

Registered pharmacy inspection report

Pharmacy Name: Swillington Pharmacy, Church Lane, Swillington, LEEDS, West Yorkshire, LS26 8DY

Pharmacy reference: 1039696

Type of pharmacy: Community

Date of inspection: 01/02/2022

Pharmacy context

This community pharmacy is in the village of Swillington. The pharmacy's main activities are dispensing NHS prescriptions and selling over-the-counter medicines. The pharmacy supplies some medicines in multi-compartment compliance packs to help people take their medicines. And it delivers medication to people's homes. The pharmacy provides the seasonal flu vaccination service. The pharmacy changed ownership in June 2021. 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 adequately identifies and manages the risks associated with its services. It keeps most of the records it needs to by law and it appropriately protects people's confidential information. The team members have a clear understanding of their role in safeguarding the safety and wellbeing of children and vulnerable adults. The pharmacy has up-to-date written procedures. But team members do not always follow the procedures. And they don't keep records when things go wrong. So, they may miss opportunities to learn from their mistakes and reduce the risk of mistakes happening again.

Inspector's evidence

The pharmacy was inspected during the COVID-19 pandemic. The retail area was large enough to provide space for people to be socially distanced from each other. Most team members wore Personal Protective Equipment (PPE) face masks during the inspection. And had access to hand sanitiser gel. The pharmacy provided lateral flow tests to people as part of a national service.

The pharmacy had a range of up-to-date standard operating procedures (SOPs) that replaced the ones used by the previous owner. The new pharmacy owners were in the process of reviewing the SOPs to ensure after six months of ownership the SOPs were relevant to the pharmacy and to identify if any SOPs were missing. The SOPs provided the team with information to perform tasks supporting the delivery of services. The team members had not read or signed these SOPs to confirm they understood them and would follow them. The team members had read and signed the SOPs developed by the previous owner. The team members demonstrated a clear understanding of their roles and worked within the scope of their role. They referred queries from people to the pharmacist when necessary.

On most occasions the pharmacist when checking dispensed prescriptions and spotting an error asked the team member involved to find and correct the error. The pharmacist discussed the error with the team member involved and shared common errors with the team at the weekly huddle. The team had rearranged the medicine stock on the shelves to make it easier to locate an item when dispensing. And to help reduce the risk of picking errors. The pharmacist had advised the team to slow down when dispensing and to focus on the task at hand. The pharmacy did not keep records of these errors to enable the team to learn from them. And to check that similar errors were not being repeated after the team had implemented changes. The pharmacy had a procedure for handling errors that reached the person known as dispensing incidents. But it didn't have a record to capture dispensing incidents. The pharmacist reported there had not been any dispensing incidents since the pharmacy changed ownership. The pharmacy had a procedure for handling complaints raised by people using the pharmacy. And there was information available for people to know how to raise a concern or give feedback.

The pharmacy had up-to-date indemnity insurance. A sample of records required by law such as the Responsible Pharmacist (RP) records and controlled drug (CD) registers met legal requirements. The RP notice was partially hidden behind medication on the pharmacy counter which meant people would not know who the RP on duty was. And there were two RP notices on display. The pharmacist corrected this after it was highlighted by the inspector. The pharmacy kept the CD registers electronically. The system captured the current stock balance for each CD register and prompted the pharmacist when a stock check was due. This helped to spot errors such as missed entries. A sample of entries found the stock in

the CD cabinet matched the balance recorded in the register. The pharmacist kept all the CD prescriptions from supplies made each day in a dedicated basket along with the invoices for CDs received. This ensured all the entries in the register were completed by the end of the day. The pharmacy team recorded the receipt of CDs returned by people. And kept a record of the prompt destruction of these CDs. The pharmacy records for the receipt and supply of unlicensed products were kept in accordance with the requirements of the Medicines and Healthcare products Regulatory Agency (MHRA). Some of the records of supplies from private prescriptions didn't have the date of the prescription and the date of supply. The pharmacy didn't display details on the confidential data kept and how it complied with legal requirements. The team was aware of the requirements of the General Data Protection Regulations (GDPR) and team members separated confidential waste for shredding onsite.

The pharmacy had safeguarding procedures and guidance for the team to follow. The team members had access to contact numbers for local safeguarding teams. The pharmacist had completed level 2 training from the Centre for Pharmacy Postgraduate Education (CPPE) on protecting children and vulnerable adults. The team members were aware of the Ask for ANI (action needed immediately) initiative but had not had an occasion when a person presented at the pharmacy asking about it. The delivery driver reported concerns about people they delivered to back to the team who took appropriate action such as contacting the person's GP.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a team with an appropriate range of experience and skills to support its services. Team members work well together and are good at supporting each other in their day-to-day work. They take opportunities to enrol on to training courses to develop their skills and knowledge. And the pharmacy regularly asks for their ideas and suggestions to enhance the delivery of the pharmacy's services.

Inspector's evidence

The two pharmacist owners covered all the opening hours. The pharmacy team consisted of a part-time trainee pharmacy technician, two part-time dispensers, one part-time trainee dispenser, a part-time administration assistant and a part-time delivery driver. At the time of the inspection one of the pharmacist owners and all the team members were on duty. One of the qualified dispensers was undertaking an accuracy checker course after being asked by the owners if she would like to take on the role. The pharmacist owners planned to enrol the administration assistant onto a medicines counter assistant training course. The trainees were given protected time for their training.

The pharmacy rotated the key tasks amongst the team members in the dispensary. This ensured they had a range of skills to support the pharmacy services. The team members regularly swapped the allocated roles during the day to help maintain their concentration and to reduce the risk of errors.

