

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: 14/04/2021

Pharmacy context

The pharmacy is in a residential area in Keighley. It dispenses NHS prescriptions and sells a range of over-the-counter medicines. The pharmacist offers services to people including the Community Pharmacy Consultation Service (CPCS) and the NHS New Medicine Service (NMS). The pharmacy supplies medicines to people in multi-compartment compliance packs. And occasionally delivers medicines to people who can't leave their home. Enforcement action has been taken against this pharmacy, which remains in force at the time of this inspection, and there are restrictions on the provision of some services. The enforcement action taken allows the pharmacy to continue providing other services, which are not affected by the restrictions imposed. The pharmacy was inspected during the Covid-19 pandemic.

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 appropriate procedures in place to help manage the risks in the pharmacy. It keeps the necessary records required by law. It has clear systems in place to manage and record the mistakes made during dispensing. The pharmacist understands his responsibilities in protecting people's private information and he keeps this information safe. The pharmacist also knows how to help safeguard the welfare of children and vulnerable adults.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place. And these were available electronically. The pharmacy's owner had reviewed the procedures in April 2020. The coronavirus had delayed the implementation of the electronic SOPs until November 2020. But once they had been implemented, the responsible pharmacist (RP) had read and signed the SOPs. A scanned copy of the RP's declarations had been uploaded to the pharmacy cloud storage system where the SOPs were kept. The RP 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. Following its inspection in July 2020, the pharmacy had implemented an SOP specifically for the handling and supply of codeine linctus. The procedure included a clear statement explaining the terms of the conditions that had been imposed on the pharmacy. The RP explained that he had retained a small number of bottles of codeine linctus to supply against prescriptions, which he was able to do under the conditions. And he had implemented a paper register of the bottles to keep a clear audit trail of how the remaining bottles had been supplied to people. He audited the register each month. And recorded his audits. As part of the pharmacy's response to their conditions, the RP had decided not to stock or sell any other codeine-based products for sale over the counter. And after completing distance learning about medicines of abuse, the RP had decided not to stock or supply promethazine (Phenergan) liquid to help prevent contributing to the increasing problem of a street drug called Purple Drank. The RP explained that he would help people with the products he continued to stock. Or he would signpost them to their GP or another pharmacy if he could not provide them with their requested products.

The RP had considered risks due to the coronavirus to both him and people using the pharmacy. He was wearing a mask when he went to the pharmacy counter to speak to someone. The pharmacy had a sign on the entrance to the pharmacy asking for only one person in the pharmacy at a time and asking people to wear a mask when inside the pharmacy. The RP washed his hands after any interactions where he handled prescriptions or medicines. He explained that if he was contacted by NHS Test and Trace and asked to self-isolate, the pharmacy's owner would arrange a locum pharmacist to allow the pharmacy to continue providing services. Or the owner, who usually worked elsewhere, would come and work in the pharmacy himself.

The RP recorded any mistakes he made when dispensing. He said he rarely made a mistake. That last recorded near miss was in August 2017. The pharmacy had a blank recording form available to record any near miss error if they occurred. 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 verbally. And the RP said that most feedback he received was positive. He did not record any feedback he had received. And there were no examples of any changes the pharmacy had made in response to people's feedback.

The pharmacy had up-to-date professional indemnity insurance in place. It kept controlled drug (CD) registers complete and generally in order. But the RP had not completed page headers in some registers. The pharmacy kept running balances in all registers. The RP audited these registers against the physical stock quantity after every register entry had been made and once a month. 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 this was complete and up to date. The pharmacy maintained a responsible pharmacist record electronically, which was complete and up to date. The RP displayed his responsible pharmacist notice to people. 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 shredded confidential waste. The pharmacist said he had completed General Data Protection Regulations (GDPR) training in 2020. 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.

The inspector asked the RP about safeguarding vulnerable people. The RP 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. The pharmacy had 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 safeguarding level 2 training via the Centre for Pharmacy Postgraduate Education (CPPE) in March 2019.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacist is suitably skilled and adequately deals with the workload in the pharmacy. And he has processes in place to help minimise the risk of making mistakes. The pharmacist is comfortable raising concerns with the owners of the business. And understands how to raise concerns outside the organisation.

