

# Registered pharmacy inspection report

**Pharmacy Name:** Tong Road Pharmacy, 531 Tong Road, Farnley,  
LEEDS, West Yorkshire, LS12 5AT

**Pharmacy reference:** 1039827

**Type of pharmacy:** Community

**Date of inspection:** 20/08/2020

## Pharmacy context

This community pharmacy is in a large suburb of Leeds that changed ownership in January 2020. The pharmacy's main activities are dispensing NHS prescriptions, selling over-the-counter medicines 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 an emergency hormonal contraception service. This inspection was completed 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	4.1	Good practice	The pharmacy provides services which support people's health needs. The pharmacy identifies opportunities to increase the services offered to meet the needs of the local population and it acts to introduce new services.
<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. It has responded appropriately to the risks from the COVID-19 pandemic and taken action to reduce the risk of infection for the team and people using the pharmacy. 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 keeps most of the records it needs to by law and it protects people's private information. People using the pharmacy services can raise concerns and provide feedback. The pharmacy team members respond appropriately when errors occur. They discuss what has happened and they act to prevent future mistakes. The team has training and experience to respond well when safeguarding concerns arise.

### Inspector's evidence

The pharmacy was inspected during the COVID-19 pandemic. All team members had completed risk assessments to identify their personal risk of catching the virus and the steps needed to support social distancing and infection control. As a result of these assessments the team members worked in separate sections of the dispensary. The team had access to Personal Protective Equipment (PPE) but only wore the masks when speaking to people at the pharmacy counter. During the inspection the team mostly worked at the dedicated sections but occasionally moved closer to another team member. The team members were observed wearing masks when speaking to people entering the pharmacy. The pharmacy had COVID-19 information posters on the door and a separate poster reminding people to wear face coverings. The pharmacy was not restricting the number of people entering the pharmacy as few people attended the pharmacy. A notice on the pharmacy counter asked people to stand behind a red line in front of the pharmacy counter whilst waiting to be served. The team kept a bottle of hand sanitiser on the counter and a poster next to the bottle provided instructions on how to use the sanitiser. The pharmacy did not have a Perspex screen on the counter to provide the team with additional protection.

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. All the team except one of the delivery drivers had read and signed the SOPs signature sheets to show they'd read, understood and would follow them. 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. The details recorded on the near miss log enabled the team to identify patterns, learn from the near misses and take action to prevent the near miss errors from happening again. The pharmacy had a system to report errors that reached the person, known as dispensing incidents. The team reviewed the near miss log and dispensing incidents as part of a monthly safety report. The team members discussed common themes and the steps they would take to prevent similar errors. This included attaching warning labels to the shelves holding medicines that looked alike and sounded alike (LASA) to prompt them to check the medicines selected. The team had also discussed the risk to people's safety if a high-risk medicine was supplied in error. The team members attached warning stickers to shelves holding high-risk medicines to remind them to check the product selected.

The pharmacy had a procedure for handling complaints raised by people using the pharmacy services. A poster provided people with information on how to raise a concern with the pharmacy team. The pharmacy team had received several positive comments from people since the change of ownership in

January 2020. These included the prompt delivery of medicines and helping people order their medicines.

The pharmacy had up-to-date indemnity insurance. A sample of controlled drugs (CD) registers looked at found they met legal requirements. The pharmacy regularly checked CD stock against the balance in the register. This helped the pharmacist to spot errors such as missed entries. The pharmacy recorded CDs returned by people. Samples of other records required by law mostly met legal requirements. A sample of Responsible Pharmacist records looked at found a few did not capture when the pharmacist stopped being the Responsible Pharmacist. One record of the supply against a private prescription did not have the correct prescriber's details. Records for the receipt and supply of unlicensed medicines met legal requirements. The pharmacy displayed a privacy notice informing people of how it protected their confidential information. The team had completed training about the General Data Protection Regulations (GDPR). The team separated confidential waste for shredding offsite.

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 had completed a different level of CPPE safeguarding training in 2017.

## 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 what they can improve on and agree new roles to help deliver the pharmacy's services.

### Inspector's evidence

A full-time pharmacist covered the opening hours. The pharmacy team consisted of a full-time pharmacy manager who was a qualified dispenser, a full-time dispenser, three part-time dispensers and two part-time delivery drivers. At the time of the inspection, the pharmacist and three of the dispensers were on duty. The pharmacist reported that team members had worked well together during the early months of the COVID-19 pandemic when the pharmacy had experienced an increase in workload.

The pharmacy did not provide the team with additional training. The pharmacy manager was planning the first set of performance reviews for the team since the change of ownership. The reviews would provide the team members with individual feedback and opportunities to discuss their development needs.

The team held regular meetings and team members could suggest changes to processes or new ideas of working. The team had created a rota of key tasks to be shared amongst all team members. This helped the team manage the workload and provided team members with opportunities to develop their skills. The pharmacist spent time with team members who were given new roles to ensure they understood the process. The pharmacist was not under pressure to meet targets set for pharmacy services and was working with the head office team to prepare for the flu vaccination service.

## 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 premises were tidy, hygienic and secure. The team had increased the frequency of cleaning to help reduce the risk of infection. The pharmacy had restricted access to the dispensary during the opening hours. It had separate sinks for the preparation of medicines and hand washing. The team kept floor spaces clear to reduce the risk of trip hazards. Since the last inspection the team had moved the tote boxes containing medicines from the narrow corridor leading to the stairs. This was a fire escape route so had to be kept clear. The pharmacy had enough storage space for stock, assembled medicines and medical devices.

