

Registered pharmacy inspection report

Pharmacy Name: Stancliffe Pharmacy, 4 The Parade, Breary Lane, Bramhope, LEEDS, West Yorkshire, LS16 9AF

Pharmacy reference: 1039682

Type of pharmacy: Community

Date of inspection: 08/05/2019

Pharmacy context

The pharmacy is in centre of the large village of Bramhope. The pharmacy dispenses NHS and private prescriptions. It provides multi-compartmental compliance packs to help people take their medication. And it delivers medication to people's homes.

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 generally identifies and manages the risks associated with its services. And it keeps the records it needs to by law. People using the pharmacy can provide feedback on its services. The pharmacy team has some level of training and guidance to respond to safeguarding concerns to protect the welfare of children and vulnerable adults. The pharmacy has adequate arrangements to protect people's private information. The pharmacy has written procedures that the team follows. But they have not been recently reviewed or signed by all the team. This means there is a risk that team members may not be following up to date procedures. The pharmacy team members respond appropriately when errors happen. And they discuss what happened and act to prevent future mistakes. But they don't record all errors or review them. This means that the team does not have information to identify patterns and reduce mistakes.

Inspector's evidence

The pharmacy had a range of up to date standard operating procedures (SOPs). These provided the team with information to perform tasks supporting the delivery of services. The SOPs covered areas such as dispensing prescriptions. The SOPs had review dates of April 2016 or January 2018. But the pharmacy hadn't completed the review. Most of the team had signed to say they'd read, understood and would follow the SOPs. The pre-registration students had not signed the SOPs. The pharmacy had up to date professional indemnity insurance.

The pharmacy provided some separation of labelling, dispensing and checking of prescriptions. The team used baskets throughout the dispensing process to hold stock, prescriptions and dispensing labels. This prevented the loss of items or stock for one prescription mixing with another.

The pharmacists when checking prescriptions and spotting an error highlighted it to the team member involved. And discussed the reason for the mistake. The pharmacy didn't keep a record of the error to identify patterns. And it didn't capture learning and actions taken to prevent similar errors. The pharmacists recorded dispensing incidents electronically. After an incident when one person received another person's medication, as both had similar names, the team put an alert on the electronic patient medication record highlighting this. And the need to double check the person's record selected. This was also highlighted on the address label. So, it acted as a prompt for the team to check the person selected when handing out the prescription. The team members used this process when they spotted other people with similar names and addresses. The pharmacy recorded interventions with prescriptions, such as contacting the prescriber to confirm the prescription details. The pharmacy recorded key points from conversations with people about their medication. The pharmacy didn't keep a record of any reviews of dispensing errors and the outcome from the review. So, there wasn't the opportunity for the team to learn from these errors.

The pharmacy didn't have information for people to know how to make a complaint. The pharmacy team used surveys to find out what people thought about the pharmacy. The pharmacy published these on the NHS.uk website.

A sample of controlled drugs (CD) registers looked at found that they met legal requirements. The

pharmacy regularly checked CD stock against the balance in the register. This helped to spot errors such as missed entries. A sample of Responsible Pharmacist records looked at found that they met legal requirements. Records of private prescription supplies, and emergency supply requests met legal requirements. A sample of records for the receipt and supply of unlicensed products looked at found that they met the requirements of the Medicines and Healthcare products Regulatory Agency (MHRA).

The pharmacy didn't have a privacy notice in line with the requirements of the General Data Protection Regulations (GDPR). The pharmacy held completed prescriptions away from public view. And it kept other patient sensitive information in the dispensary which had restricted access. The team placed confidential waste into a separate marked bin. This was removed for offsite shredding.

The pharmacy had safeguarding procedures. And contact numbers for local safeguarding teams. The pharmacists had completed level 2 training from the Centre for Pharmacy Postgraduate Education (CPPE) on protecting children and vulnerable adults. The pharmacist owner delivered medication to housebound people. This gave an opportunity to identify anyone showing signs of concern. The pharmacists reported their concern to the person's GP.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team has the qualifications and skills to support the pharmacy's services. The team members discuss how they can make improvements. And they act to support the safe and efficient delivery of these services. The pharmacy team members don't receive feedback on their performance. And they don't have opportunities to complete more training. So, they may not keep their skills and knowledge up-to-date.

Inspector's evidence

The two pharmacist owners and regular locum pharmacists covered the pharmacy opening hours. The pharmacy team consisted of a pharmacy pre-registration student and two medicines counter assistants (MCA). Most of the opening hours had two pharmacists working together. The pharmacists used a diary to share information.

The pharmacist owner was the tutor for the pre-registration student. The two planned the training period. This included opportunities to deal with people's medication queries and prescription interventions. The pharmacy didn't provide the team members with performance reviews. This meant that they missed out on opportunities to receive feedback and discuss development needs. The pharmacist owner worked with a pharmacist from a local pharmacy to amend the hospital discharge summary. To make it clearer what medication was new or changed.

The pharmacy didn't set targets for the pharmacy services such as medicine use reviews (MURs). The team offered them when appropriate for the patient's needs.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and secure and the pharmacy has adequate arrangements for people to have private conversations with the team. But, the space the team use for dispensing is small. The area appears cluttered and this may increase the risk of errors.

