

Registered pharmacy inspection report

Pharmacy Name: Lister Pharmacy, Westbourne Green Community,
Health Centre, 50 Heaton Road, BRADFORD, West Yorkshire, BD8
8RA

Pharmacy reference: 1091165

Type of pharmacy: Community

Date of inspection: 16/02/2022

Pharmacy context

The pharmacy is in a large health centre in the suburbs of Bradford city centre. 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. And they deliver medicines to people's homes. The pharmacy provides a seasonal flu vaccination service. It relocated to its current premises in November 2019. The 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
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 adequately identifies and manages risks to its services. And it keeps the records it must by law. Pharmacy team members regularly record and discuss mistakes they make. And they learn from these to reduce the risks of similar mistakes. Team members understand their role to help protect vulnerable people. And they suitably protect people's private information. The pharmacy has the documented procedures it needs relevant to its services. But some team members do not always read these in a timely manner.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place. The superintendent pharmacist (SI) had reviewed the procedures in 2019. And had scheduled the next review of the procedures for 2021. He explained that his review had been delayed because of other priorities during the Covid-19 pandemic. Most pharmacy team members had read the procedures after the last review. And they had signed to confirm their understanding. But at least one team member had joined the team after the review. And they had not read or signed the procedures. This was discussed. The trainee dispenser had good knowledge of her role and how to complete tasks safely. The SI and the trainee gave their assurance that any team members who had not read the procedures would do so as soon as possible. Pharmacy team members were clear about where the procedures were kept if they needed to refer to them. The pharmacy defined the roles of the pharmacy team members based on their levels of qualification in some SOPs, but not all. Pharmacy team members also had their responsibilities defined verbally through discussion each day. The pharmacy had an SOP in place for the flu vaccination season that had recently ended. They had provided vaccinations to people using the NHS patient group direction (PGD). The PGD was available in the pharmacy electronically. But it had not been printed and signed by the pharmacists delivering the service. The pharmacists had completed updated flu vaccination training in 2021. The SI explained he had completed a visual risk assessment of the service before it began. And he had based this on the NHS Covid-19 risk assessment. But he had not documented his risk assessment. The pharmacy had put some measures in place to help prevent transmission of Covid-19. It had hand sanitiser available for people in various places in the pharmacy to help maintain good hand hygiene. It had masks available for people to wear. And there was a plastic screen at the pharmacy counter to help prevent spread of the virus. But pharmacy team members were not routinely wearing masks while they worked. This was discussed. And pharmacy team members were reminded that the UK Health Protection Agency (UKHPA) still advised people working in healthcare settings to wear a mask while working.

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 discussed their errors and why they might have happened. And they used this information to make changes to help prevent the same or similar mistakes from happening again. One example of changes they had made was separating look-alike and sound-alike (LASA) medicines, such as sildenafil and sitagliptin, to help prevent the wrong medicines being selected. The superintendent pharmacist (SI) analysed the data collected every two to three months to look for patterns. Records of near miss and dispensing errors were available. In some of the records, pharmacy team members did not always capture much information about why the mistakes had been made or the changes to prevent a recurrence to help aid future learning. But they gave their assurance that these details were always discussed. The SI did not

record his analysis of errors to help establish whether changes made had been effective in reducing risks and improving safety.

The pharmacy had a documented procedure in place for handling complaints or feedback from people. Pharmacy team members explained feedback was collected by asking people to complete questionnaires, and verbally. They referred any complaints to the pharmacist. 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. Pharmacy team members audited these against the physical stock quantity every approximately every month. The pharmacy kept and maintained a register of CDs returned by people for destruction. But there were some patient-returned medicines that had not been recorded in the register. The pharmacy maintained a responsible pharmacist record electronically. And this 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 and emergency supply records. Private prescriptions records were kept in a book and electronically. And the SI established that some records were not being made in both places. So, this meant neither record was complete when read in isolation. This was discussed. And the SI gave his assurance that he would decide on the most appropriate format for the records. And make sure people only used the preferred format to record private prescriptions as soon as possible.

The pharmacy kept sensitive information and materials in restricted areas. It shredded confidential waste. The pharmacy had a file containing key information about the General Data Protection Regulations (GDPR) and information governance for team members to read. Pharmacy team members had completed training in 2019. And they had signed confidentiality agreements with the pharmacy. They clearly explained how important it was to protect people's privacy and how they protected confidentiality.

Pharmacy team members gave some examples of symptoms that would raise their concerns about vulnerable children and adults. They explained how they would refer to the pharmacist. The pharmacy had a documented procedure explaining how team members should raise their concerns about children and vulnerable adults. And team members would use the internet to find contact information for local safeguarding teams. Some, but not all, pharmacy team members completed training via e-learning in 2021.

