

# Registered pharmacy inspection report

**Pharmacy Name:** Skye Pharmacy, Dovercourt Centre, Skye Edge Avenue, SHEFFIELD, South Yorkshire, S2 5FY

**Pharmacy reference:** 1093157

**Type of pharmacy:** Community

**Date of inspection:** 25/08/2020

## Pharmacy context

The pharmacy is in a large medical centre in a suburb of Sheffield. During the COVID-19 pandemic the pharmacy's main activities have been dispensing NHS prescriptions and delivering medication to people's homes. The pharmacy supplies some medicines in multi-compartment compliance packs to help people take their medicines.

## 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 generally identifies and manages the risks associated with its services. It completes all the records it needs to by law and it protects people's private information. People using the pharmacy services can raise concerns and provide feedback which the team responds well to. The pharmacy has up-to-date written procedures for the team to follow to help ensure the pharmacy's services are provided safely. Some team members have not read all these procedures which means there is a risk they may not be following them correctly. The pharmacy team members respond appropriately when errors happen. They discuss what happened and they take appropriate action to prevent future mistakes. Sometimes the team members don't record enough detail of why the error happened which means they may miss opportunities to learn.

### Inspector's evidence

The pharmacy was inspected during the COVID-19 pandemic. All team members had completed risk assessments to identify their personal risk of catching the virus and the steps needed to support social distancing and infection control. One of the results from these assessments was for team members to work in separate sections of the dispensary. The team members had access to Personal Protective Equipment (PPE) but they were not wearing masks when the inspector arrived at the pharmacy. The pharmacist wore a mask when speaking to the inspector. The team member preparing the compliance packs wore disposable gloves when dispensing the medication into the packs. The pharmacy had a dedicated COVID-19 folder containing several documents for the team to refer to including guidance from the National Pharmaceutical Association (NPA). The pharmacy had held a COVID-19 briefing on 05 August 2020 for the team to discuss the impact of the pandemic and planning for services such as the flu vaccination service. The pharmacy had COVID-19 information posters on the door and it displayed a separate poster reminding people to wear face coverings. The pharmacy was not restricting the number of people entering the pharmacy but had a clearly marked one-way system that most people followed. The retail area was large enough to support social distancing and the team had positioned the chairs for people to use at appropriate distances from each other. The team kept a bottle of hand sanitiser on the counter. A poster next to the bottle asked people to use the sanitiser and provided instructions on how to use the sanitiser. The pharmacy had a Perspex screen across part of the pharmacy counter to provide the team with additional protection. The other section of the pharmacy counter was blocked off so nobody could stand by it. The team had a good working relationship with the surgery team next door. This had helped the pharmacy team during the early weeks of the pandemic when people were concerned about getting their medicines on time.

The pharmacy had a range of standard operating procedures (SOPs) that were updated in October 2019. These provided the team with information to perform tasks supporting the delivery of services and described the roles and responsibilities of the team. Most team members had read the SOPs and signed the SOPs signature sheets to show they understood and would follow the SOPs. Two team members had not completed their reading of the SOPs which meant there was a risk these team members were not following up-to-date procedures. The team demonstrated a clear understanding of their roles and knew when to refer to the pharmacist.

On most occasions the pharmacist manager and the accuracy checking technician (ACT) when checking prescriptions and spotting an error asked the team member involved to find and correct the error. The

pharmacy kept records of these errors, known as near miss errors, which were usually completed by the team member involved. A sample of the near miss records looked at found team members usually recorded their learning from the error and actions they had taken to prevent the error happening again. However, many records had the same details recorded such as 'yes' in the section recording the action taken, or to 'double check' in the section capturing learning from the error. This meant there was little evidence of individual reflection. The pharmacy had a procedure to record errors that reached the person, known as dispensing incidents. There were no records of dispensing incidents available to evidence this. The pharmacist manager reported there been no dispensing incidents since the last inspection in March 2020. The pharmacist manager reviewed the records each month to identify patterns and discussed the results with the team. The pharmacy did not keep records of these reviews for the team to refer to at a later date and check if any changes made in response to common errors were still being followed. The ACT discussed with the team common errors involving incorrect quantities. The ACT reminded the team to clearly mark the packaging after removing some of the medication so everyone knew it was not the full quantity.

