

Registered pharmacy inspection report

Pharmacy Name: Pharmacare Direct, 48 Gaisby Lane, SHIPLEY,
West Yorkshire, BD18 1AX

Pharmacy reference: 1091881

Type of pharmacy: Community

Date of inspection: 21/03/2024

Pharmacy context

The pharmacy is in a residential area close to 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.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.1	Standard not met	The pharmacy doesn't adequately manage all the risks associated with its services. Pharmacy team members don't have access to up-to-date SOPs that reflect the pharmacy's current practice. And they do not follow the SOPs that are available.
		1.2	Standard not met	Pharmacy team members do not have robust arrangements to learn from mistakes. They do not record or analyse their mistakes. And they do not routinely make changes to their practices to help make the pharmacy's services safer.
		1.6	Standard not met	The pharmacy does not accurately maintain all of its records. CD registers are not maintained in accordance with current legislation. And running balances are not effectively audited.
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 not all met	4.3	Standard not met	The pharmacy doesn't store and manage all its medicines appropriately. It does not have effective processes for checking expiry dates or properly monitoring medicines stored in the fridge. And it does not keep all its medicines in the original packs. This increases the risk of supplying medicines to people that are not fit to use.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy doesn't adequately identify and manage all the risks associated with its services. It has written procedures to help pharmacy team members manage these risks. But these are out-of-date and pharmacy team members don't always follow them. Team members sometimes discuss the errors they make in the dispensing process, but they do not record or fully analyse their mistakes or make changes in response. So, they may miss opportunities to learn and make improvements. The pharmacy keeps the required records. But not all its records are accurately maintained or kept in accordance with the law. Pharmacy team members suitably manage people's confidentiality.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) in place to help pharmacy team members manage the risks to its services. But the superintendent pharmacist (SI) had not reviewed the SOPs since 2015. So, some of the SOPs contained out-of-date information. The dispenser had signed to confirm they had read and understood the SOPs in 2013. And there was no record they had read the SOPs since. This meant they may not be clear about the agreed safest way to carry out their role.

The pharmacy had systems to highlight and record mistakes identified before people received their medicines, known as near misses. The most recent near-miss record was from January 2018. The SI recalled errors that had been made since that date, but these had not been recorded. They explained how they discussed mistakes and how they sometimes made changes to help prevent them happening again. One example had been separating the look-alike and sound-alike medicines amlodipine and amitriptyline on the shelves to help prevent the incorrect medicine being selected. But they had not made any recent changes after making mistakes. Old records contained little information about why mistakes had happened, or the changes team members had made to prevent them happening again. And the pharmacy team had not analysed the data collected for patterns. The pharmacy had two records of dispensing errors it had made in 2010 and 2015, which were errors identified after the person had received their medicines. The SI admitted that errors had been made and not been recorded, including one recent error that had been reported to GPhC. And they could not provide any examples of any learning that had occurred or changes that had been made to make things safer in response to these errors. This meant team members might miss out on opportunities to learn and make improvements to the pharmacy's services.

The pharmacy had a documented procedure to help team members deal with complaints handling and reporting. It collected feedback from people verbally. But there was no information available for people in the retail area about how to provide feedback.

The pharmacy had current professional indemnity insurance. It kept controlled drug (CD) registers as required by law. But some registers were kept on loose pieces of paper. This increased the risk of CD records being lost and did not comply with current law. It kept running balances in most registers. But team members did not frequently audit the running balances. The pharmacy did not maintain a running balance in some other registers, so any stock irregularities may be overlooked. The pharmacy kept a register of CDs returned by people for destruction. But team members did not keep the register up to date. The pharmacy maintained a responsible pharmacist record. And the pharmacist was displaying their responsible pharmacist notice to people in the retail area. The pharmacy kept private prescription

and emergency supply records, which were complete and in order.

The SI gave some brief examples of signs that would raise their concerns about vulnerable children and adults. They explained how they would refer to local safeguarding teams. And they would use the internet to find out their contact information. The pharmacy had SOPs for dealing with concerns about children and vulnerable adults. But the SOP for safeguarding children was dated 2007. And the procedure for vulnerable adults was dated 2013. Neither had been reviewed since. And both contained out-of-date information, for example by referring to organisations that no longer exist, such as the local Primary Care Trust (PCT). The pharmacy had not provided any formal training for team members about how to handle a safeguarding concern, other than the SOPs. And the pharmacist had last completed training in 2017. The pharmacy kept sensitive information and materials in restricted areas. It shredded confidential waste. The SI explained how they protected people's privacy and confidentiality. The pharmacy had a documented SOP about confidentiality and data protection available in the pharmacy.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members receive the right training for their roles and the services they provide. They complete some ad hoc ongoing 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 the superintendent pharmacist (SI) and a qualified dispenser. The team managed the workload adequately during the inspection. Pharmacy team members completed training ad hoc by reading various materials and discussing topics with the SI. They could not give any examples of any training they had completed recently. The pharmacy did not have an appraisal or performance review process for team members. Team members explained they would raise any learning needs informally with the SI, who would teach them or signpost them to appropriate resources.