Inspector's evidence

At the time of the inspection, there was only the regular responsible pharmacist (RP) present. He was subject to mandatory revalidation by the GPhC to maintain his registration as a pharmacist. The pharmacy had an appraisal process. But the RP had not received an appraisal recently. The RP provided up-to-date training certificates for various areas of learning he had undertaken. In response to the conditions imposed on the pharmacy in July 2020, he had completed distance learning about opioids and medicines of abuse. And he had completed training on various other unrelated topics, such as managing the risks of look-alike and sound-alike (LASA) medicines and general risk management. The RP explained that he would raise professional concerns with the pharmacy owners. 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 RP said he didn't feel there would ever be a need to raise a concern anonymously. And felt he would be able to address any concerns with the owners. 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 it has a suitable room where people can speak to the pharmacist privately.

Inspector's evidence

The pharmacy was clean and well maintained. Most areas of the pharmacy were generally tidy and well organised. But some surfaces were cluttered, which reduced the already limited bench space available. The pharmacy's floors and passageways were generally free from clutter and obstruction. There was a safe and effective workflow in operation. And clearly defined dispensing and checking areas. The pharmacy kept equipment and stock on shelves throughout the premises. It had a private consultation room available. The responsible pharmacist (RP) used the room to have private conversations with people. But he explained that the room was rarely used during the pandemic. The room was signposted by a sign on the door. And was located at the back of the area where medicines were prepared. The pharmacy had a clean, well maintained sink in the dispensary, which the pharmacist used for medicines preparation. It had toilet facilities with a sink with hot and cold running water and other facilities for hand washing. The pharmacy kept heat and light to acceptable levels. The pharmacy's overall appearance was professional, if a little tired, including the exterior which portrayed a professional healthcare setting. The professional areas of the premises were well defined by the layout.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is easily accessible to people. It provides its services safely and effectively. And it stores, sources and manages its medicines safely. The pharmacist provides people with medicines in multi-compartment compliance packs. And he manages this service adequately. He helps people taking high-risk medicines, providing them with useful advice and information to help take their medicines safely. But the pharmacy does not always have the necessary printed information for people to take away.

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 the responsible pharmacist's (RP's) attention. The RP explained that people knew to knock on the window if they needed help. He described how he used written communication to help people with a hearing impairment. And he gave an example of someone who spoke Polish who brought her daughter to interpret for her.

The pharmacy used the RP records to identify the pharmacist dispensing and checking prescriptions and this was generally accurate. This was due to the regular pharmacist working each day. But this may not be accurate if different pharmacists worked at the pharmacy. The RP used dispensing baskets during the dispensing process to help prevent prescriptions being mixed up. The pharmacy supplied medicines to people in multi-compartment compliance packs when requested. It provided descriptions of the medicines supplied on the compliance pack's packaging. And the RP provided 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 changes, such as who had notified the pharmacy and when. The RP said he would provide information to 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 the pharmacy did not have any printed information materials to give to people or to use during the dispensing process. This was discussed with the RP. And he gave an assurance he would obtain a supply of materials as soon as possible. The pharmacy had a standard operating procedure (SOP) in place to help the RP manage requests for codeine linctus over the counter. He said that since conditions were imposed on the pharmacy in July 2020 to prevent them selling codeine linctus to people, he had received occasional requests for the product from people. He had explained to them that the pharmacy had stopped selling the product. And tried to help them by suggesting a more suitable alternative after asking about their symptoms. If he was unable to recommend an alternative, or the person was unhappy with his suggestion, he signposted them to their GP or another local pharmacy. The RP occasionally delivered medicines 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. He said the volume of deliveries he made had not changed during the Covid-19 pandemic because he was unable to accommodate any increased capacity.

The pharmacy obtained medicines from three licensed wholesalers. It generally stored medicines tidily on shelves. And it kept all stock in restricted areas of the premises where necessary. The pharmacy had adequate disposal facilities available for unwanted medicines, including controlled drugs (CDs). The RP kept the CD cabinet tidy and well organised. And he segregated out-of-date and patient-returned CDs for destruction. The inspector checked the physical stock against the register's running balance for two

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

The RP 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. The pharmacy had a log available to record the necessary information about alerts and recalls. But it had not made any records since the log had been implemented.

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 resources available included the British National Formulary (BNF), the BNF for Children, various pharmacy reference texts and use of the internet. 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 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 the pharmacist only used it to store medicines. The pharmacy restricted access to all equipment and it 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.