

Registered pharmacy inspection report

Pharmacy Name: Andrew Tylee Ltd., 25 Hyde Park Road, LEEDS,
West Yorkshire, LS6 1PY

Pharmacy reference: 1039751

Type of pharmacy: Community

Date of inspection: 27/02/2020

Pharmacy context

This pharmacy is amongst a parade of shops in a large suburb of Leeds. The pharmacy dispenses NHS and private prescriptions. 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 supervised methadone consumption service. And it provides the Community Pharmacist Consultation Service (CPCS).

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.2	Standard not met	The pharmacy has written procedures for managing dispensing incidents. But the pharmacy team does not follow the procedures. The team does not keep records when things go wrong. So, they do not have the information to identify patterns and help reduce similar mistakes in the future.
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 not all met

Summary findings

The pharmacy identifies and manages some of the risks associated with its services. The pharmacy has written procedures for managing dispensing incidents. But the pharmacy team does not follow the procedures. The team does not keep records when things go wrong. So, the team members do not have all the information to help identify patterns and help reduce errors. The pharmacy has suitable arrangements to protect people's private information. And it keeps the records it needs to by law. The pharmacy has written procedures for the team members to follow. But they have not been recently reviewed. This means there is a risk that team members may not be following up-to-date procedures.

Inspector's evidence

The pharmacy had a range of 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 and controlled drugs (CDs) management. The SOPs had review dates due in September 2018. But the Superintendent Pharmacist had only completed a review of the SOP for near miss errors. This was highlighted in the report from the inspection on 04 July 2019. Most of the team had read the SOPs and signed the SOPs signature sheets to show they understood and would follow them. The pharmacy had up-to-date indemnity insurance.

On most occasions the pharmacist when checking prescriptions and spotting an error told the team member involved of the mistake. So, the team members didn't have the opportunity to identify their own near miss errors. The pharmacy had written procedures that required the recording of the near miss errors. And there was a form to record these errors. But the team had not recorded any errors. So, the team did not have information to help spot patterns and make changes to prevent similar errors from happening again. The pharmacist stated there were no patterns from the errors picked up. And the team had no examples of changes made to prevent errors. The pharmacy team had procedures for recording dispensing incidents. The pharmacist discussed the errors with the team to raise their awareness of the error to learn from. This included a template to record dispensing incidents. The pharmacist had not recorded a recent error about the supply of the wrong medicines. The pharmacy didn't have evidence to show it had completed reports for other dispensing incidents. The Superintendent Pharmacist stated in the action plan returned to the GPhC following the inspection on 04 July 2019 that the member of staff responsible for the error would have an opportunity to learn from their error. And copies of the error report forms would be at hand to enable recording of mistakes as they occurred.

The pharmacy had a procedure for handling complaints raised by people using the pharmacy. And it had a notice providing people with information on how to make a complaint. The pharmacy team used surveys to find out what people thought about the pharmacy.

A sample of controlled drugs (CD) registers looked at found that they met legal requirements. The pharmacy didn't regularly check controlled drugs (CD) stock against the balance in the register to help spot errors such as missed entries. Some of the CD registers were coming loose from the folder. This ran the risk of losing these CD registers. The pharmacy recorded CDs returned by people. A sample of Responsible Pharmacist (RP) records looked at found that they met legal requirements. The RP notice was wrong at the start of the inspection. But was corrected during the inspection. 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 had a folder containing documents about data security and protection. The team had read documents about the General Data Protection Regulations (GDPR). The pharmacy displayed details on the confidential data kept and how it complied with legal requirements. And it displayed a privacy notice. The team separated confidential waste for shredding.

The pharmacy team members had access to contact numbers for local safeguarding teams. About four years ago the pharmacist had completed training from the Centre for Pharmacy Postgraduate Education (CPPE) on protecting children and vulnerable adults. The team had not completed Dementia Friends training. The team shared concerns about vulnerable adults with the local GP teams.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a small team and the team members have the skills to support the pharmacy's services. The team members support each other in their day-to-day work. And they make suggestions and implement changes to improve their efficiency and safety in the way they work. But the team members receive little feedback on their performance. So, they may miss the opportunity to set personal objectives to help the safe and effective delivery of pharmacy services.

Inspector's evidence

The pharmacist owner and regular locum pharmacists covered the opening hours. The pharmacy team consisted of one full-time qualified dispenser and two part-time dispensers. One of the dispensers was leaving the pharmacy to take up another pharmacy post.

The pharmacy provided the team with limited additional training. Such as regulatory training. The pharmacy did not undertake performance reviews with the team. So, they didn't have a chance to receive feedback and discuss development needs. Team members could suggest changes to processes or new ideas of working. The team members had rearranged the medicine stock so that medicines frequently dispensed were easy to locate. The team had also invited members of the GP team to the pharmacy to see how services such as the supplies of multi-compartment packs were provided. So, the GP team would understand why the team asked for prescriptions earlier than other prescriptions. The pharmacy had no targets for services such as New Medicines Service (NMS).

