General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Siddal Pharmacy, 115 Oxford Lane, Siddal, HALIFAX, West Yorkshire, HX3 9DG

Pharmacy reference: 1039561

Type of pharmacy: Community

Date of inspection: 16/11/2022

Pharmacy context

This is a community pharmacy in the town of Halifax, West Yorkshire. The pharmacy sells over-the-counter medicines, dispenses NHS prescriptions, and provides a COVID-19 and 'flu vaccination service. It delivers medicines for some people to their homes. The pharmacy dispenses medicines in multi-compartment compliance packs to some people living in their own 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	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 up-to-date processes in place to help the pharmacy team effectively and safely manage the risks to the services it provides to people. Team members keep most of the records they need to, and they keep people's private information safe. The team has the knowledge to help protect vulnerable people who use the pharmacy. Team members discuss the mistakes they make while dispensing to help them learn and prevent similar mistakes from happening again.

Inspector's evidence

The pharmacy had a set of written standard operating procedures (SOPs). These provided information to help team members carry out various tasks, including dispensing and record keeping. Team members described their roles within the pharmacy and the processes they were involved in. Some, but not all team members had read and understood the SOPs relevant to their roles. Those team members who had, signed a document to confirm they had read and understood an SOP. The SOPs were reviewed every two years. This was to make sure they were up to date and accurately reflected the pharmacy's current practices. Team members were required to reread the SOPs if there were any changes following a review.

The pharmacy had a process to record and discuss mistakes made by team members during the dispensing process. These were known as near misses. Each near miss was immediately brought to the dispenser's attention, and all team members present discussed why the mistake might have happened. And they discussed how they could make changes to the way they worked to improve patient safety. The pharmacy had a near miss log into which team members could record details of each near miss. But it wasn't available to be inspected and team members explained they had stopped using it for several months. And so, the team may have missed the chance to analyse the near misses and identify any patterns or trends. One team member described making several picking errors involving the form of medicines. For example, mistaking capsules for tablets. The responsible pharmacist (RP) held a team meeting and reiterated the importance of team members checking their work in order of medicine, form, strength, and quantity. Team members agreed this discussion had helped them reduce the number of near miss errors. The pharmacy had a process to record and report dispensing errors that had reached people. But no examples were available to inspect.

The pharmacy had a concerns and complaints procedure, but the process was not clearly outlined for people to see. People could raise any complaints or concerns verbally with a team member. If the matter was not resolved by the team member, they would escalate the matter to either the RP or the pharmacy's superintendent pharmacist (SI). The pharmacy had social media webpages where people could comment on the pharmacy's service. Many of the comments seen were positive and praised the pharmacy's efficient service. The pharmacy had up-to-date professional indemnity insurance. The RP notice displayed the name and registration number of the RP on duty. Entries in the RP record complied with legal requirements. The pharmacy kept records of private prescriptions. But several entries were not complete. It kept controlled drug (CD) registers. The CD registers were audited against physical stock when the pharmacy supplied a person with a CD, or it received new stock. During the inspection, the balance of three randomly selected CDs were checked against the physical stock and the balances were correct. The pharmacy kept up-to-date records of the destruction of out-of-date CDs and CDs that had been returned to the pharmacy by people.

The team held records containing personal identifiable information in areas of the pharmacy that generally only team members could access. Confidential waste was placed into a separate bag to avoid a mix up with general waste. The waste was periodically destroyed using a shredder. Team members had completed information governance training as part of their employment induction process. Most team members had also signed confidentiality agreements. The RP had completed level 2 training on safeguarding vulnerable adults and children via the Centre for Pharmacy Postgraduate Education. Other team members had not completed any formal training but were aware of their responsibilities and when they should escalate any concerns.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy team members have the skills to effectively provide the pharmacy's services. The pharmacy supports them to make changes to improve the way the pharmacy operates. Team members feel comfortable in raising professional concerns and giving feedback.

Inspector's evidence

The pharmacy employed several team members. At the time of the inspection the RP was the pharmacy's resident pharmacist. He was being supported by two trainee dispensing assistants. Team members that were not present during the inspection were one full-time trained dispensing assistant, another trainee dispensing assistant and the SI. The trainee dispensing assistants were all enrolled onto a GPhC approved training course. Team members were observed working well together and supported each other in managing the workload.

Team members who were fully qualified were given some opportunity to complete ongoing training during their working hours to improve their knowledge and skills. They were not provided with a structured training programme, but they could choose healthcare topics to learn about or use their time to learn new skills to help them perform better in their roles. The RP subscribed to a pharmacy related magazine. Within each issue, there were articles on various health conditions and information about new and existing pharmacy (P) medicines. The RP periodically chose an article to discuss with the team. Most recently, the team talked about how people could keep themselves well over winter. They talked about promoting the COVID-19 and 'flu vaccination services and looked to refresh their knowledge of the various cold and 'flu related medicines that the pharmacy had for sale. Trainee dispensing assistants received 30 to 60 minutes of protected training time each week. They were able to work through their training course workbooks and ask questions of the RP or SI. The RP had oversight of their progress and demonstrated the percentage of the course each trainee team member had completed. Team members were not provided with a formal appraisal process.

