

Registered pharmacy inspection report

Pharmacy Name: Dalton Pharmacy, 5 Broad Lane, Dalton,
HUDDERSFIELD, West Yorkshire, HD5 9BU

Pharmacy reference: 1039586

Type of pharmacy: Community

Date of inspection: 13/12/2023

Pharmacy context

The pharmacy is in a row of shops in Dalton, near Huddersfield. Pharmacy team members dispense NHS prescriptions and sell a range of over-the-counter medicines. The pharmacy provides seasonal flu vaccinations to people. Team members provide medicines for people in multi-compartment compliance packs. And they deliver 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 adequately identifies and manages risks. It has most of the written procedures it needs relevant to its services to help team members provide services safely. Pharmacy team members understand their role to help protect vulnerable people. And they suitably protect people's confidential information. Team members record and discuss the mistakes they make so that they can learn from them. But they don't always capture key information or analyse these records, so they may miss some opportunities to learn and improve.

Inspector's evidence

The pharmacy had changed ownership to the current owners in August 2023. It had a set of standard operating procedures (SOPs) in place to help pharmacy team members manage risks for their services. These had been implemented between February 2022 and April 2023 by the previous owners. Pharmacy team members were observed carrying out tasks that matched the process explained in the relevant SOP, such as the process for assembling and dispensing prescriptions. But some processes did not match the documented procedures, such as the process to check and manage the expiry dates of medicines. Some team members had signed to confirm they had read and understood the SOPs. But one pharmacy team member explained they had not read the SOPs, so they might not always fully understand their responsibilities.

The pharmacy provided a seasonal flu vaccination service for people. The responsible pharmacist (RP) explained how the pharmacy had considered some of the risks of flu vaccinations, such as the suitability of the pharmacy's consultation room to deliver the service from and the availability of the necessary equipment. Pharmacy team members ensured they had completed the necessary training. And the pharmacy had the correct documents in place. But the RP did not know if any risk assessments had been written down help the pharmacy manage emerging risks on an ongoing basis.

Pharmacy team members explained how they highlighted and recorded any dispensing mistakes that were identified in the pharmacy, known as 'near misses'. And they recorded dispensing errors, which were mistakes identified after people received their medicines. There were documented procedures to help them do this effectively. They used this information to make changes to help prevent the same or similar mistakes from happening again. One example of changes they had made was separating look-alike and sound-alike (LASA) medicines, to help prevent the wrong medicines being selected. The records available contained little or no information about why mistakes had been made, but team members confirmed they discussed the errors they made amongst the team, which included discussions about why mistakes had happened. The pharmacy did not have a formal process for analysing the information collected about errors. So, they might miss opportunities to reflect, learn, and make improvements to the pharmacy's services. Pharmacy team members present during the inspection could not find any records of dispensing errors. But they gave a clear explanation about how they would respond if alerted to a dispensing error, including how they would correct their mistake, who they would report the error to and the records they would make to aid learning.

The pharmacy had a documented procedure for handling complaints and feedback from people. But the procedure provided team members with information relating to the pharmacy's previous owners. This meant that team members may not be clear about how to properly follow the current company's

processes. Pharmacy team members explained people usually provided verbal feedback. And any complaints were referred to the pharmacist to handle. There was no information available for people in the retail area about how to provide the pharmacy with feedback.

The pharmacy had current professional indemnity insurance in place. The pharmacy kept accurate controlled drug (CD) registers. It kept running balances for all registers. But pharmacy team members did not audit these balances against the physical stock quantity regularly. The most recent audit had been completed in August 2023. A check of the running balances against the physical stock for three products were found to be correct. The pharmacy kept a register of CDs returned by people for destruction. It maintained a responsible pharmacist record electronically, but there were several gaps in the record. Pharmacy team members monitored and recorded fridge temperatures. The pharmacy kept private prescription and emergency supply records, which were complete and in order.

The pharmacy kept sensitive information and materials in restricted areas. It segregated confidential waste in dedicated bags. Once full, pharmacy team members sealed them, and the bags were collected at least once a month and taken for secure destruction. The pharmacy had a documented procedure to help pharmacy team members manage sensitive information. Pharmacy team members explained how important it was to protect people's privacy and how they would protect confidentiality. During the inspection, two pharmacy team members accessed the pharmacy's electronic systems using electronic smart cards that did not belong to them. They explained that one of them had locked their smart card and were waiting for someone to reset it. So, in the meantime, they were borrowing a card that belonged to their colleague. This meant that the other person also had to borrow an alternative card from someone else to be able to continue their work. This was discussed with the pharmacy owners during the inspection. The confirmed that all pharmacy team members had their own smart cards and had been trained not to share them. During the inspection, the owner unlocked the relevant card and reminded team members to only use their own cards. After this, team members were observed using their own cards and removing them when they left the computer terminal they had been using.

