

Registered pharmacy inspection report

Pharmacy Name: Nobles Chemist, 92 Savile Road, Savile Town,
DEWSBURY, West Yorkshire, WF12 9LP

Pharmacy reference: 1039526

Type of pharmacy: Community

Date of inspection: 27/02/2020

Pharmacy context

The pharmacy is in a parade of shops in a residential suburb of Dewsbury. Pharmacy team members dispense NHS prescriptions and sell a range of over-the-counter medicines. They offer advice to people about minor illnesses and long-term conditions. And they supply medicines to people in multi-compartment compliance packs. The pharmacy delivers 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 has procedures to identify and manage risks to its services. And pharmacy team members follow the pharmacy's written procedures to complete the required tasks. The pharmacy protects people's confidential information. And it keeps the records it must by law. Pharmacy team members know how to help safeguard the welfare of children and vulnerable adults. They discuss and record mistakes that happen when dispensing. But they don't regularly record details of why these mistakes happen. And they don't regularly analyse the mistakes for patterns. So, they may miss some opportunities to improve and reduce the risk of further errors.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place. And these were available to pharmacy team members electronically. The sample checked were last reviewed in April 2019. And the next review was scheduled for April 2021. Pharmacy team members had read the procedures. And sent an email to the pharmacy owner confirming their understanding. The pharmacy defined the roles of the pharmacy team members in each documented procedure.

The pharmacist highlighted and recorded near miss errors made by the pharmacy team when dispensing. The pharmacy team discussed the errors made. But, they did not discuss or record much detail about why a mistake had happened. They usually said misreading the prescription had caused the mistakes. And, their most common change after a mistake was to double check next time. Pharmacy team members gave examples of some actions taken to reduce risks after near-miss errors had happened. These included separating look-alike and sound-alike (LASA) medicines that had been involved in errors, such as the different strengths of cholecalciferol tablets. Or the different formulations of aspirin. They had separated these medicines on the shelves. And attached warning stickers to the shelves where they were kept highlighting the risks when dispensing. The pharmacy owner analysed the data collected about mistakes every year to satisfy the requirements of the Pharmacy Quality Scheme. But there were no records of any analysis available in the pharmacy. The pharmacy had a documented process for dealing with dispensing errors that had been given out to people. It recorded incidents using a template reporting form. The pharmacy owner said the pharmacy had not made any dispensing errors. So, there were no error records. And the inspector could not assess the quality of dispensing error handling and reporting.

The pharmacy had a procedure to deal with complaints handling and reporting. It did not advertise its complaints procedure to people. It collected feedback from people by using questionnaires. But the pharmacy owner explained that many people in the local community could not read or write English. And many could not speak English. Some pharmacy team members could speak Urdu. But they could not read or write Urdu to help translate documents written in English. So, the pharmacy owner said that most communication with these people was verbal. The pharmacy did not have any examples of any changes they had made to improve after receiving feedback from people. This was discussed. And the pharmacy owner agreed that it would be useful to advertise to people how they could give the pharmacy feedback in the most commonly used languages locally. And to keep a record of any feedback received verbally.

The pharmacy had up-to-date professional indemnity insurance in place. The pharmacy owner provided

a copy of the current insurance certificate to the inspector. The pharmacy kept controlled drug (CD) registers complete and in order. It kept running balances in all registers. And the pharmacist audited these against the physical stock quantity each time an entry was made. But registers of items used infrequently were not regularly audited. For example, the register for MST 5mg tablets was last audited on the 13 September 2019, and on the 17 October 2018 before that. The pharmacy had a register of CDs returned by people for destruction. It maintained a responsible pharmacist record electronically. And it was complete and up to date. The pharmacist displayed their responsible pharmacist notice to people. Pharmacy team members monitored and recorded fridge temperatures daily. They kept private prescription records in a paper register, which was complete and in order. And, they recorded emergency supplies of medicines in the private prescription register. They recorded any unlicensed medicines supplied, which included the necessary information in the samples seen.

The pharmacy kept sensitive information and materials in restricted areas. It shredded confidential waste. Pharmacy team members had been trained to protect privacy and confidentiality. The pharmacy owner had delivered the training verbally. Pharmacy team members were clear about how important it was to protect confidentiality.

The pharmacy had an SOP available to instruct pharmacy team members about what to do in the event of a safeguarding concern. And this contained up-to-date contact information for local safeguarding teams. All pharmacy team members had completed training on safeguarding in 2019 and 2020. Pharmacy team members explained clearly what they would do if they had a safeguarding concern.

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 ad-hoc training. And they learn from the pharmacist and each other to keep their knowledge and skills up to date. Pharmacy team members feel comfortable raising concerns and making suggestions to help improve pharmacy services. But the pharmacy does not have a process to help them do this anonymously if necessary.

Inspector's evidence

At the time of the inspection, the pharmacy team members present were two pharmacists, one of which was the pharmacy owner, a pharmacy technician and a trainee medicines counter assistant. Pharmacy team members completed training ad-hoc by reading various trade press materials. And by having regular discussions with the pharmacists about current topics. Pharmacy team members received an appraisal each year. They discussed their performance and identified any improvements and learning needs. One example of an objective set by the pharmacy technician was to improve her knowledge of the software used to process electronic prescriptions. The pharmacist had provided a one-to-one training session to help her achieve her goal.

