

# 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:** 11/09/2023

## Pharmacy context

This community pharmacy is adjacent to a medical centre 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 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

Pharmacy team members have access to written procedures to help support them in managing the pharmacy's services safely. And they generally keep people's confidential information safe. They record details of mistakes they make during the dispensing process and they discuss ways to learn and improve patient safety. Team members know how to protect the welfare of vulnerable people. And they keep most of the records they need to by law.

### Inspector's evidence

The pharmacy had a set of written standard operating procedures (SOPs) available to its team members. The SOPs provided the team members with information to help them complete various tasks. They read the SOPs that were relevant to their roles within the first few weeks of commencing employment at the pharmacy. Once they had read and understood a particular SOP, they signed and dated a document to confirm the process had been completed. The SOPs had been created by the pharmacy's superintendent pharmacist (SI) in February 2023 and were due for review every two years. The reviews were to ensure the SOPs accurately reflected the pharmacy's practices.

The pharmacy had a process to record any mistakes made during the dispensing process which were identified before a 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. Team members didn't always complete each section and so this may have prevented them from identifying any trends or patterns within the log. Team members described how they occasionally separated some medicines using dividers or different shelves. This was done when the team had identified medicines being at higher risk of being selected in error. For example, different strengths of lansoprazole had been separated due to them being supplied in similar looking packaging. The team used an electronic reporting tool to report dispensing incidents that were identified after a person had received their medicine. The reports were forwarded on to the pharmacy's SI and the pharmacy's area manager for them to review. 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 pharmacy's responsible pharmacist (RP).

The pharmacy had current professional indemnity insurance. At the start of the inspection the pharmacy was displaying two RP notices. This was rectified when brought to the attention of the RP on duty. A sample of the RP record was seen to be completed correctly. The pharmacy kept records of supplies against private prescriptions. Some of these records didn't make clear when the prescription was dispensed or the date the prescription was written. The pharmacy retained complete controlled drug (CD) registers. And of the sample checked, 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 a randomly selected CD which was 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. The RP had completed training on the subject via the Centre for Pharmacy Postgraduate Education (CPPE) up to level 2 and two dispensers had completed training up to level 1. Team members described hypothetical safeguarding situations that they would feel the need to report. The contact details of the local safeguarding teams were displayed on a wall in the dispensary.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy's team members have the appropriate knowledge and skills to provide the pharmacy's services safely. They complete ongoing training to help them keep their knowledge and skills up to date. And they provide feedback to help improve the pharmacy's services.

### Inspector's evidence

Present during the inspection were the RP who was also the pharmacy's manager, a full-time trainee accuracy checking technician (ACT), a full-time qualified pharmacy assistant, a full-time trainee pharmacist and two locum qualified pharmacy assistants. Some team members had recently left the business and so the pharmacy had booked locum pharmacy assistants to support the team while permanent team members were sought. One of the locum pharmacy assistants had been supporting the team for three days a week for around four months. The RP felt he received good support from the pharmacy's owners to ensure the pharmacy was staffed appropriately to safely manage its workload. 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.

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 had not completed any new modules since the previous inspection in early 2023. Team members who were enrolled on a training course were given additional time to work through their respective courses.

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 discussed how they could improve the process of dispensing medicines in multi-compartment compliance packs. They achieved this by creating a separate area to store packs for people who had been admitted into hospital. By separating these packs, the team reduced the risk of them being handed out to people in error following their discharge. The team was set some targets to achieve. The team did their best to achieve the targets and focused on aiming to provide an efficient service for the local community.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are kept clean and secure from unauthorised access. The pharmacy has the facilities for people to have private conversations with team members.

### Inspector's evidence

The pharmacy was clean and well maintained. 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 stored in an orderly manner. 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 met

### Summary findings

The pharmacy provides a range of services to help support people's health needs. And team members manage the delivery of these services well. The pharmacy sources and stores 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 for people to use. The pharmacy advertised its services in the main window. There were displays in the retail area promoting the upcoming 'flu vaccination service. 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 Pregnancy Prevention Programme (PPP) for people in the at-risk group who were prescribed valproate, and of the associated risks. The team had completed a valproate safety audit to make sure team members were following the requirements of the programme.

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 supplied people with medicines in multi-compartment compliance packs. The dispensing of the packs was completed at the pharmacy's offsite hub pharmacy using a dispensing robot. This process had started a month ago and was designed to help reduce the dispensing workload of the team. Once prescriptions were received by the pharmacy, the RP completed a clinical check. But there were no records kept confirming when and who had completed the clinical check. And so, there was no audit trail of who had completed the clinical check in case of queries. This was discussed with the RP who agreed to annotate prescriptions with a signature to confirm the completion of a clinical check. Once the clinical check was complete, team members inputted the data from the prescriptions onto the pharmacy's computer system and the data was sent to the hub pharmacy for dispensing. Team members completed a final accuracy check of the packs before they were supplied to people. This was in response to the team noticing some dispensing errors within the packs. The packs were supplied with patient information leaflets, and they were annotated with descriptions of the medicines inside.

The pharmacy stored some pharmacy-only (P) medicines directly behind the pharmacy counter and some on shelves to the side of the counter. There was a barrier to prevent people accessing these medicines unsupervised. The pharmacy checked 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 20 randomly selected medicines. The pharmacy's prescription medicines were tidily stored in the dispensary. The pharmacy had one fridge to store medicines that needed cold storage. The team recorded the fridge's temperature ranges each day to make sure it was operating properly. The pharmacy received drug alerts via email. The team retained a copy of each alert and the action it had 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 team stored some bags containing dispensed medicines near to the retail area. The corresponding prescription was affixed to the outside of the bag. So, there was a risk that peoples' private information could be seen from the retail area by members of the public. These bags were removed when brought to the attention of the RP. 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.