

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: 09/09/2020

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). Pharmacy team members supply medicines to people in multi-compartment compliance packs. They provide a substance misuse service. And they deliver medicines to people's homes. This inspection was completed during the Covid-19 pandemic.

Overall inspection outcome

✓ **Standards 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 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 appropriate procedures in place to help manage most of the risks in the pharmacy. It keeps adequate records required by law. Pharmacy team members generally record the mistakes they make during dispensing. They discuss these mistakes and make suitable changes to prevent similar mistakes from happening again. They understand their responsibilities in protecting people's private information and they keep this information safe. Pharmacy team members know how to help protect the welfare of children and vulnerable adults.

Inspector's evidence

During the inspection, the responsible pharmacist (RP) was a provisionally registered pharmacist in accordance with measures introduced by the GPhC during the coronavirus pandemic. The pharmacy had completed and documented a risk assessment for the pharmacist. The assessment was comprehensive. And it included information about the tasks the pharmacist was expected to complete. For example, he was authorised to supervise consumption of methadone and buprenorphine. But he was not expected to provide any other of the pharmacy's enhanced services. The RP had been the pharmacy's pre-registration pharmacist until his period of training had finished in summer 2020. So, he knew the pharmacy's systems and processes well. And he also had a good working relationship with pharmacy team members and the superintendent pharmacist (SI).

Pharmacy team members were not wearing personal protective equipment (PPE) when the inspector arrived at the pharmacy to help prevent the transmission of coronavirus. They had access to masks, gloves and hand sanitiser. And they donned masks before the inspector entered the area where prescriptions were prepared. The pharmacy had installed screens at the retail counter. And pharmacy team members were seen interacting with people from behind the screens. The pharmacy had a one-way system in operation in the retail area to help people remain socially distanced. Before it had installed screens, the pharmacy was operating a locked-door policy. It asked people to ring a bell at the door. And a pharmacy team member went to the door, wearing PPE, to find out how they could help. Pharmacy team members explained that since the screens had been installed, and since local lockdown measures had eased, they had also stopped routinely wearing masks and gloves while they were working. But they said they would use masks if they needed to speak to someone away from the screens. Pharmacy team members were usually able to maintain appropriate social distancing while they worked. The pharmacy had carried out a risk assessment to help manage the risks of coronavirus. It had also identified four pharmacy team members who were at increased risk of complications from coronavirus because they were from black and Asian minority ethnic (BAME) backgrounds. The risk assessment proposed several steps to help protect all pharmacy team members and people using the pharmacy. Pharmacy team members were not always following all the measures proposed. Pharmacy team members gave an assurance they would discuss their infection control measures with the regular pharmacist manager and the SI as soon as possible.

The pharmacy had a set of standard operating procedures (SOPs) in place that helped to manage the risks of most of the service it provided. But it did not have documented procedures for some key processes, for example about how to manage dispensing errors that had been given out to people. The sample checked were last reviewed in 2019. There was no information about when they were due to be reviewed next. Pharmacy team members had read and signed the SOPs in 2019. The pharmacy had

amended the procedures to include information about the requirements of the falsified medicines directive (FMD). And it had also implemented a set of SOPs specifically related to managing the risks of coronavirus. Pharmacy team members explained they had read the coronavirus-specific SOPs in July 2020. But they had not documented this. The pharmacy defined the roles of the pharmacy team members in each procedure.

