

Registered pharmacy inspection report

Pharmacy Name: K Pharmacy, 2 Grimscar Avenue, Birkby,
HUDDERSFIELD, West Yorkshire, HD2 2TW

Pharmacy reference: 1039596

Type of pharmacy: Community

Date of inspection: 16/10/2019

Pharmacy context

The pharmacy is in a residential area in the suburbs of Huddersfield. Pharmacy team members dispense NHS prescriptions and sell a range of over-the-counter medicines. They offer services including medicines use reviews (MUR) and the NHS New Medicines Service (NMS). And, they provide seasonal flu vaccinations and meningitis vaccinations. Pharmacy team members supply medicines to people in multi-compartmental compliance packs. And, they provide a substance misuse service, including supervised consumption.

Overall inspection outcome

Standards not all 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
1. Governance	Standards not all met	1.1	Standard not met	Pharmacy team members do not always follow standard operating procedures (SOPs) to complete key tasks. And this adds additional risks into the pharmacy processes. The pharmacy doesn't review its SOPs regularly as advised to ensure they are relevant and up to date.
		1.2	Standard not met	The pharmacy team members don't make any records following dispensing incidents. And, they don't make any changes to the way they work. The pharmacy team members do not record, discuss or analyse all near miss errors that happen. They do not always make changes to help prevent mistakes happening again. So, they may miss opportunities to learn and make their services safer.
		1.4	Standard not met	The pharmacy does not adequately respond to feedback received at previous inspections. And the required standards are not maintained.
		1.6	Standard not met	Some pharmacy records required by law and to assure the safety of services are incomplete and inaccurate. This includes register entries and fridge temperature records.
2. Staff	Standards not all met	2.1	Standard not met	The pharmacy usually has enough staff with the right qualifications for the services it provides. But, sometimes the team does not have the necessary skills to effectively fulfil their roles. This means the pharmacist and team members are under pressure to complete all tasks in a timely manner. And there is a lack of planning to make sure tasks are complete when the nominated team member is not working.
		2.4	Standard not met	The pharmacy team's dynamic is sometimes dysfunctional. The pharmacy team members are sometimes deployed in ways that do not efficiently use the skills of the whole team. And they do not complete key tasks which may affect the quality of

Principle	Principle finding	Exception standard reference	Notable practice	Why
				the services people receive.
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 not all met

Summary findings

The pharmacy does not always identify and manage the risks with its services, even after they receive feedback. Pharmacy team members regularly do not record mistakes they make during dispensing. And they only sometimes make changes to help prevent mistakes happening again. So, they may miss opportunities to make their services safer. The pharmacy has written procedures available to help manage the risks to its services. But, it doesn't review them regularly. And the pharmacy team members do not always follow them to complete key processes. The pharmacy keeps only some of records required by law. The pharmacy team doesn't make the necessary entries for some medicines in the required register in a timely manner. So, the records are inaccurate. The pharmacy team members protect people's privacy and confidentiality. And, they generally know how to safeguard the welfare of children and vulnerable adults.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place. The sample checked were implemented in 2016. But, there was no information about whether they had been reviewed since. And, the inspector highlighted the lack of regular reviews of SOPs to the pharmacy at their last inspection in 2016. Pharmacy team members signed to confirm they had understood the procedures in 2017 and 2018. The pharmacy defined the roles of the pharmacy team members each SOP. Some procedures were colour coded. And each colour represented different levels of qualification. For example, the steps that the pharmacist was responsible for was highlighted with one colour. And the steps that could be done by a dispenser were highlighted in another colour.

Up-to-date, signed patient group direction (PGD) documents were available for the vaccination services being provided. And, the pharmacist had certificates of competence available to confirm her training. She completed training of the meningitis vaccinations service every year. And, training to deliver flu vaccinations every two years, last completed in 2018.

The pharmacy had a procedure in place for dealing with near miss errors. But, pharmacy team members were not following the procedure. The pharmacist highlighted near miss errors made by the pharmacy team when dispensing. Pharmacy team members sometimes recorded their mistakes. But, they admitted that they did not record all their mistakes. From the records available, pharmacy team members had recorded seven near miss errors since the beginning of January 2019. Pharmacy team members discussed the errors made. But, they did not discuss much detail about why a mistake had happened. And, they did not record any information about the causes of each mistake. They said that during their discussions, they usually said rushing or misreading the prescription had caused the mistakes. Pharmacy team members said they moved products that were involved in picking errors but could only give one example of separating ramipril tablets and capsules. Pharmacy team members had a team meeting each month. But, they explained that not much information was discussed about mistakes. The pharmacy had no evidence of mistakes being analysed for patterns. The pharmacist said that if she noticed the same mistakes happening often, she would make changes. But, she did not give any examples. The pharmacy had a clear process for dealing with dispensing errors that had been given out to people. But, the pharmacist admitted that errors were not recorded. She said she had not recorded errors because people had not taken any incorrect medication. But, she later went on to describe an example of an error where someone had been supplied with someone else's medication.

