

Registered pharmacy inspection report

Pharmacy Name: Greenhead Pharmacy, Greenhead House, 2
Greenhead Road, HUDDERSFIELD, West Yorkshire, HD1 4EN

Pharmacy reference: 1092338

Type of pharmacy: Community

Date of inspection: 04/11/2021

Pharmacy context

The pharmacy is in Huddersfield town 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 busy substance misuse service. 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 mostly has 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 2020. And had scheduled the next review of the procedures for 2022 and 2023. Pharmacy team members were in the process of reading the new procedures and signing a declaration to confirm their understanding. This had not yet been completed by everyone. There were records to show they had understood the previous SOPs. And 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 a dedicated SOP. Pharmacy team members also had their responsibilities defined verbally through discussion each day.

The responsible pharmacist (RP) explained that the pharmacy had completed a risk assessment at the beginning of the Covid-19 pandemic to help them manage the risks of infection. But a copy of the documented assessment was not available during the inspection. Risk assessments for each individual team members were available. And these included information about each person's risks, which had been discussed with the SI. The RP explained they had not needed to make any adjustments specifically to accommodate the risks to an individual team member. The pharmacy had relaxed some of its previous infection control measures recently. For example, the pharmacy no longer asked pharmacy team members to wear a face covering while they worked. This was not in line with current Public Health England (PHE) guidance. Some pharmacy team members had opted to continue wearing a mask. The pharmacy had kept a plastic screen at the pharmacy counter to protect people from virus transmission. And some pharmacy team members were seen wearing face masks and standing behind the screen while talking to people.

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 sertraline and sildenafil, to help prevent the wrong medicines being selected. The superintendent pharmacist (SI) analysed the data collected every six months to look for patterns. Records of near miss errors were available up to May 2021. The SI had removed the more recent records for analysis. In some of the records that were available, 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. During the inspection, the RP could not find any previous records made of dispensing errors or error analysis. So, the quality of error reporting and

analysis could not be assessed. The RP gave his assurance that errors were recorded.

The pharmacy did not have a documented procedure in place for handling complaints or feedback from people. Pharmacy team members explained feedback was usually collected verbally. And any complaints were immediately referred to the pharmacist to handle. There was no information available for people about how to provide the pharmacy with feedback. 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. Methadone registers were kept electronically. Pharmacy team members audited these against the physical stock quantity every two to three months. The pharmacy 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 electronically. And this was also 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, which were complete and in order. The pharmacy kept records of unlicensed medicines supplied to people. And their records were complete. 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, but they could not remember when. 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 this included contact information for local safeguarding teams. Pharmacy team members completed training via e-learning in 2019 and 2020. The RP had also completed training in 2020.

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, four dispensers and a new member of staff who had worked at the pharmacy for two weeks. Pharmacy team members kept their skills and knowledge up to date by complete e-learning modules ad-hoc throughout the year. Some recent examples included training about sepsis and suicide awareness. Pharmacy team members explained they also discussed topics with the pharmacists and each other. The pharmacy did not have a formal appraisal or performance review process for pharmacy team members. A dispenser explained they would raise any learning needs verbally with any of the regular pharmacists. And they felt they would be supported by being signposted to relevant reference sources or by discussion to help address their learning needs.

A pharmacy team member explained they would raise professional concerns with any of the pharmacists who worked at the pharmacy regularly, two of which were also the pharmacy's owners. 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 more efficient way of managing medicines owed to people. And it had improved bench tidiness. The pharmacy did not have a whistleblowing policy. Pharmacy team members were aware of organisations outside the pharmacy where they could raise professional concerns, such as 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 well maintained. It provides a suitable space for the services provided. And it has suitable facilities so people can speak to pharmacy team members privately.

Inspector's evidence

The pharmacy was generally clean and well maintained. Most areas of the pharmacy were tidy and well organised. And the floors and passageways were free from clutter and obstruction. Some of the floors had evidence of debris and would benefit from more regular vacuuming and mopping. This included the area at the rear of the pharmacy used by pharmacy team members to supervise people taking their medicines. This was discussed with the responsible pharmacist (RP) who gave his assurance that the floors would be cleaned more regularly. The pharmacy had 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. The pharmacy had installed clear screens at the retail counter to help prevent the spread of coronavirus.

The pharmacy had a clean, well maintained sink in the dispensary which was used for medicines preparation. It had a toilet, which provided a sink with hot and cold running water and other facilities for hand washing. But at the time of the inspection, the pharmacy did not have any hot running water because they were in the process of installing a new boiler. The RP gave his assurance that the boiler works would be completed in the next seven days. The pharmacy provided team members with hand sanitiser in various locations to help them regularly maintain good hand hygiene. 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'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 its medicines appropriately. And it mostly stores and manages its medicines properly. But it doesn't always provide people with written information about their medicines to help them make informed choices.

Inspector's evidence

The pharmacy had ramped access from the street. 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, Punjabi, Bengali and Arabic as well as English. They explained they had also used Google Translate to help communicate with people, often who spoke eastern European languages, such as Polish.

The pharmacy provided a busy substance misuse service (SMS) to people. The pharmacist explained they had a good working relationship with local substance misuse teams. And this had been helpful during the coronavirus pandemic where rapid changes were required to prescriptions and people's medicines to help them maintain their treatment and reduce the risk of Covid-19 transmission. The pharmacy used an automated dispensing system to manage SMS prescriptions. Pharmacy team members explained clearly how they used the system to manage and dispense people's doses. And to accurately maintain the electronic controlled drugs register. With people's consent, pharmacy team members attached a photograph of the person to their electronic record. This helped them confirm someone's identity before providing them with their medicines.

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. But they did not routinely provide people with patient information leaflets about their medicines. A team member explained leaflets were provided when a medicine was new, but not routinely after that. Pharmacy team members documented any changes to medicines provided in packs on the person's master record sheet and on their electronic records.

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. Instead, the delivery driver recorded the time they delivered and other relevant information to confirm medicines had been delivered if required. 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. And they automatically tried to deliver a further two times before informing pharmacy team members of the situation. During the pandemic, the delivery driver was placing a package on a doorstep, knocking on the door, and moving back to a safe distance to watch someone accept the delivery and confirm their identity. 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 two fridges 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. Pharmacy team members highlighted and recorded any short-dated items up to three months before their expiry. And they removed expiring items during the next date check or if a team member noticed a highlighted pack in the meantime. This meant there was a risk of some medicines remaining on the shelves after they had expired. After a search of the shelves, the inspector did not find any out-of-date medicines. There were a small number of amber bottles on the shelves containing medicines that had been removed from their original packaging. The bottles were labelled with information about what the medicines were. But the labels did not include other required information, such as the quantity, batch number or expiry date of the medicines. So, there was a risk they would remain on the shelves if the medicines expired or were recalled by the manufacturer. This was discussed with the RP. And he gave his assurance that these bottles would be removed and destroyed immediately. 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 and shields. 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 fridges were 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.