

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: 08/10/2020

Pharmacy context

This pharmacy is amongst a parade of shops in a large suburb of Leeds. 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 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 mostly identifies and manages the risks associated with its services including the risks from COVID-19. It completes all the records it needs to by law and it protects people's private information. People using the pharmacy can easily raise concerns and provide feedback. The pharmacy team members respond appropriately when errors occur. They discuss what happened and they take appropriate action to prevent future mistakes. The pharmacy has written procedures that the pharmacy team follows but there is no evidence it has recently reviewed the procedures. This means there is a risk that team members may not be following up-to-date procedures.

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 team marked the floor in the retail area to direct people where to stand when waiting at the pharmacy counter. The pharmacy had COVID-19 information posters in the retail area and it displayed separate posters reminding people to wear face coverings. The team reported most people complied with the requirement to wear face coverings. The team had access to Personal Protective Equipment (PPE) and 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 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 dispensing errors. The team had read the SOPs and signed the SOPs signature sheets to show they understood and would follow the SOPs.

The pharmacy kept records of the errors spotted by the pharmacist when checking dispensed prescriptions. Since the last inspection in February 2020 the team regularly kept records of these errors, known as near misses. The records detailed the reason for the error but didn't include what had been prescribed and dispensed to help the team spot patterns. The team discussed common errors such as incorrect quantities and how to prevent similar errors from happening again. The team didn't review the records to identify trends and to check the actions taken by the team to prevent similar errors were being maintained. The pharmacy had a procedure for recording errors that reached the person known as dispensing incidents. The pharmacist discussed the dispensing incident with the team to raise their awareness of the error and to learn from it. The pharmacist stated there had not been any dispensing incidents since the last inspection. The pharmacy had a procedure for handling complaints raised by people using the pharmacy. And it displayed a notice providing people with information on how to raise a concern. The pharmacy team used surveys to gather feedback from people but it did not publish the results for people to see.

A sample of records required by law such as the Responsible Pharmacist (RP) records and CD registers

met legal requirements. The pharmacy didn't regularly check 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 which ran the risk of losing these registers. The pharmacy recorded CDs returned by people. 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 it kept and it displayed a privacy notice. The team separated confidential waste for shredding onsite.

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 any training. The team shared concerns about vulnerable adults with the local surgery teams.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a small 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, especially at times of increased workload. They openly discuss errors so everyone can learn from them and improve their skills. Pharmacy team members do not regularly receive formal feedback on their performance and they have limited opportunities to complete ongoing training. This means they could find it harder to keep their knowledge and skills up to date.

Inspector's evidence

The Superintendent Pharmacist (SI) and a regular locum pharmacist covered the opening hours. The pharmacy team consisted of one full-time qualified dispenser and new member of the team who had been in post four weeks. Since the last inspection in February 2020 two part-time dispensers had left the pharmacy. The SI had advertised for a qualified dispenser but had not received any applicants. The SI and dispenser worked extra hours to ensure the pharmacy services were not affected by the reduced team numbers.

The pharmacy provided the team with limited additional training and there was some evidence that team members learned from dispensing mistakes when they occurred. The pharmacy did not provide the team members with formal performance reviews. This meant they didn't have a chance to receive feedback and discuss development needs. Occasionally the SI gave the team informal feedback. 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.

Principle 3 - Premises ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy 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. The pharmacy displayed a notice above the sinks reminding the team of the correct hand-washing techniques. The team kept floor spaces clear to reduce the risk of trip hazards.

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 but due to the risks from COVID-19 the team was not using it. The team used space in the retail area for private conversations with people.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easily accessible and generally well managed so 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 pharmacy provided a repeat prescription ordering service. The team members used a diary to record when they had requested the prescription and used this as an audit trail to track the requests. During the pandemic the pharmacy had seen an increase in the volume of prescriptions. To manage this increased workload the team focused on ordering and dispensing prescriptions a few days before the person was due to collect their medicines. This provided the team with capacity to manage urgent prescriptions or prescriptions that were received just before the day of supply. The pharmacy team was aware of the criteria of the valproate Pregnancy Prevention Programme (PPP) and had information available to provide to people when required. 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 supplied some medicines as supervised and unsupervised doses. The pharmacist prepared the doses in advance before supply to reduce the workload pressure of dispensing at the time of supply. Due to the COVID-19 pandemic and the risk of infection most people had moved to collection only doses. One person continued to receive their medication as a supervised dose. The pharmacist handed the dose to the person on the pharmacy counter before standing back to let the person take the dose.

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 kept a list of people who received packs and when the person collected the pack. The team usually ordered the prescriptions a few days in advance of supply. This allowed time to deal with issues such as missing items and the dispensing of the medication into 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. The team placed a label on completed packs detailing the person's name and address. The team stored the completed packs with the prescription attached on a dedicated set of shelves. However, the packs were stored on top of each other with no separation of different people's packs. This meant there was a risk of the team picking the wrong person's pack.

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 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 usually completed the boxes. The pharmacy kept a record of the delivery of medicines to people. The pharmacist and dispenser delivered the medicines to people's homes. Due to COVID-19 the team did not ask people to sign for receipt of their medication. The team member left the medication on the

person's doorstep before moving away to watch the person pick up the medication.

The pharmacy obtained medication from several reputable sources. The pharmacy team checked the expiry dates on stock and kept a record when sections of the dispensary had been checked. The team used coloured dots to highlight medicines with a short expiry date and kept a record of these medicines. 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 a sample looked were within the correct range. The pharmacy had medicinal waste bins to store out-of-date stock and patient returned medication. The team 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 was not scanning FMD compliant products. 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 and actioned it.

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 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 team used a range of CE equipment to accurately measure liquid medication.

The pharmacy 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.