

Registered pharmacy inspection report

Pharmacy Name: Sykes Chemists, 191 Long Lee Lane, KEIGHLEY,
West Yorkshire, BD21 4UX

Pharmacy reference: 1039650

Type of pharmacy: Community

Date of inspection: 30/04/2019

Pharmacy context

The pharmacy is in a residential area in Keighley. It is open five days per week, Monday to Friday. It provides NHS dispensing and sells a range of over-the-counter medicines. And, the pharmacist offers services including medicines use reviews (MUR) and the NHS New Medicines Service (NMS). He dispenses multi-compartmental compliance packs to three people. And, delivers medicines to people who are housebound when the pharmacy is closed. The pharmacy provides its services to a varied, predominantly elderly local population.

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 has procedures in place to identify and manage risks. It keeps them up to date. And it maintains the pharmacy records it must by law. It regularly checks that the records it keeps for some medicines match what is in stock. The pharmacist reads and follows the procedures. They complete regular training. So, they know how to keep people's information secure. They understand how important their role is in keeping people's information safe. And, they know what to do if there is a concern about a vulnerable child or adult. The pharmacist monitors and records mistakes that happen. And, sometimes uses this information to make changes to help prevent similar mistakes happening again.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place. The owner had reviewed the procedures in October 2016. And had scheduled the next review of the procedures for October 2018. The pharmacist said the owner was currently reviewing the procedures and making them all available electronically. And, this had caused the delay in the review process. The pharmacist, who always worked alone, had read and signed the SOPs after the last review in 2016. He was responsible for all activities carried out by the pharmacy that were detailed in the procedures. He explained that he took a mental break between dispensing and checking a prescription. And this was to help him identify and rectify any mistakes he had made.

The pharmacist recorded and mistakes he made when dispensing. He said he rarely made a mistake. That last recorded near miss was in August 2017. The pharmacist had attributed the mistake to receiving an unexpected pack size of clopidogrel from the wholesaler. This had caused him to dispense the wrong quantity. In response, he now only ordered the 28-pack size to match local prescribing habits. The pharmacy had a clear process for dealing with dispensing errors that had been given out to people. It recorded incidents on a template reporting form. But, the pharmacist said there had not been any dispensing errors. And, there were no records to see. So, the inspector could not assess the quality of dispensing error handling and reporting.

The pharmacy had a procedure to deal with complaints handling and reporting. It had a poster available for customers in the retail area which clearly explained the company's complaints procedure. It collected feedback from people by using questionnaires. But, the pharmacist said any analysis information from the last set of questionnaires had been sent to the owner. And, he had not seen any analysis results. He said he received most feedback verbally and it was generally positive. The most common improvement was for the pharmacy to open longer hours. But, he said that was not possible.

The pharmacy had up to date professional indemnity insurance in place.

The pharmacy kept controlled drug (CD) registers complete and in order. It kept running balances in all registers. And they were audited against the physical stock quantity after every register entry had been made. The pharmacy did not stock methadone. It held very few CDs in stock. And only ordered stock when a prescription was received. It kept and maintained a register of CDs returned by people for destruction. And it was complete and up to date. The pharmacy maintained a responsible pharmacist record electronically. And it was complete and up to date. The pharmacist displayed their responsible

pharmacist notice to people. And, he monitored and recorded fridge temperatures daily. The pharmacy kept private prescription records in a paper register, which was complete and in order. And, it would record emergency supplies of medicines in the private prescription register. But, no emergency supplies had been made. The pharmacist said he had not dispensed any unlicensed medicines. But, he explained the correct information that would be recorded if he did.

The pharmacy kept sensitive information and materials in restricted areas. It positioned computer terminals away from public view. And they were password protected. It stored medicines waiting to be collected in the dispensary, also away from public view. And, it shredded confidential waste. The pharmacist said he had attended a local training event about the new General Data Protection Regulations (GDPR) in 2018. But, there were no records of the training. He said the owner had assessed the pharmacy for GDPR compliance. But, there were no records of the audit.