The team could raise concerns with either of the RP or the SI. The RP explained that the team members worked with an open and honest dialogue, and he encouraged them to provide feedback on ways the pharmacy could improve its services. Several team members explained they were comfortable raising concerns and giving feedback to the SI or the RP and they were confident that the concerns would be acted upon. The pharmacy didn't have a whistleblowing policy in place, and this could make it harder for team members to report concerns anonymously. There were no targets set for the team to achieve.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is clean and properly maintained. The premises are suitable for the services the pharmacy provides. The pharmacy has a suitable room which pharmacy team members use to speak to people privately.

Inspector's evidence

The pharmacy was clean, well maintained, and overall professional in appearance. It had separate sinks available for hand washing and for the preparation of medicines. The team cleaned the pharmacy regularly to reduce the risk of spreading infection. The pharmacy had undergone a refit since the last inspection. It now had a larger dispensary and retail area. The pharmacy used drawers and shelves to store most of its medicines. Benches in the dispensary were spacious and well organised throughout the inspection. The pharmacy had a private consultation room to facilitate people to have private conversations with team members. The room was small but was appropriately soundproofed. There was a toilet, with a sink which provided hot and cold running water and other facilities for hand washing. However, the toilet was used to store several containers filled with medicines that had been returned by people. Team members controlled public access to restricted areas of the pharmacy. Throughout the inspection, the temperature was comfortable. Lighting was bright throughout the premises.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy team manages and delivers the pharmacy's services well. And it makes its services easily accessible to people. The pharmacy sources its medicines from recognised suppliers, and it completes appropriate checks of its medicines to make sure they are suitable to supply.

Inspector's evidence

People had level access into the pharmacy. The pharmacy advertised its services and opening hours in the main window. There were seats available in the retail area for people to use while they waited for their prescriptions to be dispensed. The team provided large-print labels on request to help people with a visual impairment. Team members had access to the internet which they used to signpost people requiring services that the pharmacy did not offer. Team members were aware of the Pregnancy Prevention Programme for people in the at-risk group who were prescribed valproate, and of the associated risks. They demonstrated the advice they would give in a hypothetical situation, including checking whether people were enrolled on a Pregnancy Prevention Programme if they fitted the inclusion criteria. And ensuring such people used appropriate contraception. The team had recently decided to store information leaflets about the risks of taking valproate next to the retail area. The RP explained this was to help remind him to provide one to people he counselled about the risks of taking valproate in pregnancy. The pharmacy provided both COVID-19 and 'flu vaccinations. Both services were busy, and the RP administered several vaccinations on the day of the inspection. The services were on an appointment or walk-in basis.

Team members used various stickers and they annotated bags containing people's dispensed medicines to use as an alert before they handed out medicines to people. For example, to highlight interactions between medicines or the presence of a fridge line or a CD that needed handing out at the same time. Team members generally signed the dispensing labels to keep an audit trail of which team member had dispensed and completed a final check of the medicines. But on some occasions the process had not been followed. Team members used dispensing baskets to hold prescriptions and medicines together which reduced the risk of them being mixed up. The baskets were of different colours, for example, they used grey baskets for more urgent prescriptions and red baskets to indicate people's medicines needed delivering to their homes. Team members didn't give owing slips to people on occasions when the pharmacy could not supply the full quantity prescribed. And so, people were not provided with a record of the medicines they were outstanding. The pharmacy kept a record of the delivery of medicines to people. It provided a substance misuse service. The team dispensed instalments weekly and stored them tidily in a CD cabinet.

The pharmacy supplied medicines in multi-compartment compliance packs to several people living in their own homes and to some local care homes. The team dispensed the packs at the rear of the dispensary to ensure minimum distraction. The team provided the packs either weekly or every four weeks and divided the workload evenly across a four-week cycle. Team members used master sheets which contained a list of the person's current medication and dose times. The pharmacist checked prescriptions against the master sheets for accuracy before the dispensing process started. The pharmacy didn't always provide the packs with patient information leaflets, and it didn't add the descriptions of the medicines to the packs to help people identify them. And so, people were not provided with the complete information about their medicines.

P medicines were stored behind the pharmacy counter and people were not able to self-select them. The pharmacy had a process to check the expiry dates of its medicines. The team completed the process on an ad-hoc basis. However, the pharmacy didn't keep any records to confirm the process had been completed. No out-of-date medicines were found after a random check of around 20 randomly selected medicines. The pharmacy highlighted medicines that were expiring in the next three months. The date of opening had been recorded on medicines that had a short shelf life once they had been opened. The pharmacy had two fridges to store medicines that required cold storage. One fridge was a clinical grade fridge, and the other was a domestic grade fridge. The team stored medicines tidily inside the fridges and they kept daily records of the fridge temperature ranges. A sample seen were within the correct ranges. The domestic grade fridge was operating outside of the correct temperature range on the day of the inspection. This was brought to the attention of the RP who removed the medicines stored inside and placed them into the other fridge which was operating within the correct temperature range.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs for its services. And it uses its equipment appropriately to protect people's confidentiality.

Inspector's evidence

Team members had access to up-to-date reference sources. The pharmacy used a range of CE quality marked measuring cylinders. It had suitable adrenaline injections to help people should they experience an anaphylactic reaction to a vaccination. It suitably 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 a private area. Team members had access to personal protective equipment including face masks and gloves.

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.