The pharmacy didn't have a SOP for handling complaints raised by people using the pharmacy and there was no information for people to know how to raise a concern. The pharmacy used surveys to find out what people thought about the pharmacy and published these on the NHS.uk website. The team responded to complaints raised by people who had received a part supply of their medicines when more than one prescription had been presented. The team identified that sometimes prescriptions for the same person were not kept together in the box holding completed prescriptions. This meant when the person presented for their medication the team member may not know there was more than one prescription. As a result, the team rearranged the prescriptions waiting to be collected into separate sections in alphabetical order using the first and second letter of the person's surname. This helped the team easily locate the prescriptions and when there was more than one prescription for a person the team could see all the prescriptions. The team had relocated the prescription retrieval area to shelves under the pharmacy counter and spread the bags of completed prescriptions into baskets to prevent a build-up. The team placed the bag labels containing the person's name and address facing upwards so the details were easily read.

The pharmacy had up-to-date indemnity insurance. A sample of controlled drugs (CD) registers looked at found they met legal requirements. The pharmacy recorded CDs returned by people. Samples of other records required by law met legal requirements. A sample of Responsible Pharmacist (RP) records looked at found they met legal requirements. Following the last inspection when incomplete RP records were found the pharmacist manager had introduced a paper record rather than relying on the computer version. The team members knew what activities could and could not take place in the absence of the RP. A sample of records of private prescription supplies met legal requirements. A note attached to the folder holding private prescriptions reminded the team of the details to be recorded. The pharmacy had a folder containing several documents related to the General Data Protection Regulations (GDPR). Some team members had signed the documents to show they had read the information. The pharmacy had a privacy notice but this was in the GDPR folder rather than on display in the retail area for people to read.

The pharmacy had safeguarding procedures and team members had access to contact numbers for local safeguarding teams. The pharmacist and ACT had completed up-to-date level 2 training from the Centre for Pharmacy Postgraduate Education (CPPE) on protecting children and vulnerable adults. Most of the team had completed Dementia Friends training. The pharmacy driver reported to the team concerns they had about the people they delivered to, such as signs of neglect.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has a team with the qualifications and skills to support its services. The pharmacy provides opportunities for team members to develop their careers and it supports team members during their training. Team members support each other in their day-to-day work and they demonstrate an open and honest culture. The team members share their learning from errors to help all team members to develop their knowledge and skills.

### Inspector's evidence

Since the last inspection the full-time pharmacist manager had reduced their hours after being asked to manage another pharmacy in the same company. The pharmacist split his time between the two pharmacies and used regular locum pharmacists to cover the remaining hours. The pharmacy team consisted of a part-time accuracy checking technician (ACT), three part-time qualified dispensers, a part-time trainee dispenser, a part-time medicines counter assistant (MCA), a part-time trainee MCA and a delivery driver. At the time of the inspection the pharmacist manager, the ACT, two qualified dispensers, the trainee dispenser and the MCA were on duty. The trainees were given protected time at work to complete their training.

The pharmacy provided extra training for the team through e-learning modules. Recent training included the importance of people wearing face coverings. The pharmacy was in the process of introducing performance reviews for the team which had been put on hold due to the pandemic. The pharmacist manager had recognised the importance of talking to team members about their personal development and training needs so arranged informal one-to-one sessions with the team. Following these sessions, the pharmacist manager arranged for one of the experienced dispensers who had expressed interest in training to be a pharmacy technician to be enrolled on to the course.

Team members could suggest changes to processes or new ideas of working. The team had obtained large plastic dividers to help separate stock in the drawers and prevent boxes moving between the separate sections. The team identified this would help reduce picking errors. The pharmacy did not set targets for services such as the New Medicines Service (NMS). The pharmacist offered the services when they would benefit people.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean, secure and suitable for the services provided. It has facilities to meet the needs of people requiring privacy when using the pharmacy services. People can have a conversation with a team member in a private area.

### Inspector's evidence

The pharmacy was clean, tidy and hygienic. The team regularly cleaned the pharmacy to reduce the risk of infection. The pharmacy had separate sinks for the preparation of medicines and hand washing. The pharmacy had notices next to the sinks describing effective hand washing techniques in line with guidelines published during the COVID-19 pandemic. The pharmacy had enough storage space for stock, assembled medicines and medical devices and the team kept floor spaces clear to reduce the risk of trip hazards.

The pharmacy had a soundproof consultation room the team could use for private conversations with people but it was not currently in use due to COVID-19. The premises were secure and the pharmacy restricted access to the dispensary during the opening hours. The pharmacy had a defined professional area and items for sale in this area were healthcare related.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides services which are easy to access and support people's health needs. The pharmacy manages its services well to help ensure people receive appropriate care. And it introduces new processes to support the team with the efficient delivery of services. The pharmacy gets its stock from reputable sources and it stores medicines properly. The team carries out checks to make sure medicines are in good condition and suitable to supply.

