

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: 27/01/2023

Pharmacy context

This community pharmacy is adjacent to a medical centre in a residential area in the city of Sheffield. Its main services include dispensing NHS and private prescriptions and selling over-the-counter medicines. It provides some people with their medicines in multi-compartment compliance packs. And it delivers some 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 team members do not have access to a set of standard operating procedures (SOPs) to help them appropriately complete a process or service.
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 cannot demonstrate that it always stores its medicines requiring cold storage in appropriate conditions.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy team members do not have access to written procedures to help support them in managing the pharmacy's services safely. Team members keep people's confidential information safe. And they record details of mistakes made during the dispensing process and they discuss ways to improve patient safety. Team members know how to protect the welfare of vulnerable people. The pharmacy keeps most of the records it needs to by law. But it does not always maintain its responsible pharmacist record correctly. So, this could make it harder for the pharmacy to identify who had been the responsible pharmacist at a particular time if there was a query.

Inspector's evidence

The pharmacy had a set of written standard operating procedures (SOPs). The SOPs provided the team with information to help them complete various tasks. Team members read the SOPs in the first few weeks of their employment. Two team members who had recently joined the pharmacy team confirmed they had read and understood all the SOPs that were relevant to their role. But the SOPs were not on the premises, and it was unclear why this was. This meant team members were unable to refer to them to help them manage services safely.

The pharmacy had a process to record any mistakes made during the dispensing process which were identified before the medicine was supplied to a person. These mistakes were known as near misses. There was a paper log for team members to use for recording near misses. The log had several sections to complete including the date and time the near miss happened, and if team members felt there were any contributory factors. They had recently discussed the importance of recording each near miss made so the log could be analysed for any trends or patterns. Team members had made some near misses where they had dispensed tablets in place of capsules. They noticed these mistakes were more common when dispensing co-codamol and they discussed how to reduce the risk of this type of near miss from happening again. Team members decided to store co-codamol capsules and tablets in different drawers. They explained the measure had significantly reduced the number of near misses. The pharmacy had a process to report any dispensing mistakes that were identified after the person had received their medicine. The team used an electronic reporting tool to report such incidents. The reports were forwarded on to the pharmacy's SI and the pharmacy's area manager. The pharmacy had a concerns and complaints procedure. Any complaints or concerns were verbally raised with a team member. If the team member could not resolve the complaint, it was escalated to the SI.

The pharmacy had up-to-date professional indemnity insurance. It displayed the right responsible pharmacist (RP) notice. Since the RP had started employment at the pharmacy, the RP record had been completed correctly. However, the record had not always been completed accurately between January 2022 and November 2022. Several entries were incomplete. The pharmacy kept electronic records of supplies against private prescriptions. Some records displayed the incorrect date of prescription issue. The pharmacy retained complete controlled drug (CD) registers. And the team kept them in line with legal requirements. The team completed balance checks of the CDs approximately each week. The inspector checked the balance of three randomly selected CDs which were found to be correct. The pharmacy kept records of CDs returned to the pharmacy for destruction.

The team held records containing personal identifiable information in areas of the pharmacy that only

team members could access. The team placed confidential waste into a separate bin to avoid a mix up with general waste. The waste was periodically destroyed via a third-party contractor. Team members understood the importance of securing people's private information. The pharmacy had a formal written procedure to help the team raise concerns about safeguarding of vulnerable adults and children. And team members had completed some basic training on the subject. Team members described hypothetical safeguarding situations that they would feel the need to report. They had access to the contact details of the local safeguarding teams.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a sufficient number of team members to manage its services. And they have the right qualifications and skills to provide the pharmacy's services. Team members can give feedback on ways the pharmacy can improve. And they complete ongoing training to keep their knowledge and skills up to date.

Inspector's evidence

Present during the inspection were the RP who was also the pharmacy's manager, a full-time trainee pharmacist, a full-time trainee accuracy checking technician, two full-time trainee pharmacy assistants and a full-time qualified pharmacy assistant. A part-time qualified pharmacy assistant was not present during the inspection. Team members worked additional hours to cover each other's planned or unplanned absences. Locum pharmacists provided pharmacist cover. The team was observed working well together during the inspection. They were seen involving the RP when talking to people about their health and when considering a suitable over-the-counter medicine to help people manage specific health conditions. Team members were managing the pharmacy's dispensing workload well and they were a few days ahead of the workload. This helped them work without time pressures. Team members explained this also helped them minimise the number of near misses they made.

The pharmacy provided each team member with access to a third-party training programme to help support them update their knowledge and skills. The programme consisted of a range of online healthcare related modules for team members to work through. Most modules had a short assessment for team members to complete to assess their understanding. Team members who were enrolled on a training course were given additional time to work through their respective courses. Each team member was given around one to two hours of protected time each month to complete their training so they could do so without interruption. Most recently, the team had completed training on weight management, safeguarding vulnerable adults and children and spotting signs of cancer.

Team members attended informal team meetings where they could discuss any professional concerns and give feedback on ways the pharmacy could improve. Recently the team had made changes to the way the pharmacy stored bags containing people's dispensed medicines that were ready for people to collect. These medicines were now stored in numbered boxes which helped team members reduce the time it took for them to hand out people's medicines. The team was set some targets to achieve. The team did their best to achieve the targets but focused on aiming to provide an efficient service for the local community.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises clean and secure. And they are suitable for the services the pharmacy provides for people. The pharmacy has a suitable consultation room where people can have private conversations with team members.

