

Registered pharmacy inspection report

Pharmacy Name: S T Shaw Pharmacy, Fartown Grange, Spaines Road, HUDDERSFIELD, West Yorkshire, HD2 2QA

Pharmacy reference: 1088446

Type of pharmacy: Community

Date of inspection: 23/09/2019

Pharmacy context

The pharmacy is adjacent to a health centre in the suburbs of Huddersfield. Pharmacy team members mainly dispense NHS prescriptions and sell a range of over-the-counter medicines. They offer services including medicines use reviews (MUR), the NHS New Medicines Service (NMS) and flu vaccinations. They provide a substance misuse service, including supervised consumption. And, they provide medicines to people multi-compartmental compliance packs.

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 has procedures to identify and manage risks to its services. And pharmacy team members follow them to complete the required tasks. The pharmacy protects people's confidential information. And, it keeps the records it must by law. Pharmacy team members know how to safeguard the welfare of children and vulnerable adults. They record and discuss mistakes that happen when dispensing. But, they don't always discuss or record much detail about the causes of mistakes. Or, establish whether the changes they make have been successful. So, they may miss opportunities to improve and reduce the risk of further errors.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place. And the superintendent pharmacist reviewed them regularly. The sample checked were last reviewed in July 2019. And the next review was scheduled for July 2021. Pharmacy team members had read and signed the SOPs after the last review. The pharmacy defined the roles of the pharmacy team members in each procedure. The pharmacy had an accuracy checking technician (ACT). The ACT primarily used their skills to accuracy check multi-compartmental compliance packs. The ACT explained that her checking responsibilities were discussed with the pharmacist. And, if she was ever unsure, she would refer to the pharmacist for advice.

The pharmacist or the ACT highlighted near miss errors made by the pharmacy team when dispensing. Pharmacy team members recorded their own mistakes. The pharmacy team discussed the errors made. But, they did not record much detail about why a mistake had happened, despite this also being discussed. They had made some changes in response to near miss errors, such as highlighting the shelves in front of pregabalin and gabapentin to help prevent picking errors. The pharmacist said he looked at the data collected approximately every month. But, he did not usually record his analysis, or any patterns found. Pharmacy team members said that if the pharmacist did notice any patterns of error, he would raise this with them verbally. And, they would make suggestions about what to change to prevent the errors happening again. They did not reflect on their changes to see if they achieved their desired outcomes. The pharmacy had a clear process for dealing with dispensing errors that had been given out to people. It recorded incidents using a template reporting form. And, pharmacy team members sent a copy of the record to the superintendent pharmacist. The sample of records seen were comprehensive. And, all errors were discussed with the whole team. A recent error had involved a multi-compartmental compliance pack not being delivered to someone because it was stored in the controlled drugs cabinet. In response, the team had changed their procedure to create a delivery list for the driver. The list detailed the packs that were due to be delivered that day. And, highlighted any packs that were stored elsewhere in the pharmacy. The driver checked the list before he left the pharmacy to make sure nothing had been left behind.

The pharmacy had a procedure to deal with complaints handling and reporting. It had a practice leaflet available for customers in the retail area which clearly explained the company's complaints procedure. It collected feedback from people by using questionnaires. And, it had some feedback available from the last set of questionnaires analysed. One example of a change made after feedback was to move a poster about sepsis to a more prominent place, so more people would see it and help to understand the dangers.

The pharmacy had up-to-date professional indemnity insurance in place. The pharmacy kept controlled drug (CD) registers complete and in order. It kept running balances in all registers. And they were audited against the physical stock quantity at least monthly, including methadone. It kept and maintained a register of CDs returned by people for destruction. And it was complete and up to date. The pharmacy maintained a responsible pharmacist record on paper. And it was complete and up to date. The pharmacist displayed their responsible pharmacist notice to people. Pharmacy team members monitored and recorded fridge temperatures daily. They kept private prescription records in a paper register, which was complete and in order. And, they recorded emergency supplies of medicines in the private prescription register. They recorded any unlicensed medicines supplied, which included the necessary information in the samples seen.