### Inspector's evidence

People accessed the pharmacy via an automatic door. The pharmacy kept a small range of healthcare information leaflets for people to read or take away. The team had access to the internet to direct people to other healthcare services. The team members provided people with clear advice on how to use their medicines and were aware of the risks from high-risk medication. The team used prompts such as 'speak to the pharmacist' stickers attached to bags holding completed prescriptions to remind them to speak to people about their medication or to ask the pharmacist to speak to the person. The team was aware of the criteria of the valproate Pregnancy Prevention Programme (PPP) and had completed checks to identify people who met the criteria. The checks had not found anyone who met the criteria.

The pharmacy provided multi-compartment compliance packs to help around 117 people take their medicines correctly. People received monthly or weekly supplies depending on their needs. To manage the workload the team worked a week in advance of supply. This allowed time to deal with issues such as missing prescriptions and dispensing the medication into the packs. Each person had a record listing their current medication and dose times. The team checked received prescriptions against the list and queried any changes with the GP team. The team used a section of the dispensary to dispense the medication into the packs. The team recorded the descriptions of the products within the packs to help people identify their medicines and it supplied the manufacturer's information leaflets. The team stored completed prescriptions on dedicated shelves with the person's name on the spine of the pack and the due date written on the pack. The pharmacy occasionally received copies of hospital discharge summaries. The team checked the discharge summary for changes or new items and shared the discharge summary with the person's GP.

The pharmacy provided separate areas for labelling, dispensing and checking of prescriptions. The pharmacy team used baskets when dispensing to isolate individual people's medicines and to help prevent them becoming mixed up. The pharmacy used clear bags to hold dispensed CDs to allow the team, and the person collecting the medication, to check the supply. The pharmacy used CD and fridge stickers on bags and prescriptions to remind the team when handing over medication to include these items. The pharmacy had a system to prompt the team to check that supplies of CD prescriptions were within the 28-day legal limit. The pharmacy had checked by and dispensed by boxes on dispensing labels which recorded who in the team had dispensed and checked the prescription. A sample looked at found that the team completed the boxes. The pharmacist initialled the prescription to indicate a clinical check had been completed.

The pharmacy recently introduced a text messaging service to inform people when their repeat

prescriptions or owings were ready. The team found this had reduced the number of telephone calls from people asking if their prescription was ready. The team also sent text messages informing people when the delivery of their medicines was due. This helped to ensure the person was at home to receive the medication or prompt them to contact the team to arrange another delivery time. The pharmacy kept a record of the delivery of medicines to people. Due to COVID-19 the delivery driver did not ask people to sign for receipt of their medication. The driver left the medication on the person's doorstep before moving away to watch them pick-up the medication. The driver wore a mask and used hand sanitiser to reduce the risk of infection.

The pharmacy obtained medication from several reputable sources. Since the last inspection the pharmacy had improved the checking of fridge temperatures. The team checked the fridge temperatures daily and recorded the readings on to the computer. The pharmacist manager had placed a notice on the fridge door to remind the team to take the readings. A sample of the fridge temperature records looked at found they were within the correct range. The team members checked the expiry dates on medicines and kept a record of this activity. The team attached coloured dots to medicines with short expiry dates to prompt them to check the medicine was still in date. No out-of-date stock was found. The team members recorded the date of opening on liquids. This meant they could identify products with a short shelf life once opened and check they were safe to supply. The pharmacy had medicinal waste bins to store out-of-date stock and patient returned medication. The pharmacy stored out-of-date and patient returned CDs separate from in-date stock in a CD cabinet that met legal requirements. The team used appropriate denaturing kits to destroy CDs.

The pharmacy had equipment installed to meet the requirements of the Falsified Medicines Directive (FMD) but the team was not using the equipment. The pharmacy received alerts about medicines and medical devices from the Medicines and Healthcare products Regulatory Agency (MHRA) via email. The team actioned the alert and kept a record.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide safe services and to protect people's private information.

### Inspector's evidence

The pharmacy had references sources and access to the internet to provide the team with up-to-date clinical information. The pharmacy used a range of CE equipment to accurately measure liquid medication including separate, marked measures for methadone. The pharmacy had a fridge to store medicines kept at these temperatures. The pharmacy had cordless telephones to help the team ensure telephone conversations were not overheard by people in the retail area.

The computers were password protected and access to people's records restricted by the NHS smart card system. The pharmacy positioned the dispensary computers in a way to prevent the disclosure of confidential information. The pharmacy stored completed prescriptions away from public view and it held other private information in the dispensary and rear areas, which had restricted access.

### What do the summary findings for each principle mean?

Finding	Meaning
<span style="color: green;">✓</span> <b>Excellent practice</b>	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.
<span style="color: green;">✓</span> <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✓</span> <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.