Pharmacy team members felt comfortable raising professional concerns with the pharmacy's SI and owner. The pharmacy did not have a whistleblowing policy. Pharmacy team members had some knowledge of organisations outside the pharmacy where they could raise professional concerns, such as the NHS or GPhC. They communicated openly during the inspection. The pharmacy owner 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 provides a suitable space for the services provided. And team members adequately use the space to manage people's privacy.

Inspector's evidence

The pharmacy was generally clean and sufficiently maintained. But the floor needed mopping and vacuuming. And some shelves used to store medicines were dusty. 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 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. It kept equipment and stock on shelves throughout the premises. The pharmacy had a private consultation room. But team members used the room for storage. So, they were unable to use the room to have private conversations with people. The SI explained they were usually able to have private conversations with people at the pharmacy's retail counter as there was rarely more than one person in the pharmacy at a time.

The pharmacy had a clean sink in the dispensary used for medicines preparation. It had a toilet, with a sink which provided hot and cold running water and other facilities for hand washing. The pharmacy maintained its heating and lighting to acceptable levels. The pharmacy's overall appearance was professional.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy suitably manages its dispensing services. But it does not always store and manage its medicines appropriately. The pharmacy does not have a robust process for checking the expiry date of medicines. It does not always keep its medicines in the original packs. And it does not effectively monitor medicines stored in the fridge. So, it may not be able to adequately ensure the safety of its medicines. The pharmacy sources its medicines from reputable suppliers. And pharmacy team members adequately provide people with advice and information about taking higher-risk medicines.

Inspector's evidence

The pharmacy had a documented procedure for checking stock for short-dated and expired medicines. But it was not being followed by team members. The SI explained they completed date checking ad hoc whenever they had time, approximately every three months. But they did not maintain records of these checks. And they could not confirm which areas they had checked and which they had not. They explained how they highlighted medicines that were due to expire by attaching a coloured sticker to the pack. After a search of the shelves, the inspector found six expired medicines with various expiry dates between August 2023 and March 2024. None of the packs found had stickers attached.

Several loose strips of medicine were found on the shelves in the dispensary that had been removed from the manufacturers original packaging. Some of these strips had been cut, which had removed the batch number and the expiry date of the medicines. And some did not fully display the name or strength of the medicine. So, team members could not properly identify the medicines. And there was a risk of these medicines being supplied to people after they had expired or after they had been recalled by the manufacturer. The pharmacy did not have a robust process in place to make sure the fridge was maintaining the appropriate storage conditions for medicines. Pharmacy team members did not regularly monitor or record fridge temperatures in the medicines fridge. This meant the team may not be quickly alerted to medicines being stored outside of the permitted temperature range. During the inspection, the thermometer showed a temperature within the permitted range. But the thermometer showed a minimum and maximum temperature outside of two and eight degrees Celsius.

The pharmacy delivered medicines to people. Some prescriptions for several items were packaged in a sealed bag with an address label attached, ready for the driver to deliver. But deliveries for one item were not provided in a sealed bag. These items had a dispensing label and an address label attached to the medicines pack. This increased the risk of medicines being lost or provided to the wrong person. The pharmacy did not keep records of the deliveries it made. This meant it may be difficult to deal with queries. The delivery driver left a card through the letterbox if someone was not at home when they attempted a delivery. The card asked people to contact the pharmacy.

The pharmacy had level access from the street. Pharmacy team members could use the electronic patient medication record (PMR) system to produce large-print labels to help people with visual impairment. The pharmacy supplied medicines to people in multi-compartment compliance packs when requested, to help people take their medicines safely. Pharmacy team members ordered prescriptions for these packs several days in advance to give them time to deal with any queries or discrepancies. The pharmacy attached backing sheets to the packs, so people had written instructions of how to take their medicines. These included descriptions of what the medicines looked like, so they could not be

identified in the packs. The pharmacy regularly provided people with patient information leaflets about their medicines. Team members documented any changes to medicines provided in packs on the person's PMR. But the record they made did not provide any details about who had requested the changes and why, to help easily deal with future queries.

The pharmacist counselled people receiving prescriptions for valproate if they were at risk. And they checked if the person was aware of the risks if they became pregnant while taking the medicine. They advised they would also check if they were on a pregnancy prevention programme and taking regular effective contraception. The pharmacist did not record these conversations with people to help with future queries. And the pharmacy did not carry out any regular audits to help identify people at risk. Team members were aware of the need to provide valproate in the manufacturers original packaging.

Pharmacy team members signed the 'dispensed by' and 'checked by' boxes on dispensing labels during dispensing. This provided an audit trail of the people involved in the dispensing process. They used baskets during dispensing to separate peoples medicines and prescriptions, to help prevent them being mixed up. The pharmacy obtained medicines from licensed wholesalers. It stored medicines on shelves. And it kept medicines 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 organised. And out-of-date and patient-returned CDs were segregated.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy generally has the necessary equipment available for the services it provides. It manages and uses its equipment in ways that protect people's confidentiality.

Inspector's evidence

The pharmacy mostly 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 preparing liquid medicines. It had suitable equipment available to collect and destroy its confidential waste. It kept its password-protected computer terminals and bags of medicines waiting to be collected in the secure areas of the pharmacy, away from public view. But the pharmacy did not have a supply of legally compliant blank CD registers. This meant team members were making CD records on pieces of paper, which did not comply with legislation and increased the risks of records being lost.

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.