

Registered pharmacy inspection report

Pharmacy Name: Sky Pharmacy, 35 Harehills Road, LEEDS, West Yorkshire, LS8 5HR

Pharmacy reference: 1039726

Type of pharmacy: Community

Date of inspection: 08/09/2020

Pharmacy context

This community pharmacy is in a large suburb close to Leeds city centre. The pharmacy's main activities are dispensing NHS prescriptions and ordering people's repeat prescriptions. The pharmacy supplies some medicines in multi-compartment compliance packs to help people take their medication. The inspection took place 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 generally identifies and manages the risks associated with its services. It completes all the records it needs to by law and it protects people's private information. The pharmacy has up-to-date written procedures for the team to follow to help ensure the pharmacy's services are provided safely. The pharmacy team members have training and guidance to respond to safeguarding concerns to help protect the welfare of children and vulnerable adults. The team members respond appropriately when errors occur, they discuss what happened and they take appropriate action to prevent future mistakes.

Inspector's evidence

The pharmacy was inspected during the COVID-19 pandemic. The Superintendent Pharmacist (SI) had spoken individually to all team members to assess their personal risk of catching the virus and the processes needed to support social distancing and infection control. The SI had not documented these assessments but regularly met with the team to review the processes put in place to reduce the risk of infection. The pharmacy had two external doors at either end of the building. One door was used for people to enter the pharmacy and the other was used for people exiting the pharmacy. Both doors were clearly marked to show which one to use. The pharmacy limited the number of people in the pharmacy to two and displayed a poster at the entrance informing people of this. The team marked the floor to direct people to move in one direction around the pharmacy and displayed a poster in the retail area reminding people to keep to the social distancing requirements. The pharmacy had displayed COVID-19 information posters asking people to not enter the pharmacy if they were showing symptoms but these had been removed. The pharmacy did not have a poster displayed at the entrance to remind people to wear face coverings. The team reported that a few people did not wear face coverings or wore them incorrectly. The team had access to Personal Protective Equipment (PPE) and wore face masks throughout the inspection. The pharmacy installed a Perspex screen on the pharmacy counter to provide the team with extra protection.

The pharmacy had a range of up-to-date standard operating procedures (SOPs). The SI reviewed the SOPs on 22 April 2020 and was planning a further review in light of changes implemented during the pandemic. The SOPs provided the team with information to perform tasks supporting the delivery of services and covered areas such as dispensing prescriptions and controlled drugs (CDs) management. The team members had read the previous set of SOPs and signed the SOPs signature sheets to show they understood and would follow them. The team was in the process of reading the reviewed SOPs.

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 pharmacy kept records of these errors known as near misses and the team had regularly recorded the near misses up to the end of May 2020. Since then no near miss errors had been recorded. The SI reported a possible cause of the uncompleted records was the increased workload created by the pandemic which may have resulted in the team forgetting to record the errors. A sample of completed near miss records looked at found that the team rarely recorded the details of what had been prescribed and dispensed to spot patterns. The team members usually recorded what caused the error and the actions they had taken to prevent the error happening again. The SI did not regularly review these records so opportunities to check the near

misses were being captured and to spot patterns in order to prevent similar errors were missed. The pharmacy had a system to report errors that reached the person, known as dispensing incidents. A recent incident involved one person receiving another person's medication. The SI investigated and found the two people had the same name but lived at different addresses. The team member involved admitted they were tired and had not asked the person to confirm their address when handing over the medication. The SI updated the electronic records (PMR) for the two people involved so their names appeared on the bag label in bold letters. The SI asked team members to highlight on all prescriptions the person's name when they identified people with similar names and reminded them to ask the person to confirm their address. The SI had not yet reported this incident. The pharmacy had a leaflet and a poster providing people with information on how to raise a concern and it used surveys to find out what people thought about the pharmacy.

The pharmacy had up-to-date indemnity insurance. A sample of CD registers looked at found that they met legal requirements. The pharmacy used coloured tags on registers for CDs currently held in stock and wrote the name of the CD on the tag to help easily locate the register. The pharmacists regularly checked the CD stock against the balance in the registers to help spot errors such as missed entries. The pharmacy recorded CDs returned by people. A sample of Responsible Pharmacist records looked at found they met legal requirements. A sample of records for the receipt and supply of unlicensed products looked at found that met the requirements of the Medicines and Healthcare products Regulatory Agency (MHRA). The team had received training from the SI on the General Data Protection Regulations (GDPR). The pharmacy displayed details on the confidential data kept and it displayed a privacy notice in line with the requirements of the GDPR. The team separated confidential waste and shredded it onsite.

