

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: 26/03/2024

Pharmacy context

The pharmacy is in a row of shops in Kirkheaton. It dispenses NHS prescriptions and sells a range of over-the-counter medicines. It has some of its prescriptions assembled by an offsite dispensing hub pharmacy to help with the workload. The pharmacy offers services including the NHS New Medicines Service (NMS) and the NHS Pharmacy First Service. And it offers seasonal flu vaccinations. The pharmacy team provides medicines to some people in multi-compartment compliance packs and it 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 suitably identifies and manages risks with its services. It has the written procedures it needs relevant to its services and team members follow these to help them provide services safely. Pharmacy team members understand their role to protect people's confidential information. And they know how to identify situations where vulnerable people need help. They keep the records required by law.

Inspector's evidence

The pharmacy had a set of up-to-date standard operating procedures (SOPs) to help pharmacy team members manage risk with providing services. These SOPs were held in an organised file so that team members could access them easily. Pharmacy team members had their own summary sheet to show when they had read, understood, and agreed to follow specific SOPs. The sample of summary sheets looked at were regularly updated by team members, with more recent entries made around newer pharmacy services. The pharmacy defined the roles of the team members in each procedure.

Pharmacy team members identified errors at different stages of the dispensing process, before people received their medicines, known as near miss errors. They used a log for recording such errors. If a team member was responsible for a near miss error, then they were the one to record it. This meant that any factors contributing to the near miss could be accurately captured and learned from. The team had made changes following near miss errors, which included assigning certain medicines to their own separate shelf, away from other medicines that looked alike or sounded similar. The pharmacy also had a process for recording significant events, such as mistakes identified following a person receiving a medicine, known as dispensing errors. The most recent record of this type was from 2022. Also recorded within the significant events was an intervention made against a fraudulent private prescription. Team members were aware of this event and felt better equipped for being able to deal with similar situations in future.

The pharmacy had a documented procedure for handling complaints and feedback from people. There was information available for people in the retail area about how to do this. The pharmacy had current professional indemnity insurance. The Responsible Pharmacist (RP) clearly displayed their RP notice, so people knew details of the pharmacist on duty. Team members knew what activities could and could not take place in the absence of the RP.

A sample of legally required records were checked during the inspection. The RP log was recorded electronically within the dispensing system. The log had entries for every day that the pharmacy was open. The pharmacy kept its private prescriptions records electronically within the dispensing system and the records checked met legal requirements. It kept paper-based CD registers and those entries checked met legal requirements. There was evidence of regular checks of the running balance in the register against the physical stock. A random balance check against the quantity of stock was correct. The pharmacy kept a register of CDs returned by people for destruction.

The pharmacy had a documented procedure to help team members manage sensitive information. The pharmacy kept sensitive information in restricted areas. Team members segregated confidential waste to be shredded offsite. They explained how important it was to protect people's privacy and how they

would protect confidentiality. The pharmacy displayed a chaperone policy on the outside door of the consultation room. Pharmacy team members gave examples of signs that would raise concerns about vulnerable children and adults. And they knew to discuss their concerns with the pharmacist and other key safeguarding organisations. Team members knew how to find information about local safeguarding contacts by using the internet. They had completed the required level of safeguarding training for their role.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a team with an appropriate range of experience and skills to safely provide its services. Team members work well together, and they support each other in their day-to-day work. Pharmacy team members feel comfortable raising concerns and discussing ways to improve how they work. They have some opportunities to complete training so they can develop their knowledge.

Inspector's evidence

At the time of the inspection, the pharmacy team members present were the RP, who was the pharmacist manager, and two qualified dispensers. The pharmacy also employed another qualified dispenser and delivery driver. The staffing level and skill mix appeared appropriate for the nature of the business and the services provided. The team was seen to be managing the workload and the atmosphere appeared calm. The RP had completed some training to prepare for the recently launched Pharmacy First service. Training and development of the pharmacy team was planned according to contractual requirements or on an ad-hoc basis. Team members made use of online platforms and monthly pharmacy magazines for training content.

Team members worked well together. And they communicated effectively to plan and handover key tasks such as the processing of assembled prescriptions returned from the dispensing hub pharmacy. They also made use of a communications diary to record information such as when stock was expiring. This helped to ensure continuity of information to all team members, even if they were not present on a given day.

There was a list of contact numbers of various head office departments on display in the dispensary. This included a direct line to the superintendent pharmacist. Pharmacy team members explained how they felt comfortable to raise professional concerns if necessary. And they were confident that their opinion would be considered, and changes made to the way the pharmacy operated if they made suggestions and shared ideas. A team member provided an example of suggestions that had been adopted. This was around the organisation of the supply of multi-compartment compliance packs. The rationale for this was to support safety and auditability of this type of dispensing.

Pharmacy team members gave examples of their limitations in knowledge and when they would involve other team members to help. They explained how they would assess requests for over-the-counter medication and at what point they would refer to the RP. The team had some performance related targets to achieve, and the pharmacist was comfortable discussing these targets with their manager if they were challenging.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are clean, secure and provide a suitable environment for the services provided. And the pharmacy has a consultation room to meet the needs of people requiring privacy when using its services.

Inspector's evidence

The pharmacy premises had small retail and downstairs dispensing areas. The team kept them tidy and hygienic to ensure effective use of the space available. It maintained its heating and lighting to acceptable levels. It had an upstairs area that was accessible from the dispensary via a staircase with no handrail. The pharmacy team members used the space upstairs to prepare and store multi-compartment compliance packs. They used a clean, well-maintained sink upstairs for the preparation of some medicines. The pharmacy had a toilet upstairs, with a sink which provided hot and cold running water and there were other facilities for hand washing.