The pharmacy kept sensitive information and materials in restricted areas. And, it collected confidential waste in dedicated bags. The bags were sealed when they were full and marked as confidential waste. The bags were collected and sent to the company's head office for secure destruction twice a week. Pharmacy team members had been trained to protect privacy and confidentiality. The had completed a training manual in 2018. Their knowledge had been tested with an assessment to confirm their understanding. And, new pharmacy team members had also completed the training since joining the pharmacy recently. Pharmacy team members were clear about how important it was to protect confidentiality. And there was a procedure in place detailing requirements under the General Data Protection Regulations (GDPR). All pharmacy team members had signed confidentiality agreements. The pharmacy was assessed for compliance with GDPR every quarter by the pharmacy technician. The records of the latest assessment were available. And, there were no findings for improvement. The technician explained that any findings would be discussed with the pharmacist.

Pharmacy team members were asked about safeguarding. A dispenser gave some clear examples of symptoms that would raise their concerns in both children and vulnerable adults. They explained they would refer their concerns to the pharmacist. The pharmacist said they would assess the concern. And would refer to local safeguarding contacts or head office for advice. The pharmacy had contact details available for the local safeguarding service. And, it had a procedure in place to explain what to do in the event of a concern. The pharmacists and pharmacy technician had completed training in safeguarding in 2018. But, there was no training provided for unregistered staff. Pharmacy team members said they were provided with some information verbally by the pharmacist or technician.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members have the right qualifications and skills for their roles and the services they provide. Pharmacy team members complete ad-hoc training. And, they learn from the pharmacist and each other to keep their knowledge and skills up to date. Pharmacy team members feel comfortable discussing any issues and they act on ideas to support the effective delivery of services. They reflect on their own performance. And, set objectives to improve the pharmacy's service delivery.

Inspector's evidence

At the time of the inspection, the pharmacy team members present were a pharmacist, a pharmacy technician and six dispensers. Pharmacy team members completed training ad-hoc by reading various trade press materials. And by having regular discussions with the pharmacist and each other about current topics. The pharmacy had an appraisal process. Pharmacy team members received an appraisal each year. They discussed their performance and the performance of the pharmacy. And, they identified areas for improvement. They set objectives, but the objectives tended to be related to the pharmacy's performance. One example was to recruit more people to receive a flu vaccination. Pharmacy team members said the objectives were not usually personal to their own learning needs. They said that if they had any learning needs, these would be raised with the pharmacist informally, who would support them with teaching to reach their goals.

A dispenser explained they would raise professional concerns with the pharmacist or superintendent pharmacist (SI). They felt comfortable raising a concern. And confident that their concerns would be considered, and changes would be made where they were needed. The pharmacy had a whistleblowing policy. But, pharmacy team members did not know how to access the procedure. The pharmacy team communicated with an open working dialogue during the inspection. Pharmacy team members explained a change they had made after they had identified areas for improvement. Previously, it had been the responsibility of one or two pharmacy team members to manage multi-compartmental compliance packs. And, this had become challenging when these people were on holiday or absent from work. So, the team created a rota for all pharmacy team members to spend time managing and preparing packs, to help them become multi-skilled. And, they said this had also helped to team cover for each other's absences.

The pharmacy owners asked the team to achieve any targets in several areas of the business. These included the number of medicines use review and new medicines service consultations completed, and the number of people nominating the pharmacy to receive their electronic prescriptions. Pharmacy team members received a financial bonus for successfully reaching targets. The area manager monitored the teams target compliance. Pharmacy team members felt they weren't given much support to reach their targets. But, they felt able to achieve the targets set.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and properly maintained. It provides a suitable space for the services provided. And, it has a room where people can speak to pharmacy team members privately.

Inspector's evidence

The pharmacy was clean and well maintained. All areas of the pharmacy were tidy and well organised. And the floors and passage ways were free from clutter and obstruction. There was a safe and effective workflow in operation. And clearly defined dispensing and checking areas. It kept equipment and stock on shelves throughout the premises. The pharmacy had a private consultation room available. Pharmacy team members used the room to have private conversations with people. The room was signposted by a sign on the door.

There was a clean, well maintained sink in the dispensary used for medicines preparation. There was a toilet, which provided a sink with hot and cold running water and other facilities for hand washing. Heat and light in the pharmacy was maintained to acceptable levels. The overall appearance of the premises was professional, including the exterior which portrayed a professional healthcare setting. The professional areas of the premises were well defined by the layout and well signposted from the retail area.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is generally accessible to people. And, it has systems in place to help provide its services safely and effectively. It stores, sources and manages its medicines safely. Pharmacy team members dispense medicines into devices to help people remember to take them correctly. And, they provide these people with some information to help them identify their medicines. They take steps to identify people taking high-risk medicines. And, they give these people advice to help them take their medicines safely.

