

Registered pharmacy inspection report

Pharmacy Name: SKF Lo (Chemists) Ltd, 1 Bankfield Lane,
Kirkheaton, HUDDERSFIELD, West Yorkshire, HD5 0JE

Pharmacy reference: 1039585

Type of pharmacy: Community

Date of inspection: 10/12/2019

Pharmacy context

The pharmacy is in a row of shops in Kirkheaton. Pharmacy team members dispense NHS prescriptions and sell a range of over-the-counter medicines. They offer services including medicines use reviews (MURs) and the NHS New Medicines Service (NMS). And, they offer seasonal flu vaccinations. They provide medicines to people in multi-compartment compliance packs and deliver 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 identifies and manages the risks with its services. It asks people using the pharmacy for their views. And it acts to make improvements after receiving feedback. The pharmacy protects people's confidential information. And it keeps the records it must by law. Pharmacy team members know how to safeguard the welfare of children and vulnerable adults. They record and discuss mistakes that happen during dispensing. And they use this information to learn and reduce the risk of further mistakes. But they don't always collect information about the causes of mistakes to help inform the changes they make. So, they may miss opportunities to improve. Pharmacy team members follow written procedures to help them complete the required tasks. But they do not always re-read all the procedures after the pharmacy updates them. So, they may be unsure about the safest and most effective ways to carry out all their tasks.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place. And the superintendent pharmacist (SI) reviewed them regularly. The sample checked were last reviewed in 2019. And the next review was scheduled for 2021. Pharmacy team members had read and signed some SOPs since the last review. But they had not signed other procedures, for example the SOP for dealing with near miss and dispensing errors. Also, old and new SOPs were kept together in same file. The pharmacy displayed clear version control information on each procedure. The pharmacy defined the roles of the pharmacy team members in each procedure.

The pharmacist highlighted and recorded near miss errors made by the pharmacy team when dispensing. Pharmacy team members discussed the errors made. But they did not discuss or record much detail about why a mistake had happened. They usually stated rushing or not concentrating had caused the mistakes. The team gave an example of separating amitriptyline and amlodipine on the shelves after a recent near miss. The pharmacist analysed the data collected about mistakes every month. His analysis was based on quantitative data. He usually did not analyse the data for patterns of cause. In the example seen, the proposed change to address the patterns found was for pharmacy team members to focus and pay more attention when selecting items from the shelves. The pharmacy had a clear process for dealing with dispensing errors that had been given out to people. But the pharmacy did not have any examples of records to see. So, the inspector could not fully assess the quality of the pharmacy's response to dispensing errors. The pharmacist said they had not made a dispensing error for several years. Pharmacy team members were clear about how they would deal with an incident. The pharmacy had up-to-date SOPs and signed documents for the flu vaccination service being delivered via patient group direction (PGD). And it had a declaration of competence from the authorised pharmacist confirming their training was up to date. The pharmacist completed theoretical training every two years, which he last completed in 2019. And physical vaccination administration training every three years, last completed in 2017. The pharmacy displayed an emergency card on the wall in the dispensary. The card gave pharmacy team members instructions about what to do if there was an emergency during a flu vaccination. For example, if someone had an anaphylactic reaction to their vaccination. The pharmacy had a procedure to deal with complaints handling and reporting. But it did not advertise its complaints procedure to people in the pharmacy's retail area. It collected feedback from people by using questionnaires and verbally. One example of a change the pharmacy had made after receiving feedback was the installation of a consultation room, so people could speak to pharmacy

team members privately.

The pharmacy had up-to-date professional indemnity insurance in place. They had a certificate of insurance displayed. The pharmacy kept controlled drug (CD) registers complete and in order. It kept running balances in all registers. It audited the stock against the running balances at least weekly for items it dispensed frequently. Registers of CDs not used frequently were not regularly audited. For example, MST 10mg tablets had last been audited in July 2018. The pharmacy did not stock methadone. It kept and maintained a register of CDs returned by people for destruction. And it was complete and up to date. The pharmacy 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. And, it shredded confidential waste. Pharmacy team members had been trained to protect privacy and confidentiality. The pharmacist had delivered the training verbally. Pharmacy team members were clear about how important it was to protect confidentiality. And there was a procedure in place detailing requirements under the General Data Protection Regulations (GDPR).

When asked about safeguarding, a dispenser gave some examples of symptoms that would raise their concerns in both children and vulnerable adults. They explained how they would refer to the pharmacist for advice. The pharmacist said they would assess the concern. And would refer to local safeguarding teams to get advice. The pharmacy had an SOP in place informing pharmacy team members about what to do in the event of a concern. The pharmacist and pharmacy technicians had completed training on safeguarding in 2018. Pharmacy team members explained they had been trained verbally by the pharmacist and by reading the procedure.

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 tailor some of their learning to meet the needs of the pharmacy's services. They learn from the pharmacist and each other to keep their knowledge and skills up to date. Pharmacy team members feel comfortable making suggestions to help improve pharmacy services.

Inspector's evidence

At the time of the inspection, the pharmacy team members present were a pharmacist and two dispensers. Pharmacy team members completed training ad-hoc by reading various trade press materials and by completing online training modules. The modules available covered various topics. Some recent examples completed by pharmacy team members included modules on prostate cancer, flu and erectile dysfunction. Pharmacy team members chose which modules to complete. Sometimes the pharmacist suggested modules that were topical or relevant to activities in the pharmacy. Pharmacy team members received an appraisal with the manager each year. They discussed their work and their performance. And identified areas where they could improve. They set objectives to address any needs identified. One recent example was a pharmacy team member learning more about flu vaccinations and how to approach people to ask if they would like a vaccination. They had completed an online training module. And they had regular discussions with the pharmacist and colleagues to help their learning.

