

# Registered pharmacy inspection report

**Pharmacy Name:** King Cross Pharmacy, 210-212 King Cross Road,  
HALIFAX, West Yorkshire, HX1 3JP

**Pharmacy reference:** 1039549

**Type of pharmacy:** Community

**Date of inspection:** 09/03/2022

## Pharmacy context

The pharmacy is on a high street in the suburbs of Halifax. 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. The pharmacy provides a substance misuse service. The inspection was completed during the Covid-19 pandemic.

## Overall inspection outcome

✓ **Standards met**

**Required Action:** Improvement Action Plan

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 |
|--|-------------------|------------------------------|------------------|-----|
| <b>1. Governance</b>                               | Standards met     | N/A                          | N/A              | N/A |
| <b>2. Staff</b>                                    | Standards met     | N/A                          | N/A              | N/A |
| <b>3. Premises</b>                                 | Standards met     | N/A                          | N/A              | N/A |
| <b>4. Services, including medicines management</b> | Standards met     | N/A                          | N/A              | N/A |
| <b>5. Equipment and facilities</b>                 | 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. It has the documented procedures it needs to help pharmacy team members manage these risks. Pharmacy team members regularly record and discuss mistakes they make. And they learn from these to reduce the risks of similar mistakes. Team members understand their role to help protect vulnerable people. And they suitably protect people's private information. The pharmacy keeps the records it must by law. But they don't always keep records of stock balance checks for some medicines that help reduce risks.

### Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place to help manage the risks with its services. The pharmacy owner had reviewed the procedures in 2021. And had scheduled the next review of the procedures for 2023. Pharmacy team members had read the procedures. And they had signed to confirm they understood them. The pharmacy defined the roles of the pharmacy team members in a dedicated SOP. The SOP gave the names of team members that were competent to perform various activities, based on their levels of qualification and training. Pharmacy team members also had their responsibilities defined verbally through discussion each day. Pharmacy team members were not routinely wearing a face covering while they worked to help prevent the spread of Covid-19. This was discussed. And they donned masks when asked by the inspector. They were regularly cleaning and sanitising their hands. And cleaning chairs and surfaces in the pharmacy regularly.

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 some changes to help prevent the same or similar mistakes from happening again. One example of changes they had made was attaching alert stickers to shelves where look-alike and sound-alike (LASA) medicines were kept, to help prevent the wrong medicines being selected. One example was highlighting amlodipine and amitriptyline. The pharmacy owner analysed the data collected every month to look for patterns. And he recorded his analysis. Pharmacy team members discussed the patterns found. In some of the records that were available, pharmacy team members did not always capture much information about why the mistakes had been made or the changes to prevent a recurrence to help aid future learning. But they gave their assurance that these details were always discussed. The pharmacy recorded dispensing errors provided to people. In the example seen, the pharmacy owner had comprehensively documented the details of the error, information about possible causes, and the changes made to help prevent a recurrence. These changes had included the pharmacy sourcing new dispensing labels with stronger adhesive to help prevent them from being inadvertently detached from the correct medicines.

The pharmacy had a documented procedure in place for handling complaints or feedback from people. Pharmacy team members explained feedback was usually collected verbally. And any complaints were immediately referred to the pharmacist to handle. There was information available for people in the retail area about how to provide the pharmacy with feedback. The pharmacy had up-to-date professional indemnity insurance in place. The pharmacy kept controlled drug (CD) registers complete. These were kept electronically. It kept running balances in all registers, including registers for methadone. Pharmacy team members explained they audited these against the physical stock quantity regularly. But they did not routinely record their checks. For example, they had recorded an audit in

January 2022. The record of an audit prior to this was in August 2021. But they said they had carried out audits between August 2021 and January 2022. And since January 2022. The pharmacy kept an electronic register of CDs returned by people for destruction. But the team members present during the inspection could not access these records. This was discussed. And the pharmacy owner gave his assurance that pharmacy team members would be trained to be able to access all necessary records kept in the electronic registers. The pharmacy maintained a responsible pharmacist record. And this was also complete and up to date. The pharmacist was not displaying their responsible pharmacist notice to people at the beginning of the inspection. This was discussed. And the pharmacist printed and displayed a notice immediately. Pharmacy team members monitored and recorded fridge temperatures daily. They 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. The pharmacy had a documented procedure in place to help pharmacy team members manage sensitive information. Pharmacy team members had signed to confirm they had understood the procedure. The pharmacy owner had completed the data and security protection toolkit to help comply with current NHS requirements. Pharmacy team members clearly 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. They explained how they would refer to the pharmacist. The pharmacy had procedures for dealing with concerns about children and vulnerable adults. Pharmacy team members had completed training in 2020, including the two pharmacist owners.

## 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 ad-hoc training to help keep their knowledge and skills up to date. Pharmacy team members feel comfortable raising concerns and discussing ways to improve services.

### Inspector's evidence

At the time of the inspection, the pharmacy team members present were the pharmacist owner, one qualified dispenser, one trainee dispenser and two trainee pharmacists. 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, infection prevention and control and sepsis. Pharmacy team members had opportunities during work to complete training. They explained this was usually in quieter periods during the week. The pharmacy provided the trainee pharmacists with one protected training day each week for them to use to undertake learning, either in the pharmacy or at home. Pharmacy team members received an appraisal every six months with the pharmacy owner. They discussed their performance. And they set objectives to work towards. One team member explained her current objective was to complete her current training course.