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, secure and suitable for the services provided. And 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. It had separate sinks for the preparation of medicines and hand washing. The consultation room didn't contain a sink. But the pharmacy had alcohol gel for hand cleansing. 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 pharmacy had a sound proof consultation room. The team used this for private conversations with people. The window in the door in to the consultation room had an opaque film attached. This helped to ensure people in the room could not be seen by people in the retail area. The door also had a key coded lock. The premises were secure. The pharmacy had 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.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy team provides services that support people's health needs. The pharmacy team manages its services adequately. The team members keep records of prescription requests and some records of deliveries the pharmacy makes to people. So, they can usually deal with any queries effectively. The team members do not fully record the descriptions of the medicines they dispense in to the multi-compartment compliance packs. Or supply information leaflets with the medication to help people take their medicines safely. The pharmacy obtains its medicines from reputable sources. And it mostly stores and manages medicines appropriately.

Inspector's evidence

People accessed the pharmacy via steps or a ramp, both with handrails. And through an automatic door. The pharmacy had an information leaflet for people to read and take away that focused on different health matters each month. Recent topics included dementia. The leaflet also contained the contact details of the pharmacy and the opening hours. The pharmacy kept a small range of healthcare information leaflets for people to read or take away. The team had access to the internet to direct people to other healthcare services.

The pharmacy provided multi-compartment compliance packs to help around 86 people take their medicines. The team managed the workload by dividing the preparation of the packs across the month. The team had a list of people who received packs and when the person collected the pack. The team usually received and obtained the prescriptions in advance of supply. This allowed time to deal with issues such as missing items. And the dispensing of the medication in to the packs. The team members did not record the descriptions of the products within the packs to help people identify their medicines. And they did not always supply the manufacturer's patient information leaflets. This was highlighted in the report from the inspection on 04 July 2019. The team placed a label on completed packs detailing the person's name and address. And stored the completed packs on dedicated shelves with the name and address label facing outwards. The packs were stored on top of each other. And the team didn't separate different people's packs to reduce the risk of picking the wrong person's pack. The pharmacy received copies of hospital discharge summaries via the NHS communication system, PharmOutcomes. The team checked the discharge summary for changes or new items. The team received forms from the GP teams about changes to people's medication.

The pharmacy supplied methadone as supervised and unsupervised doses. And it prepared the methadone doses in advance before supply. This reduced the workload pressure of dispensing at the time of supply. The pharmacy stored the prepared doses in the controlled drugs cabinet with the prescription attached to the dose due. And separated people's doses to reduce the risk of selecting the wrong one.

The pharmacy provided a repeat prescription ordering service. The team used a diary to record when they had requested the prescription. And used this as an audit trail to track the requests. The pharmacy team had completed checks to identify patients that met the criteria of the valproate Pregnancy Prevention Programme (PPP). And found one person who met the criteria. The pharmacist spoke to the person about PPP. But the person had not returned to the pharmacy, so the team did not know if they were on a PPP. The pharmacist handed out prescriptions to people to advise them of the dose to take

and to answer any questions from the person.

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 had a system to prompt the team to check that supplies of CD prescriptions were within the 28-day legal limit. 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 usually completed the boxes. When the pharmacy didn't have enough stock of someone's medicine, it provided a printed slip detailing the owed item. And kept a separate one with the original prescription. So, the team could refer to the prescription when dispensing and checking the remaining quantity. The pharmacist and pharmacy team mostly delivered medicines to people's homes. The pharmacy sometimes used a taxi driver to deliver the medicines. The pharmacy used the same taxi driver, so people recognised him. But he didn't have any specific training to complete this task. The pharmacy team generated a list of people due to have their medicines delivered each day. The pharmacy only obtained a signature from the person receiving the medication when the taxi driver made the delivery. So, the pharmacy didn't have a full audit trail or proof of delivery for all prescriptions. The pharmacy had verbal consent from a few people to post their medicines through the letterbox. But the pharmacy did not have written consent from the person to state there were no children or pets present at the address. The pharmacy team stated that it was rare for people to ask the team to post their medicines through the letterboxes.

The pharmacy team checked the expiry dates on stock. And it kept a record when some sections of the dispensary had been checked. The team used coloured dots to highlight medicines with a short expiry date. 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. For example, an opened bottle of cetirizine oral solution with six months use once opened had a date of opening of 06 February 2020 recorded. The team recorded fridge temperatures each day. A sample 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. 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 had equipment and a computer upgrade to meet the requirements of the Falsified Medicines Directive (FMD). But the team were not scanning FMD compliant products. 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 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 used a range of CE equipment to accurately measure liquid medication. And used separate, marked measures for methadone. The pharmacy had a fridge to store medicines kept at these temperatures. The fridge had a glass door to enable stock to be viewed without prolong opening of the door.

The computers were password protected and access to people's records restricted by the NHS smart card system. The pharmacy positioned the dispensary computers in a way to prevent disclosure of confidential information. The pharmacy stored completed prescriptions away from public view. And it held private information in the dispensary and rear areas, which had restricted access. The team used cordless telephones to make sure telephone conversations were held in private.

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.