

# Registered pharmacy inspection report

**Pharmacy Name:** Star Pharmacy, 136 Cardigan Road, LEEDS, West Yorkshire, LS6 1LU

**Pharmacy reference:** 1039710

**Type of pharmacy:** Community

**Date of inspection:** 24/09/2020

## Pharmacy context

This community pharmacy is on a busy road in a suburb of Leeds popular with students. The pharmacy's main activities are dispensing NHS prescriptions and delivering medication to people's homes. The pharmacy supplies some medicines in multi-compartment compliance packs to help several people take their medicines. The pharmacy provides the emergency hormonal contraception (EHC) service. 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy identifies and manages the risks associated with its services including the risks from COVID-19. The pharmacy has procedures to protect people's confidential information and it keeps the records it needs to by law. People using the pharmacy can easily raise concerns and provide feedback which the team members respond to well. Some team members have training, guidance and experience to respond to safeguarding concerns. This means they can help protect the welfare of children and vulnerable adults. The pharmacy team members respond appropriately when errors happen and they make changes to help prevent similar errors happening again. But they don't always record all their errors which means they do not have all the information to help identify patterns and reduce errors.

### Inspector's evidence

The pharmacy was inspected during the COVID-19 pandemic. The team members had informal conversations amongst themselves about the risks of catching the virus and the processes needed to support social distancing and infection control. Formal risk assessments for each team member had not been done. The pharmacy had a policy of limiting the number of people in the pharmacy to three and displayed a poster informing people of this. The team marked the floor to direct people where to stand when waiting at the pharmacy counter. The team had removed one of the chairs from the waiting area to create more space for people to stand. The pharmacy had installed two large plastic screens on the pharmacy counter to provide the team with extra protection. The outer edges of the screens were embedded with key messages relating to COVID-19 symptoms, social distancing requirements and infection control. The pharmacy displayed a poster reminding people to wear face coverings and the team reported most people complied with this. The team had access to Personal Protective Equipment (PPE) and all the team wore face masks throughout the inspection. The dispensary provided space to enable team members to adhere to social distancing requirements. During the inspection the team mostly worked at dedicated stations in the dispensary but occasionally moved closer to another team member.

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 were provided by the Numark organisation but did not include the name of the pharmacy. Each SOP listed the role within the team the SOP was relevant to. Most team members had read the SOPs and signed the SOPs signature sheets to show they understood and would follow the SOPs. The delivery drivers had not signed the SOPs. The team members had a clear understanding of their roles and worked within the scope of their roles. The team referred queries from people to the pharmacist when necessary.

On most occasions the pharmacist when checking 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 to identify what caused the error and how to prevent the error from happening again. The pharmacy usually kept records of these errors known as near miss errors, but the last entry was made in August 2020. The completed error records looked at found the team captured details of what had been prescribed and dispensed to spot patterns. The records captured the cause of the error and a variety of actions to prevent the error happening again. Following a few near miss errors with medication in the wrong time slot of the compliance packs the team had incorporated an extra step in

the process. This involved counting the medication in each time slot in the pack and checking the amount against the prescription and the chart detailing the dose times that accompanied the pack. The pharmacist recorded dispensing incidents on to the person's electronic medication record (PMR). These were errors identified after the person had received their medicines. The pharmacist reported no dispensing incidents since the last inspection.

The pharmacy had a procedure for handling complaints raised by people using the pharmacy and it had a poster providing people with information on how to raise a concern. The poster was displayed high on the wall behind the pharmacy counter which meant it was difficult for many people to read the information on the poster. The pharmacy team used surveys to find out what people thought about the pharmacy. The results were published on the NHS.uk website. People had raised queries about prescriptions they had collected. In response, the pharmacy manager had updated the computer system to enable the team to scan the bar code on the bag label of completed prescriptions at the point of placing them in the retrieval area. The team also scanned the bar code at the point of handing the medication over to the person. This provided the team members with an audit trail including the date and time the person collected the prescriptions. This helped the team respond to queries from people. The information also enabled the team members to see completed prescriptions that had not been collected so they could contact the person. The pharmacy had up-to-date indemnity insurance.

A sample of records required by law such as the Responsible Pharmacist (RP) records and controlled drugs (CD) registers looked at met legal requirements. The pharmacy checked most CD stock against the balance in the register. This helped to spot errors such as missed entries. The pharmacy recorded CDs returned by people. The pharmacy did not display details on the confidential data kept and how it complied with legal requirements such as General Data Protection Regulation (GDPR). The team placed confidential waste into a separate marked bin and removed it for offsite shredding.

