

# Registered pharmacy inspection report

**Pharmacy Name:** Dewsbury Health Centre Pharmacy, Victoria Health Centre, Wellington Road, DEWSBURY, West Yorkshire, WF13 1HN

**Pharmacy reference:** 1092940

**Type of pharmacy:** Community

**Date of inspection:** 23/11/2022

## Pharmacy context

This is a community pharmacy located inside a health centre in the town of Dewsbury, West Yorkshire. The pharmacy sells over-the-counter medicines and dispenses NHS and private prescriptions. It delivers medicines for some people to their homes. The pharmacy dispenses medicines in multi-compartment compliance packs to some people living in their own homes and provides a substance misuse service.

## 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 has up-to-date processes in place to help the pharmacy team effectively and safely manage the risks with the services it provides to people. Team members keep the records they need to, and they keep people's private information safe. They have the knowledge to help protect vulnerable people who use the pharmacy. And they discuss the mistakes they make while dispensing to help them learn and prevent similar mistakes from happening again.

### Inspector's evidence

The pharmacy had a set of written standard operating procedures (SOPs). These provided information to help team members carry out various tasks, including dispensing and record keeping. Team members described their roles within the pharmacy and the processes they were involved in. Some, but not all team members had read and understood the SOPs relevant to their roles. Those who had, signed a document to confirm they had read and understood an SOP. The SOPs were reviewed every two years. This was to make sure they were up to date and accurately reflected the pharmacy's current practices. Team members were required to reread the SOPs if there were any changes following a review.

The pharmacy had a process to record and discuss mistakes made by team members during the dispensing process. These were known as near misses. Each near miss was brought to the dispenser's attention as soon as possible. If the team member was not present when the near miss was identified, they were informed of the error at the earliest opportunity. When the RP or accuracy checking technician (ACT) identified a near miss error they asked all team members to stop their work and they were all made aware that a mistake had happened, and they were told what the mistake was. This helped team members learn from each other's mistakes. Team members used a near miss log to record details of near miss errors. They recorded details such as the date of the near miss, the type and which team members were involved. Occasionally, the ACT or the RP analysed the near misses for any trends or patterns. Recently, they had noticed a few near misses where gabapentin and pregabalin had been mistaken for one another. They held a team meeting where they decided to move pregabalin into a separate area of the dispensary to prevent picking errors. The pharmacy had a process to record and report dispensing errors that were identified after the person had received their medicines.

The pharmacy had a concerns and complaints procedure, but the process was not clearly outlined for people to see. People could raise any complaints or concerns verbally with a team member. If they couldn't resolve it, they would escalate the matter to either the RP or the pharmacy's superintendent pharmacist (SI). The pharmacy was in the latter stages of a refurbishment, which had caused some disruption. Some people had reportedly been unhappy due to the additional time taken for their prescriptions to be dispensed. So, a notice placed at the entrance of the pharmacy to keep people informed. The pharmacy had up-to-date professional indemnity insurance. The RP notice displayed the name and registration number of the RP on duty. Entries in the RP record complied with legal requirements. The pharmacy kept complete records of private prescriptions. It kept controlled drug (CD) registers, that met requirements. The CD registers were audited against physical stock each week. During the inspection, the balance of three randomly selected CDs were checked against the physical stock and the balances were correct. The pharmacy kept up-to-date records of the destruction of out-of-date CDs and CDs that had been returned to the pharmacy by people.

The team held records containing personal identifiable information in areas of the pharmacy that generally only team members could access. Confidential waste was placed into separate bags to avoid a mix up with general waste. The waste was periodically destroyed via a third-party contractor. Team members had completed information governance training as part of their employment induction process. Most team members had also signed confidentiality agreements. The RP had completed level 2 training on safeguarding vulnerable adults and children via the Centre for Pharmacy Postgraduate Education. Other team members had not completed any formal training but were aware of their responsibilities and when they should escalate any concerns.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy adjusts its staffing during periods of change to help the team to continue to complete the work. Pharmacy team members have the qualifications and skills to provide the pharmacy's services. And the pharmacy supports them to make changes to improve the way the pharmacy operates. Team members feel comfortable in raising professional concerns and giving feedback to contribute to improving the pharmacy's services.

### Inspector's evidence

The pharmacy employed several team members. At the time of the inspection the RP was the pharmacy's resident pharmacist. The RP worked three days a week. Locum pharmacists covered the days the RP didn't work. During the inspection, the RP was supported by a part-time ACT, three part-time pharmacy dispensing assistants, two part-time trainee dispensing assistants and a locum dispensing assistant. Team members that were not present during the inspection included, two part-time dispensing assistants and four part-time delivery drivers. The team had experienced significant disruption to their workload during the pharmacy's refurbishment. Team members had worked more hours than they were contracted to do to help them manage the workload. The pharmacy had recruited locum dispensing assistants on some days to help the team catch up with a backlog in the dispensing process. Overall, team members were observed working well together and supported each other in managing the workload.

