

Registered pharmacy inspection report

Pharmacy Name: Fartown Pharmacy, 14 Spaines Road, Fartown, HUDDERSFIELD, West Yorkshire, HD2 2QA

Pharmacy reference: 1039622

Type of pharmacy: Community

Date of inspection: 16/10/2019

Pharmacy context

The pharmacy is in parade of shops in the suburbs of Huddersfield. Pharmacy team members mainly dispense NHS prescriptions and sell a range of over-the-counter medicines. They offer services including medicines use reviews (MURs) and they deliver medicines to people's homes. They supply medicines to people in multi-compartmental compliance packs. And they provide a substance misuse service, including supervised consumption.

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 risks to its services. It 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 discuss mistakes that happen when dispensing. But, they don't always record errors or discuss much detail about the causes of mistakes. So, they may miss opportunities to improve and reduce the risk of further errors. Not all pharmacy team members have read the pharmacy's written procedures. So, there may be some confusion about the safest and most effective way to carry out a task.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place. The sample checked were last reviewed in 2017. But, there was no date displayed for the next review. Some of the samples seen referred to out of date information, for example by referring to primary care trusts (PCTs) or the Royal Pharmaceutical Society of Great Britain (RPSGB). The pharmacy did not define the roles of the pharmacy team members in the procedures. Each procedure contained blank boxes where the roles could be defined and recorded by the pharmacy. But, the boxes in the samples seen were blank. Pharmacy team members explained they were told verbally what they could and could not do. A trainee dispenser gave a clear explanation of what she could and could not do when the pharmacist was absent from the pharmacy. Apart from the responsible pharmacist, none of the pharmacy team members present had read the procedures.

The pharmacist highlighted and recorded near miss errors made by the pharmacy team when dispensing. But, he did not record all errors made by pharmacy team members. He had last recorded an error on the 5 July 2019. But, he admitted near miss errors had happened since. Pharmacy team members discussed the errors made. But, they did not discuss or record any details about why a mistake had happened. They had responded to some errors by separating antibiotic and diabetic medication from the rest of the stock to help reduce the impact of potential errors. And, they had separated some look-alike and sound-alike medicines to help prevent picking errors. The data collected by pharmacy team members about errors was not analysed for any patterns. The pharmacy had a clear process for dealing with dispensing errors that had been given out to people. But, dispensing errors were not recorded. The pharmacist said he resolved any errors he was made aware of to make sure people were safe. And, reported them verbally to the superintendent pharmacist. He gave an example of a recent error where someone was provided with someone else's multi-compartmental compliance pack. The error had not been recorded. But, pharmacy team members had changed their process to make sure delivery bag labels were not attached to the edge of dispensing baskets. And, they felt this would help to prevent address labels being attached to the wrong baskets.

The pharmacy had a procedure to deal with complaints handling and reporting. But it did not advertise the procedure to people. The pharmacist said there was no formal way to collect feedback from people. And, people tended to give them feedback verbally. But, pharmacy team members could not give any examples of feedback received. Or, examples of any changes made in response to improve pharmacy services.

The pharmacy had up-to-date professional indemnity insurance in place. It kept controlled drug (CD)

registers complete and in order. It kept running balances in all registers. And, these were audited against the physical stock quantity after each entry. But, the pharmacy did not regularly audit registers for CDs used infrequently. For example the register for MST 15mg tablets was last audited on the 22 July 2017. The pharmacy audited the methadone register approximately every six weeks. It kept and maintained a register of CDs returned by people for destruction. And it was complete and up to date. The pharmacist maintained a responsible pharmacist record electronically. And, the record was complete and up to date. He displayed his responsible pharmacist notice to people. A trainee dispenser monitored and recorded fridge temperatures daily. But, they were not always recording the temperatures accurately. This was discussed. And, the trainee was shown how to accurately record fridge temperatures during the inspection. She had not read the documented procedure about how to record fridge temperatures. The pharmacy kept private prescription records in a paper register, which was complete and in order. And, it recorded emergency supplies of medicines in the private prescription register.

The pharmacy kept sensitive information and materials in restricted areas. And, it shredded confidential waste. Pharmacy team members said they had been trained to protect privacy and confidentiality in 2018, after the introduction of the General Data Protection Regulations (GDPR). There were no records of their training. But, pharmacy team members were clear about how important it was to protect confidentiality. And there was a procedure in place detailing the GDPR requirements.

Pharmacy team members were asked about safeguarding. A dispenser gave some examples of symptoms that would raise her concerns in both children and vulnerable adults. They explained how they would refer to the pharmacist. The pharmacist described how he would assess the concern. And, he would refer to local safeguarding teams, the person's GP or the local substance misuse service, depending on the concerns he identified. The pharmacy had contact details available for the local safeguarding service. Pharmacy team members said they had completed safeguarding training in 2018. But, they did not have any records of their training.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members complete ad-hoc training. And, they learn from the pharmacist and each other to keep their knowledge and skills up to date. The pharmacy team members feel comfortable discussing issues. And they act on ideas to support the effective delivery of services. Pharmacy team members generally have the skills and qualifications for their roles and the services they provide. But, the pharmacy does not always enrol its pharmacy team members on the required training within the recommended timescales.