The pharmacist highlighted near miss errors made by pharmacy team members during dispensing. Pharmacy team members often recorded their own mistakes. They discussed the errors they made. But they did not usually discuss or record much detail about why a mistake had happened. Pharmacy team members explained that during the height of the coronavirus pandemic, they had made mistakes. And some mistakes had not been recorded. The pharmacist analysed the data collected about near miss errors every month. And they discussed any patterns they found at the following team meeting. But they did not record their analysis. So, it would be difficult to reflect on any changes made to reduce patterns of error. Pharmacy team members explained they had introduced a reminder sheet in response to recent errors. The sheet was attached to the wall in the dispensary. The sheet reminded them to perform a final check of several key areas of their own work before they passed a prescription to the pharmacist for checking. The pharmacist said that in the month following the sheets introduction, he had seen a reduction in the number of errors being made involving the form of the medicines. The pharmacy did not have an SOP to help pharmacy team members manage and respond to dispensing errors given out to people. Pharmacy team members did not know why there was no SOP for the process. And they were unsure about where the pharmacist manager would record a dispensing error. The RP provided some examples of dispensing error reports that had been recorded using template reporting forms. The details given in the reports were generally comprehensive. The RP telephoned the pharmacist manager during the inspection to ask where she would record a dispensing error. She said she would record a dispensing error using the same form she used to collect information about near miss errors. This was discussed. And the RP agreed that the form used to capture information about near miss errors did not give pharmacy team members the opportunity to record enough information and to fully learn about a dispensing error. He gave an assurance that he would discuss the issue with the SI and pharmacist manager, and implement an SOP for the process, as soon as possible. Several of these issues were discussed with the pharmacy at their last inspection in 2019.

The pharmacy had a procedure to deal with complaints handling and reporting. It had a practice leaflet available for customers in the retail area which clearly explained the company's complaints procedure. 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 2019. And they had provided the inspector with assurances after the last inspection, and during a telephone call during the coronavirus pandemic, that the issues raised had been resolved.

The pharmacy had up-to-date professional indemnity insurance in place. It displayed a certificate of insurance. The pharmacy kept controlled drug (CD) registers. It 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 used an electronic device to monitor fridge temperatures twice a day. They explained that if the temperature went outside the permitted range of 2 to 8 degrees Celsius, the manager and SI would receive an alert on their mobile phone. Data from the electronic monitor was printed every month and kept. The pharmacy 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.

The pharmacy kept sensitive information and materials in restricted areas. It shredded confidential waste. Pharmacy team members had trained about the General Data Protection Regulations (GDPR) in 2020. This helped give them the knowledge they needed to properly protect people's privacy and confidentiality. There was a procedure in place about how to deal with confidential information. Pharmacy team members were asked about safeguarding. And they gave some examples of signs 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. Pharmacy team members had completed safeguarding training in 2020.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has an adequate number of pharmacy team members with the right qualifications for the services it provides. Pharmacy team members feel able to raise their concerns. They complete training informally. And they learn from the pharmacist and each other to keep their knowledge up to date. But pharmacy team members are not always deployed in ways that efficiently use the skills of the whole team. So, they sometimes find it challenging carrying out the necessary tasks.

Inspector's evidence

At the time of the inspection, the pharmacy team members present were a provisionally registered pharmacist, two dispensers and a trainee medicines counter assistant. Pharmacy team members completed training ad-hoc by reading various trade press materials and completing online training modules. 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 processed, assembled and dispensed multi-compartment compliance packs. And the dispensing of these packs accounted for just less than half of the pharmacy's dispensing workload. The pharmacy team member explained how her workload increased prior to any holiday as she prepared the additional packs due when she was away. The pharmacist manager prepared any remaining packs, rather than another dispenser. The SI then came to cover the pharmacist and the checking of these packs as necessary. This had not changed since the last inspection, meaning pharmacy team members' skills were not properly utilised all the time. Pharmacy team members explained that some minor initial improvements had been made after the last inspection, but the pharmacy had reverted to previous ways of working. They explained that when they were on holiday, they were not replaced with anyone to help the pharmacy manage the workload, apart from the occasions where the SI covered for the pharmacist. And the remaining pharmacy team members managed without any cover.

Overall, the pharmacy was currently staffed by one full-time pharmacist manager, one full-time dispenser, two part time dispensers working 23.5 and 25 hours per week, one part-time trainee medicines counter assistant and a part time delivery driver. One of the part-time dispensers said she often worked overtime each week to help the pharmacy cope with the workload. But said it was easier to work overtime than to deal with issues when she returned after taking time off.