A pharmacy team member explained they would raise professional concerns with the pharmacist or pharmacy owner. They felt comfortable raising a concern. And confident that their concerns would be considered, and changes would be made where they were needed. The pharmacy did not have a whistleblowing policy. And pharmacy team members said they would not know how to raise a concern anonymously if necessary. Pharmacy team communicated with an open working dialogue during the inspection. The pharmacy owner did not ask the team to achieve any 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 can speak to pharmacy team members privately.

Inspector's evidence

The pharmacy was clean and well maintained. All areas of the pharmacy were tidy and well organised. And the floors and passage ways were free from clutter and obstruction. There was a safe and effective workflow in operation. And clearly defined dispensing and checking areas. It kept equipment and stock on shelves throughout the premises. The pharmacy had a private consultation room available. The pharmacy team used the room to have private conversations with people. The room was signposted by a sign on the door. The door was predominantly glass. And, since the last inspection, the pharmacy had covered the glass with an opaque film to help protect people's privacy while they used the consultation room.

The pharmacy had a clean, well maintained sink in the dispensary used for medicines preparation. There was a toilet, which provided a sink with hot and cold running water and other facilities for hand washing. Heat and light in the pharmacy was maintained to acceptable levels. The overall appearance of the premises was professional, including the exterior which portrayed a professional healthcare setting. The professional areas of the premises were well defined by the layout and well signposted from the retail area.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are generally accessible to people. It has systems in place to help provide its services safely and effectively. It sources its medicines safely. And it adequately stores and manages its medicines. The pharmacy dispenses medicines into devices to help people remember to take them correctly. And it manages the risks with this service to provide it safely. Pharmacy team members provide people with advice and counselling about certain high-risk medicines. But they don't have the necessary printed information to give to these people to help them understand and manage the risks.

Inspector's evidence

The pharmacy was accessed via a step from the street. It did not have any facilities available to allow people using wheelchairs to access the pharmacy premises. The pharmacy owner explained he had installed a bell at the door to help people attract pharmacy team members' attention, accompanying the sign already in place. But the bell had recently been broken and he had not yet repaired it. The pharmacy provided seating for people in the retail area. Pharmacy team members said they would use written communication to help people with a hearing impairment. And they could provide large-print labels to help people with a visual impairment. Some pharmacy team members could also speak Urdu, as well as English, to help communicate with people.

Pharmacy team members signed the dispensed by and checked by boxes on dispensing labels. This was to maintain an audit trail of staff involved in the dispensing process. They used dispensing baskets during the dispensing process to help prevent prescriptions being mixed up. The pharmacist counselled people receiving prescriptions for valproate if appropriate. She checked if the person was aware of the risks if they became pregnant while taking the medicine. And if they were enrolled on a pregnancy prevention programme. She referred people to their GP if she had any issues or concerns. The pharmacy did not have a stock of printed information material to give to people to help them manage the risks. This was discussed. And the pharmacy owner gave an assurance that he would obtain a stock of printed materials as soon as possible. The pharmacy supplied medicines in multi-compartment compliance packs when requested. It attached labels to the packs, so people had written instructions of how to take their medicines. Pharmacy team members added descriptions of what the medicines looked like, so they could be identified in the packs. 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 patient's master record sheet. But they did not document the details of the prescriber who had requested the changes to help deal with any future queries. The pharmacy delivered medicines to people. The pharmacy owner explained that the pharmacy recorded the deliveries made and asked people to sign for their deliveries. But the pharmacy did not have any delivery records available to see during the inspection. The pharmacy owner said he had taken the record home to process the driver's payroll. 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 tidily on shelves. And it kept all stock in restricted areas of the premises where necessary. Pharmacy team members had some knowledge of the requirements of the Falsified Medicines Directive (FMD) introduced in February 2019. The pharmacy did not have any software or procedures in place to comply with the requirements. But it did have the required scanning equipment. The pharmacy owner explained the pharmacy had

experienced difficulties implementing the required software to be able to scan compliant products. And these difficulties had not been resolved. He was currently working with the software suppliers to resolve the issues. The pharmacy had adequate disposal facilities available for unwanted medicines, including controlled drugs (CDs). Pharmacy team members kept the CD cabinet tidy and well organised. And they segregated out of date and patient returned CDs. The inspector checked the physical stock against the register running balance for three products. And they were found to be correct.

Pharmacy team members checked medicine expiry dates every six months. And records were seen. They highlighted any short-dated items with a sticker on the pack if it expired within the next six months. But removing these items relied on pharmacy team members seeing the stickers if they expired before the next scheduled date check. After a search of the pharmacy's shelves, the inspector did not find any medicines that were out of date. Pharmacy team members kept the contents of the pharmacy fridge tidy and well organised. They monitored minimum and maximum temperatures in the fridge every day using an electronic thermometer. And they recorded their findings. The temperature records seen were within acceptable limits.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has most of the necessary equipment available to provide its services, which it properly maintains. And it manages and uses the equipment in ways that protect people's confidentiality.

Inspector's evidence

The pharmacy had some equipment it needed to provide the services offered. The resources available included the British National Formulary (BNF), the BNF for Children, various pharmacy reference texts and use of the internet. But it did not have any equipment to help people using wheelchairs to access the pharmacy's services, such as a bell at the door or a ramp. The pharmacy had a set of clean, well maintained measures available for medicines preparation. It positioned computer terminals away from public view. And these were password protected. It stored medicines waiting to be collected in the dispensary, also away from public view. The pharmacy had a dispensary fridge, which was in good working order. Pharmacy team members used it to store medicines only. They restricted access to all equipment, and they stored all items securely.

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.