And, they subsequently took the medicines provided before they noticed the mistake. This error had also not been recorded. And, pharmacy team members could not provide any examples of any changes they had made to prevent the same of similar error happening again. The pharmacy's failure to record near miss and dispensing errors was highlighted by the inspector at their last inspection in 2016.

The pharmacy had a procedure to deal with complaints handling and reporting. It had a practice leaflet available for customers which clearly explained the company's complaints procedure. But, the leaflet was kept in the consultation room. So, it was not easily accessible to people. The pharmacy collected feedback from people by using questionnaires. Pharmacy team members said they had received some documented feedback from the last set of questionnaires to be analysed. But, they did not know what the feedback had been. And, they could not give any examples of any changes made in response to improve pharmacy services. There was evidence that the pharmacy had not responded to feedback from their last inspection in 2016. And, they had provided the inspector with assurances after the last inspection that the issues raised had been resolved.

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. It kept running balances in some registers, but not all, for example in the register for sugared methadone. And, these were not frequently audited against the physical stock quantity. The pharmacist showed the inspector a basket containing approximately 17 prescriptions for various CD items. The prescriptions were for supplies of CDs made from the beginning of September up to the inspection date. There were also invoices for CDs that had been received in the pharmacy. The pharmacist admitted that none of the supplies or receipts for the items in the basket had been recorded in the CD registers. The pharmacist showed the inspector a basket containing prescriptions for instalment doses of methadone. The basket contained more than 30 prescriptions, most of which were for people who had received daily instalments of methadone. The pharmacist admitted that none of the instalments provided against the prescriptions had been recorded in the methadone registers. The last entry made in the sugar-free methadone register was on the 18 September 2019. And, the last entry made in the sugared methadone register was the 23 August 2019. From the previous records made, the pharmacy had been entering approximately five supplies per day in the sugar-free register. Pharmacy team members explained that temperatures in the pharmacy fridge had been monitored by a team member that had recently left. And, he had used an electronic thermometer that recorded the data automatically. Pharmacy team members did not know where the downloaded data was kept. And, they were not currently monitoring the temperature of the fridge. They produced a written record of temperatures taken once a month. The last recorded temperature was for the month of August 2019. Pharmacy team members kept private prescription records electronically. But, in some of the examples seen, the date of the prescription recorded did not match the date on the prescription. So, the records were not accurate. They also recorded emergency supplies of medicines electronically. And, the examples seen of these provided the required information.

The pharmacy kept sensitive information and materials in restricted areas. And, it shredded confidential waste. Pharmacy team members had not been trained to protect privacy and confidentiality. They said their knowledge came from discussions and being taught by other colleagues. But, they were clear about how important it was to protect confidentiality. And there was a procedure in place about how to deal with confidential information. But, the pharmacy had not updated the procedure to reflect the changes brought about by the introduction of the General Data Protection Regulations (GDPR) in 2018.

Pharmacy team members were asked about safeguarding. And, they 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. And, the pharmacist said she would assess the concern, and would refer to

local safeguarding teams for advice. The pharmacist had completed training in October 2017. But, other pharmacy team members had not been trained.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy usually has enough staff with the right qualifications for the services it provides. But sometimes the team does not have the necessary skills to effectively fulfil their roles. This means the pharmacist and team members are under pressure to complete all tasks in a timely manner. And there is a lack of planning to make sure tasks are complete when the nominated team member is not working. There is evidence that the team dynamic is sometimes dysfunctional. And, pharmacy team members are sometimes deployed in ways that do not efficiently use the skills of the whole team. Pharmacy team members feel able to raise their concerns. But, when they do, they are not always confident that changes will be made to address their concerns. Pharmacy team members complete ad-hoc training. And, they learn from the pharmacist and each other to keep their knowledge up to date.

Inspector's evidence

At the time of the inspection, the pharmacy team members present were a pharmacist, a pre-registration pharmacist, a dispenser and a medicines counter assistant. Pharmacy team members completed training ad-hoc by reading various trade press materials. And by having regular discussions with colleagues about current topics and attending local training events. The pharmacy did not have an appraisal or performance review process. Pharmacy team members said they would raise any learning needs with the pharmacist or superintendent pharmacist (SI) informally.

A pharmacy team member explained that only one team member was willing to process, assemble and dispense multi-compartmental compliance packs. They explained that when they had a holiday, they had to spend the weeks before their leave making extra packs, which they found very stressful. And, if they were unable to complete all the work before they left, the pharmacist manager dispensed the packs. And, the SI was asked to come in and work to check the packs and perform the other roles of the responsible pharmacist. The pharmacist explained they felt pressure in their role and in completing some of their allocated tasks. They were behind with the required record keeping. And they felt the team struggled to make any improvements in the pharmacy.