Pharmacy team members explained they would raise professional concerns with either of the pharmacy's owners, who worked at the pharmacy regularly. They felt comfortable raising concerns. And confident that their concerns would be considered, and changes would be made where they were needed. The pharmacy had a whistleblowing policy. Pharmacy team members communicated with an open working dialogue during the inspection. They explained they felt comfortable suggesting areas for improvement in the pharmacy. And these would be raised informally with the owners. But they could not give any examples of any recent changes they had suggested to improve the delivery of their services. The pharmacy owners 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 it provides. 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. Most areas of the pharmacy were tidy and well organised. And the benches where medicines were prepared were mostly tidy and well organised. The pharmacy's floors and passageways were generally free from clutter and obstruction. The pharmacy kept equipment and stock on shelves throughout the premises. It had a room in the cellar which pharmacy team members used for storage and to prepare and store multi-compartment compliance packs. The pharmacy had a private consultation room available. Pharmacy team members used the room to have private conversations with people. The room was signposted by a sign on the door.

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 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.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy helps people to easily access its services. And it has processes to manage the risks associated with its services. The pharmacists provide up-to-date and relevant advice for people taking high-risk medicines. The pharmacy sources medicines from reputable suppliers. And pharmacy team members follow a documented process to identify and manage short-dated and expired medicines. But the process is not always robust enough to help team members effectively mitigate all the risks of dispensing expired medicines to people.

### Inspector's evidence

The pharmacy had access from the street through automatic doors. Pharmacy team members could use the patient medication record (PMR) system to produce large-print labels to help people with visual impairment. And they said they would use written communication with someone with hearing impairment to help them access services. Pharmacy team members could speak Urdu and Punjabi, as well as English, to help communicate with people in the local community.

Since the pharmacy's last inspection, the owner had implemented a new documented procedure to help pharmacy team members effectively check and manage the expiry dates of medicines. The procedure instructed pharmacy team members to check the expiry dates of medicines every three months. And to highlight short-dated medicines up to six months before their expiry by attaching a sticker to the pack. There were several examples of highlighted packs on the shelves. Because of the failures identified at the last inspection, pharmacy team members were checking and highlighting medicines more frequently, approximately once a month. And they kept comprehensive records of their checks. But after a search of the shelves, the inspector found three items that were out of date. Two of these items had also not been highlighted as short-dated. And one of these items was a white carton containing mixed batches of medicines. The carton contained several strips of the same medicine. Some of the strips had different batch numbers and expiry dates. Some of the strips had had the batch number and expiry date snipped off during dispensing. And three strips showed an expiry date of November 2021. The carton did not display any batch number or expiry date information. This meant that pharmacy team members may not know if some medicines were out of date or if they had been subject to a batch recall. Or if the medicines were still safe to use. This was discussed. And pharmacy team members expressed their disappointment and frustration at the inspector finding out-of-date medicines and mixed batches on the shelves. They confirmed they had read and understood the new documented procedure since the last inspection. And they were working hard to make sure it was implemented properly. Some pharmacy team members discussed that these errors may have happened because they were often interrupted when checking expiry dates to serve someone at the retail counter or to answer the telephone. They did not have a system to mark where they were up to on the shelf. And they admitted that sometimes when they returned, they had forgotten where they had reached. So, there was a chance some medicines may have been missed and sections of the shelves not checked properly. Pharmacy team members also explained they did not have a system to record short-dated medicines to help them identify and remove these items if they expired before the next scheduled check. They currently relied on someone seeing the short-dated sticker attached to a pack and removing it if necessary. The pharmacist explained how he checked the expiry dates of medicines when he completed his final accuracy check of prescriptions.

The pharmacy supplied medicines 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 some 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 electronic medication record. Pharmacy team members signed the dispensed by and checked by boxes on dispensing labels for medicines that were dispensed in the pharmacy. This was to maintain an audit trail of the people involved in the dispensing process. And 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 he checked if the person was aware of the risks if they became pregnant while taking the medicine. He also checked if they were on a pregnancy prevention programme. The pharmacy had printed information material available to give to people to help them manage the risks. 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 five licensed wholesalers. It stored medicines on shelves. And it kept medicines in restricted areas of the premises where necessary. It had adequate disposal facilities available for unwanted medicines, including controlled drugs (CDs). Pharmacy team members kept the CD cabinets tidy and well organised. And out of date and patient returned CDs were segregated. 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. 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 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 some equipment available to help prevent the transmission of Covid-19. These included hand sanitiser and plastic screens. 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 computer terminals in the secure areas of the pharmacy, away from public view. And these were password protected. The pharmacy fridge was in good working order. The pharmacy restricted access to all equipment.

### What do the summary findings for each principle mean?

| Finding  | Meaning  |
|--|--|
| <span style="color: green;">✓</span> <b>Excellent practice</b> | 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. |
| <span style="color: green;">✓</span> <b>Good practice</b>      | The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.                                |
| <span style="color: green;">✓</span> <b>Standards met</b>      | The pharmacy meets all the standards.  |
| <b>Standards not all met</b>                                   | The pharmacy has not met one or more standards.  |