The new owners had spoken to the team members soon after taking over the pharmacy to discuss their roles. And to find out more about the pharmacy services and the local community. This helped the owners establish what worked well and what changes could be made. The pharmacists asked the team members if they wanted to change anything about their role. Which led to the team member enrolling on the pharmacy technician course and the dispenser training to be an accuracy checker. The pharmacist owners continued to hold weekly team meetings to discuss their plans for the pharmacy and to ask the team members for their ideas. The team members appreciated being asked to contribute ideas and suggestions. And enjoyed the opportunity and support they received to develop their skills and knowledge.

Principle 3 - Premises ✓ Standards met

Summary findings

The environment of the premises is hygienic and adequately supports the safe delivery of its services. The pharmacy has suitable arrangements for people to have private conversations with the team. But the pharmacy doesn't always manage the space for the storage of some of its medicines well.

Inspector's evidence

The pharmacy premises were hygienic. It had separate sinks for the preparation of medicines and hand washing. The pharmacy was secure and had restricted access to the dispensary during the opening hours.

The new owners had improved the layout and available workspace in the small room where the team prepared and stored the multi-compartment compliance packs. The remaining areas in the dispensary had adequate space for dispensing and for the storage of stock, assembled medicines and medical devices. The team members mostly kept floor spaces clear to reduce the risk of trip hazards. But they kept some of the multi-compartment compliance packs on the floor of the dispensary which ran the risk of the packs being damaged and/or contaminated.

The window displays detailed the opening times and the services offered. The pharmacy had a defined professional area. And items for sale in this area were healthcare related. The pharmacy had a large, soundproof consultation room. The team used this for private conversations with people and when providing services such as the flu vaccination.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services which are easily accessible to people. And it adequately manages its services to help people receive appropriate care. The pharmacy mostly keeps complete records and an appropriate audit trail of its services. This means the team deals with queries effectively. The pharmacy obtains its medicines from reputable sources. And it generally stores and manages its medicines sufficiently well. But it doesn't keep complete records to show it manages and stores its medicines as it should.

Inspector's evidence

The pharmacy team accessed the internet to signpost people requiring other healthcare services. The team members provided people with clear advice on how to use their medicines and were aware of the criteria of the valproate Pregnancy Prevention Programme (PPP). The pharmacy supplied medicine to some people daily and weekly as supervised and unsupervised doses. The doses were prepared in advance of supply to reduce the workload pressure of dispensing at the time of supply.

The pharmacy provided multi-compartment compliance packs to help around 120 people take their medicines. Each person had a list detailing their current medication and dose times. The team updated the list promptly after being advised of changes to people's medication. The record of the change included the date of the change and who had requested it. Most prescriptions were sent to the pharmacy as electronic repeat dispensing and were available to download each week. The team checked each downloaded prescription against the medication list to identify any changes. To manage the volume of packs the team dispensed four weeks of packs together against the first repeat prescription and the medication list. The pharmacist checked the dispensed packs against the prescription and medication list. After completing the check, the pharmacist placed the packs on a dedicated set of shelves labelled with the person's name. The team supplied the remaining packs after downloading the next weekly prescription which was checked for any changes. The team kept a record showing when each person's pack had been completed and supplied for the team to refer to when queries arose. But the record didn't capture when the final check of the pack against the downloaded prescription had taken place to ensure the supply was correct. The team didn't write on the packs the descriptions of the medication inside to help people know what medicines were inside the packs they received. The pharmacy didn't always supply the manufacturer's patient information leaflets.

The pharmacy team used baskets when dispensing to hold stock, prescriptions and dispensing labels. This prevented the loss of items and stock for one prescription mixing with another. 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 of completed prescriptions found the team completed both boxes. The pharmacy used CD and fridge stickers on bags and prescriptions to remind the team when handing over medication to include these items. The pharmacy kept a record of the delivery of medicines to people for the team to refer to when queries arose. Following the lifting of COVID-19 restrictions the delivery driver had resumed the procedure of asking people to sign for receipt of their medication. The signature sheet listed everyone due a delivery that day which meant one person could see another person's details when signing the sheet.

The pharmacy obtained medication from several reputable sources. The team checked the

temperatures of the three fridges used to hold stock each day but the last record of this activity was made on 01 January 2022. The three fridges had digital readings embedded into the doors and on the day of the inspection the fridges showed temperatures within the accepted range. The fridges also had an alarm that was triggered when the temperatures went outside the accepted range. The team would hear the alarm from the two fridges in the dispensary. But would not hear the third fridge that was kept in the cellar some distance from the dispensary. So, without a set of records showing recent temperature readings the team wouldn't have information to indicate if the fridge was not working correctly. The pharmacy team members had checked the expiry dates on medicine stock in June 2021 when the new owners took over and had recently checked some of the stock. But they didn't keep records of this activity. The team members clearly marked medicines with a short expiry date. This prompted them to check the medicine was still in date. The team members recorded the date of opening on liquids. This meant they could identify these products with a short shelf life once opened. And check they were safe to supply.

The pharmacy had appropriate medicinal waste bins for 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 team used appropriate denaturing kits to destroy CDs. The pharmacy received alerts about medicines and medical devices from the Medicines and Healthcare products Regulatory Agency (MHRA) via email. And the team took appropriate action in response to the alerts.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe services and it uses its facilities to suitably 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 equipment to accurately measure liquid medication. The pharmacy had three pharmacy fridges to store medicines kept at these temperatures. One fridge had a glass door that allowed the viewing of stock without the door being open for a long time. The computers were password protected and access to patients' records restricted by the NHS smart card system. The pharmacy positioned the dispensary computers in a way to prevent disclosure of confidential 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.