The pharmacy team kept the work surfaces in the dispensary tidy and they kept floor spaces clear to reduce the risk of trip hazards. There was sufficient storage space for stock, assembled medicines and medical devices. The team had decided not to store medicines on the top shelves in the dispensary due to the orientation of the pharmacy's heating system. This was to protect the integrity of the medicines during storage.

The pharmacy had a defined professional area and items for sale in this area were healthcare related. There was a soundproof consultation room which the team used for private conversations with people and when providing services. There was a physical barrier in use to prevent unauthorised access to the dispensary and other restricted areas.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy sources its medicines from recognised suppliers. And it stores and manages them appropriately. Pharmacy team members complete regular checks to ensure medicines are suitable for supply. And they respond appropriately when they receive alerts about the safety of medicines. Team members generally manage the delivery of services safely and effectively. But they do not they do not always take the opportunity to formally review how some people receive their medicines to ensure they continue to receive them safely.

Inspector's evidence

The pharmacy had a stepped access from the street with a grab bar fitted at the entrance to help people enter the pharmacy safely. Pharmacy team members advised that where people had difficulty with entering the pharmacy, they would routinely go to the front door to help them access services.

The pharmacy had a documented procedure for managing the checking of expiry dates of medicines. Team members highlighted short-dated medicines with stickers when they conducted date-checking tasks. They checked different sections of the dispensary stock in order and recorded when the expiry dates of medicines in a section had been checked and by whom. This ensured that the team had an audit trail of expiry dates checked. The team also made an entry in the communications diary for the month a medicine was due to expire and they checked the shelf and removed any expiring stock. The pharmacy kept unwanted medicines returned by people in a segregated area, while waiting for collection for disposal.

The pharmacy team dispensed prescriptions to a procedure that used baskets. These dispensing baskets kept prescriptions and their corresponding stock separate from others. Pharmacy team members signed dispensing labels during dispensing and checking. This maintained an audit trail of team members involved in the process. The team used stickers to highlight if a prescription contained a fridge item, to ensure correct storage temperatures was maintained. A significant number of prescriptions the pharmacy processed were assembled at an offsite hub pharmacy, owned by the same company. The team completed a clinical and accuracy check before the prescription information was transmitted to the hub pharmacy. The team dispensed urgent and higher-risk medicines at the pharmacy to minimise risk and ensure people received their medicines when they needed them. The pharmacy received a delivery of assembled bags of medicines from the hub pharmacy during the inspection and the team followed an organised and effective process for the receipt and reconciliation of these prescriptions. The team used designated dispensary shelves to store prescriptions at various stages of the process to help with the organisation of the process.

The RP counselled people receiving prescriptions for valproate. And they checked if the person was aware of the risks if they became pregnant while taking the medicine. They checked if people were on a pregnancy prevention programme and taking regular effective contraception. They did not keep records of these conversations, so there were no audit trails in case of queries. Team members were aware of the requirements to dispense valproate in the manufacturer's original packs. However, valproate was dispensed into a multi-compartment compliance pack without any formal record of a risk assessment being completed for this. The importance of this was discussed during the inspection.

The pharmacy provided multi-compartment compliance packs to help some people take their medicines. Prescriptions were requested well in advance before the supply was due, to allow time to deal with issues such as missing items. People in receipt of their medicines in these packs each had a record listing their current medication, dosage, and dose times and this was referred to throughout the dispensing and checking of the packs. These records also detailed any changes to medicines that had been made by the prescriber. The team recorded the descriptions of the medicines within the packs so that people could identify the different medicines. They did not always supply people with the manufacturer's packaging leaflets. This means that people receiving these packs would not have the latest information available to them in relation to their medicines.

When the pharmacy could not entirely fulfil a prescription first time, team members created an electronic record of what was owed on the patient medication system (PMR) . And they gave people a slip detailing what was owed. This meant the team could keep a track of what was outstanding to people and what stock was needed. The pharmacy had very few outstanding owings. It had a documented procedure for responding to drug safety alerts and manufacturer's recalls. It received these from the company's head office as well as from the Central Alerting System. Team members explained the action taken in response to such alerts and demonstrated records kept of recent examples.

The pharmacy provided a prescription delivery service for some people. It kept records of deliveries to help resolve any queries. Some deliveries were posted through people's letterboxes with inconsistencies in the consent and risk assessments recorded around this practice. The importance of consistently recording risk assessments and capturing consent around this practice was discussed with the RP.

Team members consistently monitored and recorded the temperatures of the fridge. These records showed cold chain medicines were stored at appropriate temperatures. A check of the thermometer showed temperatures within the permitted range. The pharmacy obtained medicines from licensed wholesalers. It had disposal facilities available for unwanted medicines, including CDs.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. And it uses its equipment and facilities appropriately to protect people's confidential information.

Inspector's evidence

Pharmacy team members had a range of hard-copy and electronic reference materials available to them, via the internet. There was equipment available for the services provided which included an otoscope, blood pressure monitor and clean CE-marked measures available for liquid medicines preparation. The pharmacy had access to an ambulatory blood pressure monitor via its head office. There was a pharmaceutical fridge, which appeared to be in good working order and of a suitable size.

The pharmacy's computers were password protected and access to people's records were restricted by the NHS smart card system. The pharmacy stored completed prescriptions and assembled bags of medicines away from public view in a restricted area, which protected people's confidential information on the prescriptions and labels on the bags.

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.