Pharmacy team members 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 were not confident that anything would be done when they raised issues or 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 had 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 health services provided. And it has a suitable room where people can speak to pharmacy team members privately. The pharmacy has made some sensible adjustments to its premises to help prevent the spread of coronavirus.

Inspector's evidence

The pharmacy was clean and well maintained. All areas of the pharmacy were tidy and well organised. And pharmacy team members kept the floors and passageways free from clutter and obstruction. The pharmacy had 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. Pharmacy team members used the room to have private conversations with people. And they advertised the room by using a sign on the door. Their use of the room was being restricted to emergency situations due to the ongoing pandemic. They explained that if they used the room, they would wear a mask and maintain social distancing as much as possible. The pharmacy had erected screens at the pharmacy counter to help prevent the spread of coronavirus. People were also asked to observe a one-way system around the retail area to help them maintain adequate social distancing.

The pharmacy had a clean, well maintained sink in the dispensary used for medicines preparation. It had a toilet, which provided a sink with hot and cold running water and other facilities for hand washing. The pharmacy maintained heat and light to acceptable levels. The pharmacy's overall appearance was professional, including the exterior which portrayed a professional healthcare setting.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is easily accessible to people. It generally provides its services safely and effectively. And it stores, sources and manages its medicines safely. Pharmacy team members safely provide people with medicines in multi-compartment compliance packs. They help people taking high-risk medicines, providing them with useful advice and information to help take their medicines safely.

Inspector's evidence

The pharmacy had level access from the street through 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 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. They used dispensing baskets throughout the dispensing process to help prevent prescriptions being mixed up. The pharmacy supplied medicines to people in multi-compartment compliance packs when requested. Pharmacy team members attached backing sheets to the packs, so people had written instructions of how to take their medicines. These included descriptions of what the medicines looked like, so they could be identified in the pack. Pharmacy team members provided people with patient information leaflets about their medicines each month. They documented any changes to medicines provided in packs on the patient's master record sheet and electronic medication record. The pharmacist explained he would provide advice and information to people who could become pregnant that were prescribed valproate. He would check that they were enrolled on a pregnancy prevention programme. And the pharmacy had printed information to give to people to fully explain the risks.

Pharmacy team members said they checked medicine expiry dates ad-hoc whenever they had time. They explained it was often the pharmacist manager that carried out the checks. They said the last check had been completed before the manager's recent holiday. But they could not find any records of expiry date checks being completed. Pharmacy team members 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. The pharmacy responded to drug alerts and recalls. And any affected stock found was quarantined for destruction or return to the wholesaler. Pharmacy team members recorded the alerts and any action they had taken. The pharmacy obtained medicines from licensed wholesalers. It stored medicines tidily on shelves. And it kept all stock in restricted areas of the premises where necessary. The pharmacy had the correct 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. And they were found to be correct. Pharmacy team members were aware of the requirements of the Falsified Medicines Directive (FMD). The pharmacy had installed new scanners and software in preparation for scanning compliant packs of medicines. And it had updated its SOPs to incorporate the requirements into its dispensing process. The training schedule for pharmacy team members had been paused due to the coronavirus pandemic. Pharmacy team members expected their training to be completed once the pandemic situation had been resolved.

The pharmacy delivered medicines to people. It recorded the deliveries. The pharmacy did not currently ask people to sign for their deliveries to help manage the infection risks from coronavirus. The delivery driver knocked on people's door. Then left the package at the door and stepped back to a safe distance until they answered. If there was no answer, he would retrieve the delivers and leave a card through the letterbox. The card asked people to contact the pharmacy. Pharmacy team members highlighted bags containing CDs with a sticker on the bag and on the driver's delivery sheet.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment available, which it properly maintains. Pharmacy team members manage and use 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. 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. 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.