

# Registered pharmacy inspection report

**Pharmacy Name:** Shepley Pharmacy, The Health Centre, 25 Jos Lane, Shepley, HUDDERSFIELD, West Yorkshire, HD8 8DJ

**Pharmacy reference:** 1091046

**Type of pharmacy:** Community

**Date of inspection:** 14/09/2022

## Pharmacy context

The pharmacy is in a medical centre in Shepley, near Huddersfield. Pharmacy team members dispense NHS prescriptions and sell a range of over-the-counter medicines. They provide medicines to people in multi-compartment compliance packs to help them take their medicines correctly. And they deliver medicines to people's homes.

## 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	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy adequately identifies and manages risks to its services. And it has the written procedures it needs relevant to its services. Pharmacy team members understand their role to help protect vulnerable people. And they suitably protect people's confidential information. Team members record and sometimes discuss the mistakes they make to learn from them. But they don't always identify why mistakes happen or act on the patterns they find. So they may miss opportunities to reflect and make improvements to the pharmacy's services.

### Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place to help pharmacy team members manage the risks to its services. The superintendent pharmacist (SI) had reviewed the SOPs available in 2020. Pharmacy team members had signed to confirm they had read and understood the procedures since the last review. The SI had set a date to review them again in 2022. And they were in the process of reviewing the procedures while they migrated all SOPs to a new online platform. The pharmacy was planning to start delivering an NHS and private flu vaccinations to people for the coming 2022-2023 season. Team members explained the pharmacist manager, who was not present during the inspection, was setting up and delivering the services, with little input from the rest of the team. They did not know if the pharmacist had completed a risk assessment for the service. The pharmacy had up-to-date patient group direction (PGD) documents available for both the NHS and private service. And the pharmacist had signed both documents to confirm they formed the legal basis for providing the service.

Pharmacy team members highlighted and recorded near miss and dispensing errors they made when dispensing. There were documented procedures to help them do this effectively. They used an electronic system to record their near miss errors using a smart phone. And the data collected was uploaded to a centralised system to help aid analysis. Pharmacy team members explained they sometimes discussed their errors and why they might have happened. But they didn't do this often. One example of a discussion was about inhalers. One team member had identified they made more errors involving inhalers compared with other medicines. They discussed this with the rest of the team, and colleagues had provided information and guidance to help improve their confidence. They explained that this had led to them making fewer errors with inhalers. The records pharmacy team members made contained little about why mistakes had been made. Or the changes team members had made to prevent them happening again. The pharmacist manager collated the data collected about errors each month. But the pharmacy did not make any changes based on any patterns identified. The pharmacy also recorded dispensing errors that had been given out to people. These records contained little or no information about why an error had happened, or the changes team members had made to prevent any recurrence. Team members explained they were told when they had made a mistake. But they rarely discussed their error further.

The pharmacy had a documented procedure to deal with complaints handling and reporting. It collected feedback from people verbally and did not have any records of feedback received. Pharmacy team members explained a recent change they had made to their team, following feedback from the public and team members. The pharmacy had up-to-date professional indemnity insurance in place. It maintained a responsible pharmacist record which was complete. The pharmacy kept controlled drug

(CD) registers electronically, that were complete and in order. It kept running balances in all registers. These were audited against the physical stock quantity approximately weekly. The inspector checked the running balances against the physical stock for three products. And these were correct. The pharmacy kept private prescription and emergency supply records. And these were complete.

The pharmacy kept sensitive information and materials in restricted areas, and it shredded confidential waste. The pharmacy had a documented procedure in place to help pharmacy team members manage sensitive information correctly. Team members explained how important it was to protect people's privacy and how they would protect confidentiality. A pharmacy team member gave some examples of symptoms that would raise their concerns about vulnerable children and adults. The pharmacy had a documented procedure for dealing with concerns about children and vulnerable adults. And some printed guidance materials and local contact information for team members to refer to. They explained how they would refer any concerns to the pharmacist, and to the safeguarding lead at the adjoining medical centre. Pharmacy team members said they had recently completed safeguarding training. But there were no records of their training available during the inspection.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

Pharmacy team members have the right qualifications and skills for their roles and the services they provide. They complete some appropriate training to keep their knowledge up to date. Pharmacy team members feel comfortable discussing ideas and issues.

### Inspector's evidence

At the time of the inspection, the pharmacy team members present were a locum pharmacist, two dispensers and a trainee dispenser. They managed the workload well. Pharmacy team members completed training ad-hoc by reading various materials. And by completing training modules provided by the NHS e-learning for healthcare platform when available. They had recently completed modules about antimicrobial stewardship and infection prevention and control as part of the requirements of the NHS Pharmacy Quality Scheme. The pharmacy did not have an appraisal or performance review process for team members. Team members explained they raised learning needs informally with the pharmacist or colleagues. They discussed topics with colleagues, and the pharmacist signposted them to appropriate resources.