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 when providing services such as the flu vaccination. The room was large enough to support social distancing and team members wore face masks when speaking to people in the room.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides services which support people's health needs. And it manages these services well to help ensure people receive appropriate care. The pharmacy identifies opportunities to increase the services offered to meet the needs of the local population and it acts to introduce new services. The pharmacy gets its medicines from reputable sources and it stores and manages medicines correctly. 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 small step. The team looked out for people who may struggle to enter the pharmacy and went out to help them by opening the door for them. The number of people accessing the pharmacy had increased slightly as lockdown restrictions eased. The team wore face masks when helping people enter the pharmacy. The pharmacy had an information leaflet providing people with details of the services it offered and the contact details of the pharmacy. The team provided people with information on how to access other healthcare services. The pharmacy kept a small range of healthcare information leaflets for people to read or take away. The team used a section of the retail area to promote healthy living advice.

The pharmacist had identified pharmacy services that were not previously provided. This included supplies of emergency hormonal contraception (EHC). The pharmacist was aware that due to COVID-19, access to sexual health clinics and GP surgeries was limited so people may need to obtain EHC. The pharmacist liaised with the local NHS team to arrange for patient group directions (PGDs) to be sent to the pharmacy. The PGDs gave the pharmacist the authority to supply the EHC. The pharmacist had seen an increase in the number of people using the EHC service over recent months. The pharmacist provided the service in the consultation room to enable the conversation with the person to be in private. The room was big enough to support social distancing and the pharmacist and the person accessing the service wore face masks. The pharmacist was working with local commissioners to enable the pharmacy to provide a needle exchange service. The pharmacy was preparing for the flu vaccination service, the pharmacist had completed online training and was in regular contact with the head office team.

The pharmacy provided multi-compartment compliance packs to help around 97 people take their medicines. One dispenser managed this service with support from other team members. To manage the workload the team divided the preparation of the packs across the month. The team usually ordered prescriptions two weeks before supply to allow 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 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 packaging leaflets. This meant people could identify the medicines in the packs and had information about their medicines. The team placed completed packs in baskets labelled with the person's name, the day of supply and if the supply was collected or delivered. The team stored the baskets on dedicated shelves labelled with the person's name. The person's name was printed in large letters on the front section of the pack so the team could clearly see this when selecting the packs to supply to the person. 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 and arranged with the GP team for prescriptions to be sent.

The pharmacy prepared methadone doses in advance of collection by the person. This helped to reduce the workload pressure of dispensing at the time of supply. The pharmacist banded each person's prepared doses together and stored them with other people's doses in the controlled drugs (CD) cabinet in a basket labelled with the day of supply. The pharmacy completed a form to confirm receipt of the prescriptions and sent a copy of the form to the treatment service, Forward Leeds.

The pharmacy provided a repeat prescription ordering service. The team used an electronic system to remind them when they had to request the prescription and as an audit trail to track the requests. The team usually ordered the prescriptions five days before supply. This gave time to chase up missing prescriptions, order stock and dispense the prescription. The team provided people with clear advice on how to use their medicines. The team were aware of the criteria of the valproate Pregnancy Prevention Programme (PPP) but no-one prescribed the product came under the PPP criteria. The pharmacy had PPP information to hand out if a person who met the criteria presented a prescription. The team members placed stickers on bags containing other high-risk medicines to prompt them to ask the pharmacist to speak to the person when handing over the medicines.

The pharmacy provided separate areas for labelling, dispensing and checking of prescriptions. Baskets were used during the dispensing process to isolate individual people's medicines and to prevent them becoming mixed up. 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 completed the boxes. The pharmacy used fridge and CD stickers on bags and prescriptions to remind the team when handing over medication to include these items. 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 kept a record of the delivery of medicines to people. This usually included a signature from the person receiving the medication. Due to COVID-19 the delivery drivers were not asking people to sign for the prescriptions. The delivery driver knocked on the person's door, left the medicine bag on the doorstep and moved away to watch the person collect the medication. The driver marked the delivery sheet to indicate the person had picked-up the medicines.

The pharmacy obtained medication from several reputable sources. The pharmacy team checked the expiry dates on stock and kept a record of this. The last date check was in July 2020. The team members marked medicines with a short expiry date to prompt them to check the medicine was still in date. No out-of-date stock was found. The team usually recorded the dates of opening on medicines with altered shelf-lives after opening. This meant the team could assess if the medicines were still safe to use. The team checked and recorded fridge temperatures each day. A sample of these records 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 CDs separate from in-date stock in CD cabinets that met legal requirements. The team used appropriate denaturing kits to destroy CDs.

The pharmacy did not have scanning equipment or procedures to meet the requirements of the Falsified Medicines Directive (FMD). The team checked the FMD packs of medicines to ensure they were securely sealed. The pharmacy received alerts about medicines and medical devices from the Medicines and Healthcare products Regulatory Agency (MHRA) via email. The team usually 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 a large fridge to store medicines kept at these temperatures. The team stored fridge stock in baskets labelled with the details of the items held. This helped the team easily locate products when dispensing. The pharmacy had cordless telephones to help the team ensure telephone conversations were not overheard by people in the retail area.

The pharmacy computers were password protected and access to people's records restricted by the NHS smart card system. The team locked the laptop in the consultation room when it was not in use. The pharmacy stored completed prescriptions away from public view. The pharmacy held private information in the dispensary and rear areas, which had restricted access.

### 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.