure. This included giving dietary advice or referring them to their GP where appropriate. The pharmacy was providing a seasonal 'flu vaccination service. Team members ensured they reminded people who were eligible for a 'flu vaccination the importance of being vaccinated. The pharmacy had recently started providing the NHS Pharmacy First service. The RP completed the pharmacy's first service consultation the day before the inspection. The pharmacy had an SOP for the service and the RP had completed the relevant training.

Team members used various stickers to attach to bags containing people's dispensed medicines. They used these as an alert before they handed out medicines to people. Team members didn't sign dispensing labels to keep a record of which team member had dispensed and completed a final check of the medicines. And so, a complete audit trail was not in place. They used dispensing baskets to hold prescriptions and medicines together which reduced the risk of them being mixed up. The pharmacy had owing slips to give to people when the pharmacy could not supply the full quantity prescribed. The pharmacy offered an optional delivery service and kept complete records of completed deliveries.

The pharmacy stored pharmacy-only (P) medicines behind the retail counter. It had a process for team members to follow to check the expiry dates of the pharmacy's medicines every three months. And it held complete records to confirm when the process had been completed. Team members explained they removed any medicines that were due to expire within three months. However, three out-of-date medicines were found following a check of approximately 20 randomly selected medicines. These medicines had been highlighted as being out of date which reduced the risk of them being supplied to people. The pharmacy stored several amber bottles of medicines that had been removed from their original packs. These bottles were labelled with the name and strength of the medicines. But the labels didn't display the expiry date or batch number of the medicines. So, the team was unable to confirm that the medicines stored in this way were within their expiry date or had been subjected to a recall. The inspector explained the risk to the RP during the inspection. The RP removed these medicines and

quarantined them for destruction to mitigate the risk of these medicines being dispensed to people. The pharmacy used two clinical grade fridges for storing medicines that required cold storage. Both fridges were operating within the correct temperature ranges. The team checked and recorded the temperature ranges of the fridges each day. A sample seen showed the fridges were operating correctly. Drug alerts and recalls were received electronically by the team. They actioned them as soon as possible but didn't keep a record of the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriately maintained equipment that it needs to provide its services. And it uses its equipment appropriately to help protect people's confidentiality.

Inspector's evidence

Team members had access to up-to-date reference sources including access to copies of the British National Formulary (BNF) and BNF for children. The pharmacy used a range of CE marked measuring cylinders. There was a suitable, electronic blood pressure monitor to support the team in providing the NHS hypertension case-finding service. The monitor was scheduled to be replaced each year. There were suitable adrenaline pens, sharps bins, plasters, and swabs to support the team in delivering 'flu vaccinations.

The pharmacy didn't store all its dispensed medicines in a way that prevented members of the public seeing people's confidential information. Some address labels could be seen from the retail area. The team gave assurances the medicines would be moved immediately following the inspection. It positioned computer screens to ensure people couldn't see any confidential information. The computers were password protected to prevent any unauthorised access. The pharmacy had cordless phones, so that team members could have conversations with people in private.

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.