Pharmacy team members felt comfortable sharing ideas to improve the pharmacy's services. They had recently worked for approximately six months without a regular pharmacist manager. During that time, they had redesigned the way they processed and prepared medicines into multi-compartment compliance packs to help them manage their workload more effectively. Pharmacy team members explained they would raise professional concerns with the pharmacist or the superintendent pharmacist (SI). The SI visited the pharmacy at least twice a month. And team members felt comfortable raising concerns and confident that concerns would be considered, and changes would be made where necessary. Team members were unsure if the pharmacy had a whistleblowing policy. They explained they would contact the company's HR department for advice, or they would raise their concerns with GPhC or the NHS.

## Principle 3 - Premises ✓ Standards met

### Summary findings

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

### Inspector's evidence

The pharmacy was clean and well maintained, and it was generally tidy and well organised. The floors and passageways were free from clutter and obstruction. Pharmacy team members 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. There was a clean, well-maintained sink in the dispensary used for medicines preparation and another sink for cleaning and hand hygiene. There was a toilet elsewhere in the building, with a sink which provided cold running water and other facilities for hand washing. The pharmacy maintained heat and light to acceptable levels. Its overall appearance was professional, including the pharmacy's exterior which portrayed a professional healthcare setting. The pharmacy's professional areas were well defined by the layout and were well signposted from the retail area. Pharmacy team members prevented access to the restricted areas of the pharmacy.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy makes sure its services are easily accessible to people, including those using a wheelchair. The pharmacy has systems in place to help provide its services safely and effectively. It sources its medicines appropriately. Pharmacy team members generally store and manage medicines adequately. But they do not always provide people with the necessary information to help them take their medicines safely.

### Inspector's evidence

The pharmacy had level access from the medical centre car park via automatic doors. Pharmacy team members could use the prescription medication records (PMR) system to produce large-print labels to help people with visual impairment. They explained how they would use written communication to help communicate with people with hearing impairment. And they would use an online translation tool to help communicate with people who did not speak English.

Pharmacy team members signed the 'dispensed by' and 'checked by' boxes on dispensing labels during dispensing. This was to maintain an audit trail of the people involved in the dispensing process. They used dispensing baskets throughout the dispensing process to help prevent prescriptions being mixed up. The pharmacy had a table in the middle of the area where prescriptions were prepared. During the inspection, the table was cluttered with baskets containing prescriptions and labelled medicines. Several baskets were stacked on top of each other. Team members explained all the baskets had been dispensed the day before and were waiting for items to arrive in the stock order that day. This was discussed with the team, and they understood the risks of prescriptions being mixed up when stored this way. They gave their assurance they would stop storing baskets waiting for items this way. One suggestion was to label prescriptions then file them, waiting until all medicines were available before dispensing and assembling the prescription. 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 on a pregnancy prevention programme. The pharmacy had a stock of printed information material to give to people to help them understand and manage the risks of taking valproate. The pharmacy supplied medicines to people in multi-compartment compliance packs when requested to help them take their medicines correctly. It attached backing sheets to the packs, so people had written instructions of how to take their medicines. Pharmacy team members included descriptions of what the medicines looked like, so they could be identified in the pack. But they did not routinely provide people with patient information leaflets about their medicines each month. Pharmacy team members documented any changes to medicines provided in packs on the person's master record sheet, which was a record of all their medicines and where they were placed in the packs. The pharmacy delivered medicines to people, and it recorded the deliveries it made. 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.

The pharmacy obtained medicines from licensed wholesalers. It stored medicines on shelves, and it kept all stock in restricted areas of the premises where necessary. The pharmacy had adequate disposal facilities available for unwanted medicines, including CDs. Pharmacy team members monitored the minimum and maximum temperatures in the fridge where medicines were stored each day, and they recorded their findings. The temperature records seen were within acceptable limits. Pharmacy team

members checked medicine expiry dates every three months, and up-to-date records were seen. They highlighted and recorded any short-dated items up to the end of the year. And they removed expiring items during the check before the product was due to expire. The inspector found an open container on a shelf in the area where prescriptions were prepared containing paracetamol caplets that had been removed from their original blister packaging. Pharmacy team members explained they had removed the tablets from the blisters in advance to help speed up the process of assembling multi-compartment compliance packs that required paracetamol. There was no batch number or expiry date of the medicines attached to the container. And no indication of when the tablets had been removed from their packaging. This meant team members may not know if the tablets had been recalled by the manufacturer or had reached their expiry date. This was discussed. A team member destroyed the tablets during the inspection. They said that these medicines would usually be used within a few days of them being removed from their packaging. Team members gave their assurance that they would not store tablets like that in the future.



## 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 it had 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. It had a shredder available to destroy its confidential waste. It kept its password-protected computer terminals in the secure areas of the pharmacy, away from public view.

### 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.