The pharmacists had completed level 2 training in 2019 from the Centre for Pharmacy Postgraduate Education (CPPE) on protecting children and vulnerable adults. The team had completed safeguarding training and Dementia Friends training and had access to contact numbers for local safeguarding teams. Team members responded well when safeguarding concerns arose. The delivery driver reported concerns they had about people they delivered medicines to back to the pharmacy team. For example, when a person who was always at home to receive their medicines did not answer the door. In such circumstances the team rang the person to check they were OK or contacted the person's GP as often the reason the person was not at home was because they had been admitted to hospital.

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 help each other in their day-to-day work. New team members are provided with support to help them develop their knowledge and skills as part of their initial training. The team members openly discuss errors so everyone can learn from them and improve their skills. The pharmacy team regularly meets to identify opportunities to improve the efficient delivery of pharmacy services. And it appropriately prepares for the impact on the safe delivery of services from events such as the COVID-19 pandemic.

Inspector's evidence

The Superintendent Pharmacist (SI) and two regular locum pharmacists covered the opening hours. The pharmacy team consisted of one full-time and one part-time level three National Vocational Qualification (NVQ) qualified dispensers who were not registered as pharmacy technicians so could not use the term, a full-time dispenser, a full-time medicines counter assistant (MCA), two new part-time members of the team who had been in post a few weeks and a part-time delivery driver. One of the NVQ3 dispensers was also the pharmacy manager. Since the last inspection a part-time team member who had worked at the pharmacy for a year but was not trained had left the pharmacy. At the time of the inspection the SI, one of the regular locum pharmacists, the pharmacy manager, two dispensers and the two new starters were on duty.

The SI reported that recently a few people who accepted a job had left soon after they started working at the pharmacy. The SI reviewed the reason for this and identified many were concerned about the personal impact of working in a pharmacy during the pandemic or could not cope with the workload. Since identifying this the SI spent time with new starters explaining their role, the training and support they would receive and the processes in place to prevent infection. The SI asked new starters to speak to her if they had any concerns and to be honest with her if they no longer wanted to work at the pharmacy.

The pharmacy provided extra training for the team through online learning modules provided by the Virtual Outcomes organisation and publications such as the Chemist and Druggist journal. The team members had some protected time to complete the training or could access it from home. The pharmacy held evening meetings to give the team chance to reflect on the day and discuss any concerns. The SI provided annual performance reviews for the team members to give them an opportunity to receive feedback and discuss their development needs. Team members could suggest changes to processes or new ideas of working. The team discussed the potential impact from COVID-19 during the winter months and worked together to prepare for the changes to workload that could occur.

Principle 3 - Premises ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy was clean and hygienic with separate sinks for the preparation of medicines and hand washing. The consultation room contained a sink, paper towels, liquid gel for hand cleansing, PPE masks and gloves. As part of the actions taken to reduce the risk of infection from the COVID-19 virus the team regularly cleaned the pharmacy during the day and cleaned the consultation room after each use. The dispensary was very small and offered little workspace. The team managed this by limiting the amount of clutter in the dispensing areas. Since the last inspection an upstairs room had been converted for the team to use when dispensing and checking multi-compartment compliance packs and for storing the completed packs. This meant team members had space to safely dispense the packs away the distractions of the retail area.

The pharmacy had a large, soundproof consultation room. The team used this for private conversations with people and for delivering services such as the flu vaccination service. The door into the consultation room was locked with a Digilock to prevent unauthorised access. The rest of the premises were secure and the pharmacy restricted access to the dispensary during the opening hours. The pharmacy had a defined professional area and items for sale in this area were healthcare related. Since the last inspection the pharmacy manager had stopped burning dispensing labels in a metal bin in a room behind the dispensary. The labels were now destroyed using a shredder.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services which support people's health needs and it manages these services well. The pharmacy identifies the risks to the delivery of pharmacy services during a pandemic and it makes changes to help ensure people using these services are protected from the risk of infection. The pharmacy gets its medicines from reputable sources and it stores and manages medicines correctly. The pharmacy team carries out suitable checks to make sure medicines are in good condition and suitable to supply.