Inspector's evidence

The pharmacy had level access from the surgery car park. Pharmacy team members could produce large print labels to help people with a visual impairment. But, they were unsure about how they would help someone with a hearing impairment. They said they would speak clearly and use the consultation room if necessary.

Pharmacy team members signed the dispensed by and checked by boxes on dispensing labels. This was to maintain an audit trail of staff involved in the dispensing process. They used dispensing baskets throughout the dispensing process to help prevent prescriptions being mixed up. The pharmacy supplied medicines in multi-compartmental compliance packs when requested. The pharmacy attached backing sheets to the packs, so people had written instructions of how to take the medicines. And, these included the descriptions of what the medicines looked like, so they could be identified in the pack. But, pharmacy team members did not regularly provide people with patient information leaflets about their medicines. The pharmacy team documented any changes to medicines provided in packs on the patient's change record sheet. The sheet was also used to document other information, such as the date the packs were dispensed, who dispensed them and who performed the clinical check of the prescriptions. Pharmacy team members selected the stock required for a pack from the shelves and placed them in a basket with the prescriptions. Another pharmacy team member then checked the stock before they started assembling the packs to help identify any picking errors made and to help prevent wastage. Once assembled, the packs were checked by the accuracy checking technician (ACT). Once checked, the ACT sealed the packs and placed them in a tote that corresponded with the day they needed to be delivered or stored them on shelves. The prescriptions were placed in a basket for the pharmacist to clinically check before the end of the day. Prescriptions were clinically checked at the end of the dispensing and accuracy checking process, before being released for delivery. And, this was in accordance with the pharmacy's documented procedures. The ACT said that when prescriptions for packs were first received, they were checked to see if the prescriber had made any changes. If they had, the prescriptions were sent to the pharmacist to be clinically checked before any dispensing took place.

Pharmacy team members checked medicine expiry dates every 12 weeks. And records were seen. They highlighted any short-dated items with a sticker on the pack up to six months in advance of its expiry. But, the pharmacy did not have a process to remove items from shelves if they expired before the next scheduled date check, other than someone noticing a sticker on the pack during dispensing. The pharmacy responded to drug alerts and recalls. And, any affected stock found was quarantined for destruction or return to the wholesaler. It recorded any action taken. And, records included details of any affected products removed. The pharmacy obtained medicines from four licensed wholesalers. It stored medicines tidily on shelves. And all stock was kept in restricted areas of the premises where

necessary. It had adequate disposal facilities available for unwanted medicines, including controlled drugs (CDs). Pharmacy team members kept the CD cabinet tidy and well organised. And, out of date and patient returned CDs were segregated. The inspector checked the physical stock against the register running balance for three products. And they were found to be correct. Pharmacy team members kept the contents of the pharmacy fridge tidy and well organised. They monitored minimum and maximum temperatures in the fridge every day. And they recorded their findings. The temperature records seen were within acceptable limits.

The pharmacist counselled people receiving prescriptions for valproate if appropriate. And, they checked if the person was aware of the risks if they became pregnant while taking the medicine. They also checked if the person was enrolled on a pregnancy prevention programme. The pharmacy had printed information material to give to people and to help them manage the risks. Pharmacy team members were aware of the new requirements under the Falsified Medicines Directive (FMD). They had new scanners available. But, the pharmacy did not have any software to be able to scan compliant packs. Pharmacy team members had not received any training on the new requirements. And, procedures had not been changed to incorporate the requirement of FMD. Pharmacy team members did not know the company's plan for further implementation of FMD requirements.

The pharmacy delivered medicines to people. It recorded the deliveries made and asked people to sign for their deliveries. The delivery driver left a card through the letterbox if someone was not at home when they delivered. The card asked people to contact the pharmacy to arrange a re-delivery. The team highlighted bags containing CDs with a sticker on the bag and on the driver's delivery sheet.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment available, which it properly maintains. And it manages and uses the equipment in ways that protect people's confidentiality.

Inspector's evidence

The pharmacy had the equipment it needed to provide the services offered. The resources available included the British National Formulary (BNF), the BNF for Children, various pharmacy reference texts and use of the internet. The pharmacy had a set of clean, well maintained measures available for medicines preparation. And, pharmacy team members used a separate set of measures to dispense methadone. The pharmacy positioned computer terminals away from public view. And, these were password protected. It stored medicines waiting to be collected in the dispensary, also away from public view. The pharmacy had a dispensary fridge, which was in good working order. And, pharmacy team members used it to store medicines only. They restricted access to all equipment and they stored all items securely.

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.