The pharmacist had completed level 2 training in 2019 from the Centre for Pharmacy Postgraduate Education (CPPE) on protecting children and vulnerable adults. The pharmacy had safeguarding procedures in place and team members had access to contact numbers for local safeguarding teams. The pharmacy clearly displayed posters informing people it was part of the Safe Space initiative. The team responded appropriately when safeguarding concerns arose.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has a team with the qualifications and skills to support its services. Team members work well together and support each other in their day-to-day work. They openly discuss errors so everyone can learn from them and improve their skills. The team members regularly discuss how they can improve services and agree new processes to help deliver them efficiently.

### Inspector's evidence

The Superintendent Pharmacist and regular pharmacists covered most of the opening hours. Locum pharmacists provided support when required. The pharmacy team consisted of four full-time dispensers and two delivery drivers. One of the full-time dispensers was the pharmacy manager. At the time of the inspection one of the regular pharmacists and two of the dispensers were on duty. The team had worked together to identify how to improve their efficiency and manage their workload in response to the impact from the COVID-19 pandemic. As a result, a team rota was in place and team members had agreed to increase the hours they worked.

The pharmacy held regular team meetings when information such as dispensing incidents were discussed. Team members could suggest changes to processes or new ideas of working. The pharmacy manager had introduced a system to help the team locate completed prescriptions in the retrieval area and deal with any queries about completed prescriptions.

The pharmacy provided performance reviews for the team which gave team members a chance to receive feedback and discuss development needs. There was some evidence that team members learned from dispensing mistakes when they occurred. But the pharmacy provided limited opportunities for the team to undertake extra training. The training available included information provided by manufacturers about new products or information from pharmacy magazines.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are clean, secure and suitable for the services provided. The pharmacy has good facilities to meet the needs of people requiring privacy when using the pharmacy services.

### Inspector's evidence

The pharmacy was clean, tidy and hygienic. It had separate sinks for the preparation of medicines and hand washing. As part of the actions taken to reduce the risk of infection from the COVID-19 virus the team regularly cleaned the pharmacy throughout the day including touch points such as door handles. The team kept floor spaces clear to reduce the risk of trip hazards. The pharmacy had enough storage space for stock, assembled medicines and medical devices. The premises were secure and the pharmacy restricted access to the dispensary during the opening hours. 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 soundproof consultation room. The team used this for private conversations with people and continued to use it during the pandemic to provide the EHC service and the seasonal flu vaccination service. The team cleaned the room after use and a bottle of hand sanitiser was kept in the room. The pharmacist had assessed the layout of the consultation room and removed a filing cabinet and some shelves to create more space. The pharmacist had ordered plastic chairs for the consultation room after the team identified they were easier to clean than the chairs currently used. The pharmacy also had a large pharmacy counter which provided the team with space to speak privately to people who did not want to use the consultation room.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides services which support people's health needs and it manages its services well to help people receive appropriate care. The pharmacy gets its medicines from reputable sources and it stores them properly. The team carries out checks to make sure medicines are in good condition and suitable to supply.

### Inspector's evidence

People accessed the pharmacy via a ramp and steps with handrails through a power-assisted door. The team had access to the internet to direct people to other healthcare services. The pharmacy had up-to-date patient group directions. These provided the pharmacists with the legal authority to deliver services such as Emergency Hormonal Contraception (EHC).

The pharmacy provided multi-compartment compliance packs to help around 108 people take their medicines. To manage the workload the team divided the preparation of the packs across the month. The team usually ordered prescriptions a week before supply. This allowed time to deal with issues such as missing items and the dispensing of the medication into the packs. Each person had a record listing their current medication and dose times. The team checked prescriptions they received against the list and queried any changes with the surgery team. The team used a dedicated section of the dispensary away from the distractions of the retail area to dispense and check the packs. The team recorded the descriptions of the products within the packs and supplied the manufacturer's patient information leaflets. The team stored completed packs in baskets labelled with the person's name and address on a dedicated set of shelves. The pharmacy received copies of hospital discharge summaries via the NHS communication system, PharmOutcomes and the team checked the discharge summary for changes or new items.

The pharmacy provided compliance packs to several homes of varying sizes. The care home team marked the repeat prescription slips to indicate the medicines required and sent the slips to the pharmacy team to send to the surgery. The team checked the repeat slips and contacted the care home team to confirm whether medicines not ticked were not needed or if they had been missed off the request. The pharmacy team members photocopied the repeat slips and used the copies to check against the prescriptions they received to identify any missing medicines. The team used a spreadsheet to track prescription requests for people in the care home and to capture information such as contacting the surgery team about missing prescriptions. This meant everyone in the team knew what was happening with the processing of the prescriptions for the care home. The team supplied the packs to the care home five days before the next cycle started. This gave the care home team time to check the medicines supplied and chase up any missing medicines. The team kept copies of the repeat slip for a few weeks after the supply to the care home to refer to when queries arose.