Inspector's evidence

The dispensary was small with limited work space. The pharmacy used floor spaces for storing stock and completed prescription.

The pharmacy was clean. And had a consultation room for the team to have private conversations with people. The room was also used as an office and store room. But it was cluttered and untidy. The team used cordless telephones for confidential conversations.

The premises were secure. The pharmacy had restricted access to the dispensary when the pharmacy was open. The window displays detailed the opening times and the services offered. The pharmacy had a defined professional area. And items for sale were healthcare related.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services that support people's health needs. The pharmacy manages its services adequately. It takes care when dispensing medicines in devices to help people take their medication. The pharmacy gets its medicines from reputable sources. And it generally stores and manages medicines appropriately. The pharmacy delivers medication to people's homes. But it doesn't always get people to sign for the receipt of their medicines. So, it may be difficult to resolve any queries.

Inspector's evidence

Access into the pharmacy was via a small step. The team accessed the internet to direct people requiring other healthcare services. The pharmacy held a range of healthcare information leaflets.

The pharmacy provided multi-compartmental compliance packs to help people take their medication. The pharmacy provided the packs to people in their own home. And to residents of a local care home. Most packs were supplied weekly. One patient had the packs supplied once a month. The team ordered prescriptions in advance of supply. This allowed time to deal with issues such as missing items. And to prepare the packs. The care home team ordered prescriptions for items outside of the packs such as inhalers. Each patient had a record listing their current medication and dose times. The team usually wrote descriptions of the products within the packs. And supplied the manufacturer's patient information leaflets with the packs. The pharmacy received copies of hospital discharge summaries via the NHS communication system, PharmOutcomes. The team checked the discharge for changes or new items. And shared this with the GP with a request for prescriptions when required. The pharmacist asked for prescriptions so new packs could be dispensed and supplied when changes occurred. The care home team didn't see the prescriptions until the supply arrived. This meant they didn't have the opportunity to check they had received prescriptions for the items they had ordered. And they had limited time to spot missing or incorrect medication.

The team provided a repeat prescription ordering service. And kept a record to help identify missing prescriptions. The team passed information from the GP team on to the person such as the need to attend the surgery for a medication review or blood test. One of the pharmacists spent time with a person's representative who was concerned that the person was not taking their medication. The pharmacy team had completed checks to identify people that met the criteria of the valproate Pregnancy Prevention Programme (PPP). And found no people within the category. The pharmacy had received the PPP pack containing information cards and leaflets to pass on to patients. But the sections holding the valproate products didn't state where to find the pack for locum pharmacists to know. A poster in the dispensary reminded the team of the PPP requirements. The pharmacy team monitored people on high risk medication such as warfarin. This included keeping records of test dates. The pharmacy had checked by and dispensed by boxes on dispensing labels. These recorded who in the team had dispensed and checked the prescription. A sample looked at found that the team mostly completed both boxes. The pharmacy had a system to prompt the team to check that supplies of CD prescriptions were within the 28-day legal limit. When the pharmacy didn't have enough stock of

someone's medicine, they provided a printed slip detailing the owed item. And kept a separate one with the original prescription to refer to when dispensing and checking the remaining quantity. The pharmacist owner delivered medication to people. But didn't keep a record of the delivery of medicines to people. So, there was no evidence that the person had received their medication if queries arose. The team regularly checked the shelves holding completed prescriptions waiting to be collected. This was to identify and remove medication that had been waiting collection for some time. The team didn't contact people to prompt them to collect their medication.

The pharmacy team checked the expiry dates on stock every week. But didn't keep a date record showing this had happened. So, it was difficult to evidence the sections of the pharmacy where date checking had been completed. The team marked the packaging to highlight short dated stock. No out of date stock was found. The team checked that the expiry date would last the length of treatment before supplying. The team recorded fridge temperatures daily. A sample looked at found them to be within the accepted range. The team members recorded the date of opening on liquids. So, that they could identify those with a short shelf life once opened. And check they were safe to supply.

The pharmacy had medicinal waste bins to store out of date stock and patient returned medication. And it stored out of date and patient returned controlled drugs (CDs) separate from in date stock in a CD cabinet that met legal requirements. The pharmacy recorded patient returned CDs and used denaturing kits to destroy them.

The pharmacy had installed 2D scanners to meet the requirements of the Falsified Medicines Directive (FMD) that came out on 9 February 2019. And was actively using the scanners. The pharmacy had not developed a procedure to cover this. The pharmacy obtained medication from several reputable sources. And received alerts about medicines and medical devices from the Medicines and Healthcare products Regulatory Agency (MHRA) via the internal notification system. The team actioned the alert and usually recorded when this happened.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe services and protect people's private information.

Inspector's evidence

The pharmacy had references sources and access to the internet to provide the team with up to date clinical information. The pharmacy used a range of CE quality marked measuring cylinders. The team cleaned and dried the measures after use. The pharmacy had a fridge to store medicines. This was from a recognised supplier and an appropriate size for the volume of medicines requiring storage at such temperatures. The fridge had a glass door to enable the team to view stock without prolong opening of the door.

The computer was password protected and access to patients' records restricted by the NHS smart card system. The team positioned the dispensary computer in a way to prevent disclosure of confidential patient information.

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.