Two pharmacy team members said they felt comfortable raising concerns and making suggestions about the way the pharmacy was operating. And, they explained how they would do this with the pharmacist manager or the SI. But they said they were not confident that anything would be done when they raised issues or made suggestions. They explained they had raised issues and made suggestions in the past but their suggestions had not been implemented. One suggestion that hadn't been implemented was about the way the drawers were organised where completed prescriptions were stored. Pharmacy team members could not give an example of any changes they had made after they had made suggestions. Pharmacy team members communicated with an open working dialogue during the inspection about their work. Some team members explained how they had offered support to other members of the team. But didn't feel that this was always accepted. The pharmacy did not have a whistleblowing procedure. Pharmacy team members were not asked to achieve any targets by the pharmacy owner.

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. All areas of the pharmacy were tidy and well organised. And the floors and passage ways were free from clutter and obstruction. There was a safe and effective workflow in operation. And clearly defined dispensing and checking areas. It kept equipment and stock on shelves throughout the premises.

The pharmacy had a private consultation room available. The pharmacy team 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, which provided 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 accessible to people. And the pharmacy generally manages its services effectively and safely. It delivers medicines to people at home. And it asks them to sign for their medicines to confirm receipt. So, the pharmacy has an audit trail to refer to in case of queries. Pharmacy team members take steps to identify people taking some high-risk medicines. And, they provide people with advice. But they don't have any written information for people to take away to help them take their medicines safely. The pharmacy sources its medicines from reputable suppliers. But the pharmacy team members do not monitor the temperature in the medicine fridge. So, there is a risk the medicines are not safe to use.

Inspector's evidence

The pharmacy had level access from the street. And, it had an automatic door. Pharmacy team members used written communication with people with a hearing impairment. And, they could provide large print labels for people with 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. They used dispensing baskets throughout the dispensing process to help prevent prescriptions being mixed up. The pharmacy supplied medicines in multi-compartmental compliance packs when requested. The pharmacy attached backing sheets to the pack, so people had written instructions of how to take the medicines. And, it included the descriptions of what the medicines looked like on some packs, so they could be identified in the pack. But, descriptions of medicines were not included on all packs in the samples seen. So, people may not be able to identify their medicines if there was a query. Pharmacy team members provided people with patient information leaflets about their medicines each month. The pharmacy team documented any changes to medicines provided in packs on the patient's master record. But, they did not record the details of the prescriber who had initiated the changes. And, several master sheets seen were messy, with a lot of scribbling and overwriting which made some of them unclear and difficult to read.

Pharmacy team members said they checked medicine expiry dates every two to three months. And, the pharmacist said she tried to carry out some checks every Saturday morning. But, pharmacy team members did not keep any records of their checks. They highlighted any short-dated items with a sticker on the pack up to three months in advance of its expiry. And, they rotated stock on the shelves so that the oldest stock was used first. The inspector performed a search of a sample of the pharmacy's shelves. And, no out-of-date medicines were found. Expiry date checking was discussed with the pharmacy team. And, they gave an assurance they would start recording expiry date checks, in accordance with the document procedure. The pharmacy responded to drug alerts and recalls. And, any affected stock found was quarantined for destruction or return to the wholesaler. But, pharmacy team members did not keep records of the alerts or any action they had taken.

The pharmacy obtained medicines from three licensed wholesalers. It 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 cabinet(s) 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. One was correct because the medicines were out of date and were segregated. The two other items checked did not balance with the register. The pharmacist said this was because there were transactions that had not been entered in the CD registers. The pharmacy team kept the contents of the pharmacy fridge tidy and well organised. But, they did not regularly monitor minimum and maximum temperatures in the fridge. They said fridge temperatures had been recorded and monitored by a team member that had now left. And, nobody had subsequently taken on the responsibility. Pharmacy team members showed a thermometer in the fridge. And, they said it monitored and recorded the temperature electronically. But, they could not show any records of monitoring. Pharmacy team members did not know how to access the electronic data on the thermometer. And, they admitted that they would not know if the temperature in the fridge had gone outside of the permitted range. The temperature of the fridge during the inspection was 6.9 degrees Celsius.

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 enrolled on a pregnancy prevention programme. But, the pharmacy did not have any printed information material to give to people to help them manage the risks. Pharmacy team members were unsure about the requirements of the Falsified Medicines Directive (FMD). The pharmacy did not have the necessary equipment or software to be able to scan compliant medicines packaging. And, it did not have any procedures incorporating the requirements in to the dispensing process. Pharmacy team members did not know when or how the pharmacy owner intended to comply with the legislation.

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 bags containing CDs with a sticker on the bag and on the driver's delivery sheet. And, people signed an extra docket to confirm they had received their CDs.

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. It had resources available that included the British National Formulary (BNF), the BNF for Children, various pharmacy reference texts and use of the internet. And, it had a set of clean, well maintained measures available for medicines preparation. Pharmacy team members used a separate set of measures to dispense methadone. The pharmacy positioned computer terminals away from public view. And, these were password protected. It stored medicines waiting to be collected in the dispensary, also away from public view. The pharmacy had a dispensary fridge. And, pharmacy team members used it to store medicines only. The 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.