Inspector's evidence

The pharmacy was clean, well maintained and highly professional in appearance. Throughout the inspection, the team kept benches in the dispensary well organised with baskets containing prescriptions and medicines awaiting a final check by the RP. The dispensary was spacious, and the floor space was kept clear from obstruction. There were clearly defined areas used for the dispensing process and there was a separate bench used by the RP to complete the final checking process. The pharmacy had ample space to store its medicines. There was an office room used to store confidential files and other paperwork. There was a private, soundproofed consultation room available for people to have private conversations with team members.

The pharmacy had separate sinks available for hand washing and for the preparation of medicines. There was a toilet, with a sink which provided hot and cold running water and other facilities for hand washing. Team members controlled unauthorised access to restricted areas of the pharmacy. Throughout the inspection, the temperature was comfortable. Lighting was bright throughout the premises.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy cannot demonstrate that it always stores its medicines requiring cold storage in appropriate conditions. However, pharmacy's services are easily accessible to people. And it generally manages its services well to help people manage their health effectively. The pharmacy sources its medicines appropriately and the pharmacy team completes regular checks of the expiry dates of the medicines to make sure to make sure they are fit for purpose.

Inspector's evidence

People had level access into the pharmacy through the automatic main entrance door from street level. This made it easy for people using wheelchairs or pushchairs to enter the pharmacy. There was a car park that for people to use. The pharmacy advertised its services in the main window. The pharmacy had a facility to provide large print labels to people with a visual impairment. The team helped some people who didn't speak English via translation applications. There were some healthcare related information leaflets for people to take away with them. Team members were aware of the importance of not covering braille on medicine packaging with dispensing labels.

Team members were aware of the Pregnancy Prevention Programme (PPP) 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 people were enrolled on a PPP if they fitted the inclusion criteria. The team had completed a valproate safety audit to make sure team members were following the requirements of the programme. Team members occasionally informed the RP when people were collecting high-risk medicines. For example, anticoagulants. They made notes on people's electronic medical record when they felt it necessary to do so. For example, their international normalised ratio (INR) test results.

Team members used various stickers to attach to bags containing people's dispensed medicines. They used these as an alert before they handed out medicines to people. For example, to highlight if the RP wished to invite the person to have a free blood pressure check, 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. They used dispensing baskets to hold prescriptions and medicines together which reduced the risk of them being mixed up. The pharmacy had owing slips to give to people when the pharmacy could not supply the full quantity prescribed. The pharmacy offered a delivery service and kept records of completed deliveries. And it kept an audit trail of the service.

The pharmacy dispensed medicines for some people into multi-compartment compliance packs. These packs were designed to help people to remember to take their medicines at the correct times of the day. The medicines were dispensed into small, sealed pods relating to the day and time of the day they should be taken by the person. For example, Tuesday, morning. The dispensing workload for the packs was spread evenly over a four-week period to help the team efficiently manage the workload. The team ordered prescriptions for people supplied with the packs a week in advance of them being due for

collection or delivery. This gave the team plenty of time to manage any queries, such as medicines that were missed off prescriptions. Team members used master sheets to cross-reference prescriptions to ensure they were accurate. The packs were supplied with patient information leaflets, and they were annotated with descriptions of the medicines inside. For example, green, round, tablet. The team had recently made changes to the way they recorded any messages received from local GP practices or hospitals about people's treatment. They kept a paper copy of the message and a team member signed and dated the document to confirm they had taken the appropriate action. Team members had also made recent changes to the way they worked if they received notification that a person who received a pack had been admitted to hospital. They ensured any packs waiting to be collected or delivered were discarded. And a new set of prescriptions were requested when the person was discharged. This reduced the risk of the pharmacy supplying people with packs that contained medicines that may no longer be part of the person's treatment plan.

The pharmacy stored some pharmacy-only (P) medicines directly behind the pharmacy counter and some on shelves to the side of the counter. The P medicines stored to the side of the counter could be self-selected by people. The team explained they always intervened if they observed a person wanting to select these medicines. The pharmacy had a small number of discounted medicines stored in a basket on the counter. These contained some P medicines. Team members agreed that there was a risk that people could self-select these medicines and they would not be subjected to the appropriate pre-sale questions to ensure safe supply. To mitigate this risk the medicines were removed from the basket.

The pharmacy had a process for the team to check the expiry date of the pharmacy's medicines. The team was up to date with the process and no out-of-date medicines were found by the inspector following a check of approximately 30 randomly selected medicines. The pharmacy's medicines were tidily stored in the dispensary. The pharmacy had one fridge to store medicines that needed cold storage. The fridge had been installed in October 2022. The team had reported a fault with the thermometer and so it had not recorded any temperature ranges to ensure it was operating correctly. The team explained the fault had been reported to the pharmacy's head office but had not been resolved. Following the inspection, the inspector discussed the issue with the pharmacy's area manager. The area manager provided assurances they would look to prioritise resolving the issue. The team marked liquid medicines with details of their opening dates to ensure they remained safe and fit to supply. The pharmacy had medicine waste bags and bins, sharps bins and CD denaturing kits available to support the safe disposal of medicine waste. It received medicine alerts electronically through email and the company intranet. The team actioned the alert and kept a record of the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriately maintained equipment that it needs to provide its services. And it uses its equipment appropriately to help protect people's confidentiality.

Inspector's evidence

Team members had access to up-to-date reference sources. The pharmacy used a range of CE marked measuring cylinders. There were separate, marked cylinders used only to dispense substance misuse medicines. The pharmacy used an electronic blood pressure monitor which was due to be replaced every two years.

The pharmacy stored dispensed medicines in a way that prevented members of the public seeing people's confidential information. It suitably positioned computer screens to ensure people couldn't see any confidential information. The computers were password protected to prevent any unauthorised access. The pharmacy had cordless phones, so that team members could have conversations with people in private. Team members 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.