Inspector's evidence

At the time of the inspection, the pharmacy team members present were the superintendent pharmacist (SI), the pharmacist manager, two trainee dispensers and a medicines counter assistant (MCA). One of the trainee dispensers was enrolled on an apprenticeship programme with a local college. But, the other trainee dispenser had not been enrolled on an appropriate training course. And, the MCA was seen dispensing medicines into multi-compartmental compliance packs. The MCA had also not been enrolled on appropriate dispenser training. And, both pharmacy team members had worked at the pharmacy for more than three months in their current roles. This was discussed with the SI. He enrolled both pharmacy team members on a dispenser training course during the inspection. And, shortly after the inspection, he provided the inspector with written confirmation of their enrolment. Pharmacy team members completed training ad-hoc by reading various trade press materials. And, by having regular discussions with the pharmacist and colleagues about current topics. The pharmacy did not have an appraisal or performance review process. Pharmacy team members said they discussed their performance and any learning needs informally with the pharmacist and SI. And, they supported them to learn more by teaching them, or signposting them to an appropriate resource.

A pharmacy team member explained she would raise professional concerns with the pharmacist, superintendent pharmacist or the General Pharmaceutical Council (GPhC). She felt comfortable raising a concern. And, she was confident that her concerns would be considered, and changes would be made where they were needed. The pharmacy had a whistleblowing policy. But, pharmacy team members were unaware of how to access the procedure.

Pharmacy team members communicated with an open working dialogue during the inspection. They explained a change they had made after they had identified areas for improvement. The change related to the organisation of bags of medicines waiting to be collected by people in the retrieval area. The previous system had made prescription bags difficult to find. And, the process was time consuming while people were waiting for their medicines. So, after discussion, they had re-organised the shelves. They had implemented an index system. And, they had re-labelled the shelves to help make bags easier to find. Pharmacy team members explained that the new system was working well. And, they were able to find prescriptions bags more quickly for people. The pharmacy owner and SI did not ask the team to achieve any targets.

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, with a sink that provided hot and cold running water and there were 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 generally accessible to people. The pharmacy manages its services well to provide safe and effective care. It generally sources, stores and manages its medicines appropriately. But, the team members don't always keep records of when they check the expiry dates of medicines. So, they can't evidence that all medicines are checked regularly and are in date.

Inspector's evidence

The pharmacy had ramped access from the street. Pharmacy team members helped people access its services using written communication for people with a hearing impairment. But, they were unsure about what adjustments they could make for people with a visual impairment. This was discussed. And, they gave an assurance they would investigate the facilities available to them.

Pharmacy team members signed most dispensed by and checked by boxes on the sample of dispensing labels seen. 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. It attached labels to the packs, so people had written instructions of how to take the medicines. And, it added the 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, if they were informed of any changes by people other than the GP, they reconciled the changes with the patient's surgery, to make sure the information was accurate.

Pharmacy team members checked medicine expiry dates every month. But no records were kept. They highlighted any short-dated items with a note on the pack up to twelve months in advance of its expiry. Items were removed from the shelves two months before their expiry. After checking a sample of medicines on the shelves, the inspector did not find any out of date medicines. The pharmacy responded to drug alerts and recalls. And, any affected stock found was quarantined for destruction or return to the wholesaler. But, it did not record any action taken. The pharmacy obtained medicines from six 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 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.

The pharmacy team 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. But, it was established that the records were not always made accurately. So, it may not always be possible to establish if the medicines had been stored within the appropriate temperature range. The temperature in the fridge during the inspection was within acceptable limits.

The pharmacist was aware of the risks to people receiving prescriptions for valproate who could

become pregnant. And, he counselled people if appropriate. The team checked if the person was enrolled on a pregnancy prevention programme. But, the pharmacy did not have any printed information to give to people to help them manage the risks. This was discussed, and the pharmacist and SI gave an assurance that a supply of printed materials would be obtained as soon as possible. Pharmacy team members were aware of the new requirements under the Falsified Medicines Directive (FMD). The pharmacy had new scanners and software available. And, pharmacy team members were scanning some products, but not all. The pharmacy did not have any documented procedures to incorporate the requirements of FMD in to the dispensing process.

The pharmacy delivered medicines to people. It recorded the deliveries made and asked people to sign for their deliveries. People also signed for CDs on a separate, itemised delivery docket. 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.

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. And, it had a separate set of measures available to dispense methadone. It positioned computer terminals away from public view. And, they were password protected. It stored medicines waiting to be collected in the dispensary. And, pharmacy team members arranged the bags of medicines so that people's names and addresses could not be seen by people waiting at the pharmacy counter. The pharmacy had a dispensary fridge that was 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.