The pharmacy usually supplied some medicines as supervised and unsupervised doses and the team prepared the doses in advance before supply. This reduced the workload pressure of dispensing at the time the person presented for their medication. The team separated people's doses in the storage cabinet to reduce the risk of selecting the wrong one. Due to the COVID-19 pandemic and the risk of infection most people had moved to collection only doses. The pharmacist had contacted the local drug treatment team to raise concerns about some people who usually had their medication as daily,

supervised doses but had moved to weekly or two weeks supplies. As a result of this some prescriptions had changed to daily collection doses and one person was supervised when taking their dose. The dose was handed to the person on the pharmacy counter before the team member stood back to let the person take the dose. The team wore disposable gloves during this process.

The team members provided a repeat prescription ordering service and used a spreadsheet to record when they had to order the prescription. The team members usually ordered the prescriptions a week before supply which gave them time to chase up missing prescriptions, order stock and dispense the prescription. The team regularly checked the record to identify missing prescriptions and chase them up with the surgery teams. The team sent people who ordered their own prescriptions a text message to remind them when to order their medicines. The team used the text messaging service to pass on information to people from their doctor such as the need to attend the surgery for a medication review. The pharmacy team was aware of the criteria of the valproate Pregnancy Prevention Programme (PPP) and had completed checks to identify people who may meet the PPP criteria. The team found no-one prescribed valproate who met the PPP criteria. The pharmacy had PPP information for the team to provide to people when required.

The pharmacy provided separate areas for labelling, dispensing and checking of prescriptions. The 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 looked at found that the team completed both boxes. The team members attached the bag label to the front of the basket holding dispensed items awaiting the pharmacist check and stored the baskets on dedicated shelves. This meant they could easily find the prescription if the person presented before the pharmacist had completed their check. The pharmacy used controlled drug (CD) and fridge stickers on bags and prescriptions. This reminded the team when handing over medication to include these items and provide extra advice if needed. The pharmacy used a text messaging service to inform people when their prescriptions or omissions were ready. The pharmacy kept a record of the delivery of medicines to people. Due to COVID-19 the delivery driver did not ask people to sign for receipt of their medication. The driver left the medication on the person's doorstep before moving away to watch them pick up the medication.

Since the last inspection the team had tidied the shelves and rearranged the stock so it was easier to locate medicines. Several shelves were labelled with the type of medicine stored such as oral contraceptives. The team used a labelled basket to store split packs of medicines. This helped the team ensure the packaging was clearly marked to show some of the medicine had been removed. And to reduce the risk of incorrect quantities of medicines being supplied to people. The pharmacy team checked the expiry dates on stock and highlighted medicines with a short expiry date. The team kept a list of products due to expire each month, no out-of-date stock was found. The team members recorded the date of opening on liquids. This meant they could identify products with a short shelf life once opened and check they were safe to supply. The team recorded fridge temperatures each day and the readings looked at found they were within the correct range. The pharmacy had medicinal waste bins to store out-of-date stock and patient returned medication. The team used appropriate denaturing kits to destroy CDs.

The pharmacy had a procedure detailing the requirements of the Falsified Medicines Directive (FMD) and scanning equipment for FMD. The team members were not scanning FMD compliant medicines. The pharmacy obtained medication from several reputable sources. It received alerts about medicines and medical devices from the Medicines and Healthcare products Regulatory Agency (MHRA) via email. The team printed off the alert, actioned it and kept a record.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

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

### Inspector's evidence

The pharmacy had reference 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 two fridges to store medicines kept at these temperatures. The team used a large fridge for stock and prescriptions awaiting delivery and a smaller fridge for prescriptions waiting to be checked and prescriptions awaiting collection. Having the two fridges helped the team easily locate stock and completed prescriptions. One fridge had a glass door that allowed the viewing of stock without the door being open for a long time. The team used baskets to separate the fridge stock and labelled the baskets to show what items were in the basket.

The computers were password protected and access to peoples' records restricted by the NHS smart card system. The pharmacy positioned the dispensary computers in a way to prevent disclosure of confidential information. The team used cordless telephones to make sure telephone conversations were held in private. The pharmacy stored completed prescriptions away from public view and it held most private information in the dispensary and rear areas, which had restricted access. Since the last inspection the pharmacy team members had stopped using their personal phones to take photographs of the repeat prescription slips used by the care homes team to order medicines. The team had been taking the photographs to refer to when the prescriptions arrived. The team had stopped this activity and were taking a photocopy of the repeat prescription slip before it was sent to the surgery team.

### 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.