Inspector's evidence

People accessed the pharmacy via several steps. An entrance used by the pharmacy team was available for people who had difficulty accessing the pharmacy through the usual entrance. The team had access to the internet to direct people to other healthcare services. The team members provided people with clear advice on how to use their medicines and were aware of the risks from high-risk medication. The pharmacy team was aware of the criteria of the valproate Pregnancy Prevention Programme (PPP) and identified one person who met the criteria. The team provided this person with the PPP information. The pharmacist used the electronic record (PMR) to record conversations with people on other high-risk medicines such as methotrexate. The information included the latest blood tests and the dose of the medicines. The pharmacy provided services such as the emergency hormonal contraception service (EHC) against up-to-date patient group directions (PGDs). These provided the pharmacist with the legal authority to supply the EHC medication. The Superintendent Pharmacist (SI) had planned for the flu service in line with COVID-19 guidelines. The plans included making appointments for people to attend the pharmacy for the vaccination rather than offering a walk-in service. This allowed time for the consultation room to be cleaned after administering the vaccine. The SI had bought plastic chairs to replace the chairs in the consultation room as these had seats made of material. This meant the plastic chairs could be easily wiped down after use.

The pharmacy provided multi-compartment compliance packs to help around 70 people take their medicines. The pharmacy mostly provided weekly supplies of packs to help the team manage changes to people's medicines. To help with the workload the team divided the preparation of the packs across the month and usually ordered the repeat prescriptions one week before supply or the prescriptions were part of the electronic repeat dispensing process. This allowed time to deal with issues such as missing items and to prepare the packs. A few GP teams did not release prescriptions for some items until the day of supply. To manage this the team members dispensed the medicines into the packs from the prescriptions sent in advance and kept the packs to one side with a note attached reminding them to add the medicine when the prescription arrived. The team knew which packs were affected by this delay so set aside time for the packs to be completed when the prescriptions arrived and for the pharmacists to complete their check. Each person had a record listing their current medication and dose times. The team checked received prescriptions against the list and queried any changes with the GP team. The team recorded the descriptions of the products within the packs and supplied the manufacturer's patient information leaflets. The pharmacy usually received copies of hospital discharge summaries via the NHS communication system, PharmOutcomes. The team checked the discharge summary for changes or new items.

The pharmacy usually supplied some medicines as supervised and unsupervised doses. Due to the

pandemic and the risk of infection several people had moved to collection only doses. The team prepared the doses in advance to reduce the pressure of preparing at the time the person presented. The SI labelled the prescriptions on a Saturday and colour coded the labels to indicate the collection day. The SI separated the labels into groups reflecting the volume to be measured. The pharmacist working on a Sunday measured the doses and placed them into baskets in the CD cabinet labelled with the day of collection. The pharmacy marked bottles containing the sugar version of the medicine with a 'S' to distinguish this formulation from the sugar free version and stored the bottles in a separately labelled basket.

The pharmacy provided separate areas for labelling, dispensing and checking of prescriptions. 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 used CD and fridge stickers on bags and prescriptions to remind the team when handing over medication to include these items. The pharmacy had checked by and dispensed by boxes on dispensing labels to record who in the team had dispensed and checked the prescription. A sample of dispensed and checked medicines looked at found the team had completed both boxes. 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.

The pharmacy obtained medication from several reputable sources. The pharmacy team checked the expiry dates on stock but did not keep a record of this activity. The team identified that many packs sent from the wholesalers had short expiry dates. For example, packs of medicines recently received from one wholesale had expiry dates at the end of October 2020. The team members attached notes to the shelves holding such products to prompt them to check the expiry date. The pharmacists checked the expiry dates as part of the final check and marked the prescription when the medicine had a short expiry date. This meant the team member handing over the medicine could highlight this to the person. The team highlighted medicines with a short expiry date and 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 checked and recorded fridge temperatures each day and a sample of records looked at found the temperatures were within the correct range. The pharmacy had medicinal waste bins to store out-of-date stock and patient returned medication. The team members stored out-of-date and patient returned controlled drugs (CDs) separate from in-date stock in CD cabinets that met legal requirements and they used appropriate denaturing kits to destroy CDs.

The pharmacy had no procedures or equipment to meet the requirements of the Falsified Medicines Directive (FMD). The SI was reviewing the layout and electrical points in the dispensary to accommodate the FMD equipment. The pharmacy 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 references sources and access to the internet to provide the team with up-to-date clinical information. The pharmacy had equipment available for the services provided including a range of CE equipment to accurately measure liquid medication. The team used separate, marked measures for methadone solution. The pharmacy had two fridges to store medicines kept at these temperatures.

The pharmacy computers were password protected and access to people's records restricted by the NHS smart card system. The pharmacy stored completed prescriptions away from public view and it held other private information in the dispensary and rear areas, which had restricted access. Since the last inspection the team had moved completed multi-compartment compliance packs from the consultation room to an upstairs room only accessed by the team. The team used cordless telephones to help ensure telephone conversations were not overheard by people in the retail area.

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.