A pharmacy team member gave some examples of signs that would raise their concerns about vulnerable children and adults. They explained how they would refer to the pharmacist. The pharmacy had a documented procedure for dealing with concerns about children and vulnerable adults. And team members explained how they would use the internet to find information about local safeguarding contacts, to help them manage any concerns. The pharmacy had not provided any formal training for team members about how to handle 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. And the pharmacy enrolls new team members on formal qualification training courses so they obtain the knowledge they need for their roles. Team members complete some ongoing ad hoc learning to help keep their knowledge and skills up to date. And they 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 a regular locum pharmacist, a trainee pharmacist, a qualified dispenser, and four trainee dispensers. Most of the pharmacy's team members had started working at the pharmacy in September 2023. Team members explained that when they started working at the pharmacy, the owners showed them various areas and systems and explained ways of carrying out certain tasks. And they had been provided with the SOPs to read and sign, which some had completed, and some had not. Team members explained that if they had a query or a learning need, they felt comfortable asking a colleague or asking the RP or pharmacy owners. And they felt confident that the pharmacy's owners would listen and provide them with training or signposting to necessary resources to help them learn more. As well as formal training courses, team members completed other ongoing training ad hoc by reading various materials and discussing topics together.

A pharmacy team member explained how they would raise professional concerns with the RP or the pharmacy's owners who all 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 did not have a formal whistleblowing policy. Pharmacy team members were aware of organisations outside the pharmacy where they could raise professional concerns, such as the NHS or GPhC. Pharmacy team members communicated with an open working dialogue during the inspection. They felt comfortable making suggestions to improve their ways of working. The pharmacy owners did not ask pharmacy team members to meet any performance related 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 consultation room where people can speak to pharmacy team members privately.

Inspector's evidence

The pharmacy was clean and well maintained. It was tidy and generally well organised. Pharmacy team members used areas on the ground and first floor to assemble and dispense prescriptions. They explained that because of the lack of available bench space on the ground floor and the recent increase in their workload, they had decided to utilise the space available on the first floor. And this had improved the efficiency and safety of how they worked, for example by reducing clutter, providing more space to work and more storage space. The pharmacy's floors and passageways were free from clutter and obstruction. It kept equipment and stock on shelves throughout the premises. And it had a private consultation room. Pharmacy team members used the room to have private conversations with people.

The pharmacy had a clean, well-maintained sink in the dispensary used for medicines preparation. It had a toilet, with a sink which provided hot and cold running water and other facilities for hand washing. The pharmacy maintained its heating and lighting to acceptable levels. The pharmacy's overall appearance was professional, including the pharmacy's exterior which portrayed a healthcare setting. Its professional areas were well defined by the layout and were signposted from the retail area. Pharmacy team members prevented access to the restricted areas of the pharmacy.

Principle 4 - Services ✓ Standards met

Summary findings

Pharmacy team members manage and provide the pharmacy's services safely and effectively. The pharmacy suitably sources its medicines. And it generally stores and manages its medicines appropriately. The pharmacy's services are easy for people to access. And it has some processes to help people understand and manage the risks of taking higher-risk medicines.

Inspector's evidence

The pharmacy had access from the street via a small step. Pharmacy team members could clearly see the door from inside the pharmacy, and provided assistance for people accessing the premises when needed. Team members could use the electronic patient medication record (PMR) system to produce large-print labels to help people with visual impairment take their medicines properly. And they used written communication for people with hearing impairment to help them access services.

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. They also checked if the person was on a Pregnancy Prevention Programme. The pharmacy had printed materials available to provide to people to help them manage the risks of taking valproate. But the pharmacy had not completed any audits to establish whether advice had been provided to everyone who it provided with valproate. Pharmacy team members were aware of the requirements to dispense valproate in manufacturer's original packs.

The pharmacy supplied medicines to people 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 descriptions of medicines on the backing sheets, so they could be identified in the pack. They provided people with patient information leaflets about their medicines each month. The pharmacy was usually provided with information about changes to people's medicines in writing from their GP. And team members documented these changes on the person's PMR.

Pharmacy team members signed the 'dispensed by' and 'checked by' boxes on dispensing labels during dispensing. This maintained an audit trail of the people involved in the dispensing process. They used dispensing baskets throughout the dispensing process to help prevent prescriptions being mixed up. The pharmacy delivered some medicines to people. It recorded the deliveries it made. The delivery driver left a card through the letterbox if someone was not at home when they attempted delivery. The card asked people to contact the pharmacy. Team members used the PMR to record where prescription bags were stored once they had been completed. They then used the PMR again to locate bags when people arrived at the pharmacy for their medicines. This helped to reduce the time people waited in the pharmacy, and alerted team members if parts of people's prescriptions were stored in different locations, such as items stored in the fridge or the controlled drugs (CD) cabinet.

The pharmacy obtained medicines from licensed wholesalers. It had disposal facilities available for unwanted medicines, including CDs. Team members monitored the minimum and maximum temperatures in the pharmacy's fridges each day and recorded their findings. The temperature records were within acceptable limits. Pharmacy team members checked medicine expiry dates every month. But they did not record their checks. And the documented procedure for expiry date checking

did not match the process being carried out. A pharmacy team member explained they would remove expiring items from the shelves and segregate them three or four months before their expiry. And items that could not be used before their expiry were destroyed. After a check of the shelves and drawers, the inspector did not find any out-of-date medicines. Team members explained how they responded to manufacturers alerts and recalls. But they did not keep records of the recalls they had received and any action they had taken to remove affected medicines.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment available for the services it provides. It manages and uses its 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 a set of clean, well-maintained measures available for medicines preparation. It had suitable containers available to collect and segregate its confidential waste. The pharmacy kept bags of medicines waiting to be collected in the secure areas of the pharmacy, away from public view. It had two computer terminals available for team members to use on the ground floor, and two available on the first floor. All its computer terminals were password-protected.

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.