Team members were provided with a structured training programme. The programme was based online and was provided by a third-party. They could choose healthcare topics to learn about or use their time to learn new skills to help them perform better in their roles. Team members had recently completed training on how to help people stay healthy during winter. The team could raise concerns with either the RP or the SI. The RP explained that the team members spoke openly and honestly, and he encouraged them to provide feedback on ways the pharmacy could improve its services. Several team members explained they were comfortable raising concerns and giving feedback to the SI or the RP and they were confident that the concerns would be acted upon. For example, team members were involved in the design of the refit of the dispensary. But they had raised some concerns with the amount of dispensing bench space and the owners were exploring ways to rectify this. The pharmacy had a whistleblowing policy in place to help team members report concerns anonymously. There were no targets set for the team to achieve.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and properly maintained and the premises are suitable for the services provided. It has a suitable room which team members can use to speak to people privately.

### Inspector's evidence

The pharmacy was clean, well maintained, and overall professional in appearance. It had separate sinks available for hand washing and for the preparation of medicines. The team cleaned the pharmacy regularly to reduce the risk of spreading infection. Since the refurbishment, the pharmacy now had a larger dispensary and retail area. The pharmacy used drawers and shelves to store most of its medicines. Throughout the inspection, benches in the dispensary were full of baskets containing medicines awaiting a final check, which made the area appear somewhat cluttered. The pharmacy had a private consultation room to facilitate people to have private conversations with team members. The room was small but was appropriately soundproofed. It had been used sparingly since the refurbishment had started as it was being used to store various miscellaneous items. And so, there was limited space for people to sit down. These items had not yet been removed. Team members had access to a toilet, with a sink which provided hot and cold running water and other facilities for hand washing. Team members controlled public access to restricted areas of the pharmacy. Throughout the inspection, the temperature was comfortable. Lighting was bright throughout the premises.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy team manages and delivers the pharmacy's services well. And it makes its services easily accessible to people. The pharmacy sources its medicines from recognised suppliers, and it manages its medicines appropriately to make sure they are suitable to supply.

### Inspector's evidence

People had level access into the pharmacy. There was a car park directly outside of the pharmacy for people to use. The pharmacy advertised its services and opening hours in the retail area, which had seating. The team provided large-print labels on request to help people who had a visual impairment. Several team members were fluent in Urdu and Gujarati. And they spoke in these languages to help some people who didn't speak English as a first language. Team members had access to the internet which they used to signpost people requiring services that the pharmacy did not offer. They were aware of the Pregnancy Prevention Programme for people in the at-risk group who were prescribed valproate, and of the associated risks. They demonstrated the advice they would give in a hypothetical situation, including checking whether people were enrolled on a Pregnancy Prevention Programme if they fitted the inclusion criteria. And ensuring such people used appropriate contraception.

Team members attached various stickers to bags containing people's dispensed medicines to use as an alert before they handed out medicines to people. For example, to highlight interactions between medicines or the presence of a fridge line or a CD that needed handing out at the same time. Team members signed the dispensing labels to keep an audit trail of which team member had dispensed and completed a final check of the medicines. Team members used dispensing baskets to hold prescriptions and medicines together which reduced the risk of them being mixed up. The baskets were of different colours, for example, they used red baskets for more urgent prescriptions and green baskets to indicate people's medicines needed delivering to their homes. Team members provided owing slips to people on occasions when the pharmacy could not supply the full quantity prescribed. The pharmacy kept a record of the delivery of medicines to people. It provided a substance misuse service. The team dispensed instalments weekly and stored them tidily in a CD cabinet.

The pharmacy supplied medicines in multi-compartment compliance packs to several people living in their own homes. The team dispensed the packs at the rear of the dispensary to ensure minimum distraction. The team provided the packs either weekly or every four weeks and divided the workload evenly across a four-week cycle. Team members used master sheets which contained a list of the person's current medication and dose times. The pharmacist checked prescriptions against the master sheets for accuracy before the dispensing process started. The pharmacy didn't always provide patient information leaflets and so, people were not always provided with the complete information about their medicines.

Pharmacy (P) medicines were stored behind the pharmacy counter so the pharmacist could supervise sales. The pharmacy had a process to check the expiry dates of its medicines and it reportedly completed this every three months, highlighting any short-dated medicines expiring in the following three months. However, during the refurbishment the team had misplaced the records and so, they were not available to see. No out-of-date medicines were found after a random check of around 20 randomly selected medicines. The ACT and RP were seen checking the expiry dates of medicines as a

part of their final checking process. The date of opening had been recorded on medicines that had a short shelf life once they had been opened. As a part of the refurbishment, the pharmacy had replaced two domestic grade fridges with a medical grade fridge to store medicines that required cold storage. The team stored medicines tidily inside the fridge and they kept daily records of the fridge temperature ranges. A sample seen were within the correct ranges.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs for its services. And it uses its equipment appropriately to protect people's confidentiality.

### Inspector's evidence

Team members had access to up-to-date reference sources. The pharmacy used a range of CE quality marked measuring cylinders. Two were used only to dispense CDs. The pharmacy used an automated system to dispense substance misuse medicines. It was cleaned and calibrated by a team member each day. It suitably positioned computer screens to ensure unauthorised people couldn't see any confidential information. The computers were password protected to prevent any unauthorised access. Team members used cordless phones, so they could have conversations with people in a private area. They had access to personal protective equipment including face masks and gloves.

### 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.