When asked about safeguarding, the pharmacist gave some examples of symptoms that would raise his concerns in both children and adults. He explained how he would refer, and report concerns to local safeguarding teams. There was a procedure in place to guide him in the event of a concern. And, there was a template reporting form to use to record information. He had completed training via the Centre for Pharmacy Postgraduate Education (CPPE) in July 2017.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacist can adequately deal with the workload in the pharmacy. But, there is an increased risk of error by only having one person involved in the dispensing process. The pharmacist is comfortable raising concerns between the owners of the business. And is clear how to raise concerns outside the organisation.

Inspector's evidence

At the time of the inspection, there was only the regular pharmacist present. He was subject to mandatory revalidation by the GPhC to maintain his registration as a pharmacist. The pharmacy did not have an appraisal or performance review process.

The pharmacist explained that he would raise professional concerns with the pharmacy owners, who were his brothers. He said he felt comfortable raising a concern. And confident that his concerns would be considered, and changes would be made where they were needed. The pharmacy did not have a whistleblowing policy. The pharmacist said he didn't feel there would ever be a need to raise a concern anonymously as his fellow owners were both his brothers. And felt he would be able to address any concerns with them.

The pharmacy did not ask the pharmacist 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 health services provided. And the pharmacy 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 also had a cellar.

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. And, was located at the back of the area where medicines were prepared.

There was a clean, well maintained sink in the dispensary used for medicines preparation. There was a WC 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 is accessible to people. And it generally provides its services safely and effectively. It stores, sources and manages medicines safely. The pharmacist dispenses medicines into devices to help people remember to take them correctly. He provides information with these devices to help people know when to take their medicines and to identify what they look like. But, he does not regularly provide people with patient information leaflets about their medicines. The pharmacy takes some steps to identify people taking high-risk medicines. And it provides them with some advice. But, it doesn't have any written information for people to take away. So, people may not have correct information they need to help them take their medicines safely.

Inspector's evidence

The pharmacy was accessible via stepped access from the street. And, there was a portable ramp available to help people using wheelchairs. It had a bell with sign to attract staff attention. But, the bell was not working. The pharmacist advised people knocked on the window if they needed help. He explained he would write a conversation with someone with hearing impairment. And gave an example of someone who spoke Polish who brought her daughter to interpret for her.

The pharmacy maintained an audit trail of the pharmacist that had dispensed the medicines by using the responsible pharmacist records. And, it kept the records up to date. It supplied medicines in multi-compartmental compliance packs when requested. It provided descriptions of the medicines supplied on the packaging. But, it did not provide people with patient information leaflets about their medicines regularly. The pharmacist actioned any changes to a pack when a new prescription was received. But, no other records were kept about the change, such as who had notified the pharmacy and when.

Dispensing baskets were used throughout the dispensing process to help prevent prescriptions being mixed up.

The pharmacist checked medicine expiry dates every six months and when medicines received were put away on the shelves. And records were seen. He highlighted and removed from stock any short-dated items if they expired before the next date check. And sent them to a sister pharmacy if they could be used before they expired. The pharmacy responded to drug alerts and recalls immediately. And, any affected stock found was quarantined for destruction or return to the wholesaler. But, it did not record the action taken to respond to alerts and recalls.

The pharmacy obtained medicines from two 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). The pharmacist was aware of the new requirements under the Falsified Medicines Directive (FMD) to help identify counterfeit medicines. But, the pharmacy did not have the required equipment, software or procedure to fully comply with the law.

The pharmacy kept the contents of the pharmacy fridge tidy and well organised. The pharmacist monitored minimum and maximum temperatures in the fridge every day. And he recorded the findings. The temperature records seen were within acceptable limits.

The pharmacist said he would counsel anyone receiving a prescription for valproate who was in an at-risk group. He said he would also make sure they were using adequate pregnancy prevention. But, there were no printed information materials to give to people or to use during the dispensing process.

The pharmacist said he occasionally delivered to people if they were housebound and could not receive their medicines any other way. He delivered to people while the pharmacy was closed. But, did not keep any records of deliveries made.

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 confidentiality.

Inspector's evidence

The pharmacy had the equipment it needed to provide the services offered. The equipment available included the British National Formulary (BNF), the BNF for Children, various pharmacy reference texts and use of the internet. The pharmacy obtained equipment from the licensed wholesalers used. And it had a set of clean, well maintained measures available for medicines preparation.

The dispensary fridge was in good working order. And it was only used to store medicines. Access to all equipment was restricted and all items were stored 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.