A dispenser explained she would raise professional concerns with the pharmacy managers or superintendent pharmacist (SI). She felt comfortable raising a concern. And confident that her concerns would be considered, and changes would be made where they were needed. The pharmacy had a whistleblowing policy in place. And pharmacy team members knew how to access the procedure. Pharmacy team members communicated with an open working dialogue during the inspection. Pharmacy team members explained a change they had made after they had identified areas for improvement. They explained that all the pharmacy's team members worked part time. And they often didn't work together. This sometimes made it difficult to communicate messages and key information to each other about people's medicines. So, they had introduced a communications book. Pharmacy team members used the book to record key information to pass on to colleagues the next day. This helped them deal with people's medicines correctly and resolve queries quickly.

The pharmacy set targets in certain areas of the business. These included the number of medicine use review (MUR) and New Medicines Service (NMS) consultations. And, the number of flu vaccination being delivered. The pharmacist explained that targets were monitored by their area manager. And discussed at his yearly appraisal. He said pharmacy team members were free to approach meeting their targets in their own way. And in whichever way suited their pharmacy and workload.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and properly maintained. It provides a suitable space for the services provided. And it has a room where people can speak to pharmacy team members privately.

Inspector's evidence

The pharmacy was clean and well maintained. There was a safe and effective workflow in operation. All areas of the pharmacy were tidy and well organised. And the floors and passage ways were free from clutter and obstruction. The pharmacy kept equipment and stock on shelves throughout the premises. It had a first floor area used for storage. The pharmacy had a private consultation room available. And, 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 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 easily accessible to people, including people using wheelchairs. And the pharmacy provides its services safely and effectively. The team members dispense medicines into devices to help people remember to take them correctly. And they manage this service adequately. They take steps to identify people taking high-risk medicines. And they provide these people with suitable advice to help them take their medicines safely. But they don't have the required printed information available to give to people. Pharmacy team members store, source and manage medicines appropriately. And they check the expiry dates of medicines, so they know the medicines are fit to supply. But pharmacy team members don't always make a record of when this is complete. So, they may not know if they miss a section of the pharmacy's stock in these checks.

Inspector's evidence

The pharmacy had level access from the street. Pharmacy team members explained they would use written communication with someone with a hearing impairment. But they were unsure about how they would help someone with a visual impairment.

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. The pharmacy team 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 they checked if the person was aware of the risks if they became pregnant while taking the medicine, giving them appropriate advice and counselling. But the pharmacy did not have a supply of printed information material to give to people to help them understand the risks. The pharmacist gave an assurance that materials would be obtained as soon as possible. The pharmacy delivered medicines to people. It recorded the deliveries made and asked people to sign for their deliveries. 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 to arrange a re-delivery. The team highlighted medicine bags containing CDs with a sticker on the bag and on the driver's delivery sheet.

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 the medicines. These did not include descriptions of what the medicines looked like, so it would be difficult for people to identify medicines in the pack if there was a query. Pharmacy team members provided people with patient information leaflets about their medicines. But they did not supply these regularly each month. Pharmacy team members documented any changes to medicines provided in packs on the patient's master record sheet. In the examples seen, the records did not include information about the prescriber that had requested the changes. Pharmacy team members had prepared several packs. They stored them in a room on the first floor of the pharmacy. Most packs were labelled with the necessary information. But some were banded together with the patients master record sheet. And these were not labelled. The pharmacist explained that in order to manage the pharmacy's workflow, packs were sometimes prepared before the pharmacy had received the prescriptions. Then, when the prescriptions arrived, pharmacy team members married the prescriptions with the packs and passed them to the pharmacist to check. The pharmacist agreed that this might not be the most effective way to manage the system. And that dispensing medicines without a valid prescription introduced additional risks. He

explained that the team were in the process of reviewing the procedure they used for preparing packs. So, they could incorporate using their electronic system more effectively to label packs with descriptions of medicines. He gave an assurance that the pharmacy's planned changes for pack dispensing would be implemented by the end of January 2020.

The pharmacy obtained medicines from three licensed wholesalers. Pharmacy team members were aware of the new requirements under the Falsified Medicines Directive (FMD). They were aware that they were going to receive training on the subject but did not know when this would be. They explained some of the features of compliant products, such as the 2D barcode and the tamper evident seal on packs. The pharmacy had the right equipment in place. Pharmacy team members didn't know when the rollout of the system would be completed. The pharmacy stored medicines tidily on shelves. And all stock was kept 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. The inspector checked the physical stock against the register running balance for three products. They were found to be correct. Pharmacy team members checked medicine expiry dates approximately every eight weeks. But they did not keep up-to-date records of their checks. They highlighted any short-dated items with a sticker on the pack up to six months in advance of its expiry. And they removed expiring items from stock if they expired before the next date check was due. The pharmacy responded to drug alerts and recalls. Any affected stock found was quarantined for destruction or return to the wholesaler. Pharmacy team members recorded any action taken. And records included details of any affected products removed. 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 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 positioned computer terminals away from public view. And, these were password protected. The pharmacy stored medicines waiting to be collected in the dispensary, also away from public view. It had dispensary fridges that were in good working order. And 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.