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 regularly complete ongoing training. And they learn from the pharmacist and each other to keep their knowledge and skills up to date. Pharmacy team members feel comfortable making suggestions. And the pharmacy responds by making changes to help improve its services.

Inspector's evidence

At the time of the inspection, the pharmacy team members present were the responsible pharmacist (RP), the superintendent pharmacist (SI), a trainee pharmacist, a qualified dispenser, two trainee dispensers and a medicines counter assistant. The qualified dispenser was also training to become a pharmacy technician. As well as completing their training courses, pharmacy team members kept their skills and knowledge up to date by complete e-learning modules ad hoc throughout the year. But they had not completed any of this training recently. Several team members explained they found it difficult to find time to spend completing training while at work. And the pharmacy did not provide them with protected training time. Pharmacy team members discussed topics with the pharmacist and each other. The pharmacy had a formal appraisal process for pharmacy team members. The last review took place with the SI in 2020. Pharmacy team members raised any learning needs with the SI. And he and other pharmacists supported them by signposting them to relevant reference sources or by discussing topics to help address their learning needs.

A pharmacy team member explained how they would raise professional concerns with any of the pharmacists who worked at the pharmacy regularly or the SI. They felt comfortable sharing ideas to improve the pharmacy or raising a concern. And they were confident that their points would be considered. A dispenser explained how an idea for improvement had been taken forward and this had resulted in a safer way of storing medicines to help prevent picking errors. The pharmacy had a whistleblowing policy. Pharmacy team members were aware of how to access the whistleblowing procedure. They were also aware of organisations outside the pharmacy where they could raise professional concerns, such as their training course provider, the NHS or GPhC. Pharmacy team members communicated with an open working dialogue during the inspection. The pharmacy owners did not ask pharmacy team members to meet any performance related targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is generally clean and properly maintained. It has a suitable room where people can speak to pharmacy team members privately. The pharmacy provides a suitable space for the services it delivers. But there is some clutter that reduces the team's available workspace and increases the risks of team members injuring themselves.

Inspector's evidence

The pharmacy was generally clean and well maintained. Most areas of the pharmacy were tidy and well organised. But there were several areas of the benches that were cluttered with items such as dispensing baskets, prepared multi-compartment compliance packs and paperwork. This reduced the amount of bench space available to work from. The pharmacy's floors and passageways were generally free from clutter and obstruction. But there were some passageways that were cluttered with totes storing medicines waiting to be delivered. This meant there was a risk of pharmacy team members tripping.

The pharmacy kept other equipment and stock on shelves throughout the premises. It 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, with a sink which provided hot and 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.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to people, including people using wheelchairs. The pharmacy has systems in place to help provide its services safely and effectively. It sources and stores its medicines appropriately. And pharmacy team members provide people with the necessary information about their medicines to help them make informed choices.

Inspector's evidence

People had level access to the pharmacy from the health centre corridor. Pharmacy team members explained how they would support people who may have difficulty accessing the pharmacy services. They explained how they would communicate in writing with people with a hearing impairment. And provide large-print labels to help people with a visual impairment. Pharmacy team members were also able to speak several languages spoken locally, including Urdu and Punjabi as well as English. They explained they would also use Google Translate to help communicate with people who spoke other languages.

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 pharmacist counselled people receiving prescriptions for valproate if appropriate. And he checked if the person was aware of the risks if they became pregnant while taking the medicine. He advised he would also check if they were on a pregnancy prevention programme. The pharmacy supplied medicines to people in multi-compartment compliance packs when requested. 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. Pharmacy team members also routinely provided these people with patient information leaflets about their medicines each month. Pharmacy team members documented any changes to medicines provided in packs on the patient's electronic medication record (PMR). The pharmacy delivered medicines to people. The delivery driver recorded the deliveries they made. Under normal circumstances, people signed to confirm receipt of their deliveries. But this was not currently happening to help protect people from transmission of coronavirus. 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. Pharmacy team members highlighted bags containing controlled drugs (CDs) to the delivery driver.

The pharmacy obtained medicines from licensed wholesalers. It stored medicines on shelves. 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 they stored medicines each day. And they recorded their findings electronically. 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. Pharmacy team members highlighted and recorded any short-dated items up to three months before their expiry. And they removed expiring items if they expired before the next scheduled check. They highlighted short-dated medicines up to six months in advance of their expiry. The pharmacy responded to drug alerts and recalls. It quarantined any affected stock found for destruction

or return to the wholesaler. It recorded any action taken. And records included details of any affected products removed.

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 equipment available to help prevent the transmission of COVID-19. These included gloves, hand sanitiser and face masks. The pharmacy had a set of clean, well maintained measures available for medicines preparation. It had a suitable shredder available to destroy its confidential waste. It kept its computer terminals in the secure areas of the pharmacy, away from public view. And these were password protected. The pharmacy's fridge was in good working order. It restricted access to all equipment and it 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.