

Registered pharmacy inspection report

Pharmacy Name: Oakenshaw Pharmacy, 673 Bradford Road,
Oakenshaw, BRADFORD, West Yorkshire, BD12 7DT

Pharmacy reference: 1094421

Type of pharmacy: Community

Date of inspection: 07/12/2022

Pharmacy context

The pharmacy is on a main road in Oakenshaw. 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 seasonal flu vaccinations for people.

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 suitably identifies and manages risks to its services. And it has the written procedures it needs relevant to its services. Pharmacy team members understand their role to help protect vulnerable people. And they adequately protect people's confidential information. Team members record and discuss the mistakes they make to learn from them. And they use this information to reflect and make changes to help make the pharmacy safer.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place to help pharmacy team members manage the risks associated with its services. The pharmacist manager had reviewed the SOPs in 2022. And had set a date for the next review in 2024. Pharmacy team members had signed to confirm they had read and understood the procedures since the latest review. The pharmacy had a dedicated SOP and matrix to help define the roles and responsibilities of each team member according to their level of qualification. The matrix also included a list of key tasks that could be completed by each named pharmacy team member. The pharmacy had started providing NHS flu vaccinations to people in October 2022. It had a comprehensive documented risk assessment in place to help identify and manage the risks with the service. The pharmacist had updated the SOP for the service, so it included current guidance. And they had signed the current PGD to confirm the legal framework they were using to deliver vaccinations. The pharmacist had updated their training to deliver vaccinations in October 2022, and they had completed physical vaccination administration training in September 2021.

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 used an electronic system to record their near miss errors. Team members explained they discussed their errors and why they might have happened. And they captured some of this information in their records to help inform the analysis process. Team members made changes following errors. One example was separating look-alike and sound-alike (LASA) medicines, such as amlodipine and amitriptyline, to help prevent the wrong medicines being selected. They had also attached stickers to the shelves where these medicines were kept helping highlight the risks. The pharmacy recorded dispensing errors, which were errors identified after the person had received their medicines. The records available showed comprehensive details about the causes of errors and the actions taken by team members to help prevent them happening again. One recent action taken by the pharmacist was to finish checking a prescription before breaking off to help someone at the pharmacy counter. This would help to prevent errors caused by distractions. The pharmacist analysed the information collected about all errors each month. They recorded their analysis and used the information to inform discussions with the team about the patterns identified, and how they could make changes to make the pharmacy safer.

The pharmacy had a documented procedure in place for handling complaints and feedback from people. Pharmacy team members explained feedback was usually collected verbally. And any complaints were referred to the pharmacist to handle. There was no information available for people about how to provide the pharmacy with feedback. And there were no examples of any changes team members had made in response to feedback. The pharmacy had up-to-date professional indemnity insurance in place.

The pharmacy kept controlled drug (CD) registers, which it completed accurately, and kept running balances in all registers. Pharmacy team members audited these registers against the physical stock quantity every month. The pharmacy kept and maintained a register of CDs returned by people for destruction. And it was accurately completed and up to date. The pharmacy maintained a responsible pharmacist record. And this was also up to date and completed accurately. The pharmacist displayed their responsible pharmacist notice to people. Pharmacy team members monitored and recorded fridge temperatures daily. They kept accurate private prescription and emergency supply records.

The pharmacy kept sensitive information and materials in restricted areas. Pharmacy team members segregated confidential waste into dedicated baskets. And they regularly emptied these and shredded the waste. Pharmacy team members explained how they protected people's privacy and confidentiality. And a file of information governance materials was available to help them achieve this. They had read the pharmacy's SOP about confidentiality and data protection. A pharmacy team member gave some examples of signs that would raise their concerns about vulnerable children and adults. And how they would refer to the pharmacist. The pharmacy had procedures for dealing with safeguarding concerns. Pharmacy team members had completed safeguarding training in 2020. And the pharmacist had completed their training in 2022.

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 complete appropriate training to keep their knowledge up to date. They effectively discuss and implement changes to improve their services and make the pharmacy safer. And they feel comfortable raising concerns with the right people if necessary.

Inspector's evidence

During the inspection, the team members present were pharmacist manager, one qualified dispenser, who was also the delivery driver, and a trainee dispenser. And they managed the workload well. Pharmacy team members completed ad hoc ongoing learning by reading various trade press materials and information provided by the pharmacist. They also completed some online training courses for topics such as safeguarding. Team members explained they regularly discussed learning topics informally with each other while they worked. And the pharmacist provided guidance and signposting to relevant resources where necessary. The pharmacy had an appraisal process in place for pharmacy team members. But team members explained they had not completed a formal appraisal with the manager for some time due to ongoing work pressures and staff shortages. The manager explained that some of the work pressures had eased recently and performing appraisals with team members was one of their priorities over the next few months.

A team member explained how they would raise professional concerns with the pharmacy manager or their superintendent pharmacist (SI). They felt comfortable raising concerns. And making suggestions to help improve the pharmacy's ways of working. They were confident that their concerns and suggestions would be considered, and changes would be made where they were needed. Team members had made several changes to the pharmacy since its last inspection. They had changed the way they used the space in the pharmacy to help improve their workflow. And they had reorganised key documents to make them easier to find and more accessible when they needed to refer to information. The pharmacy had a whistleblowing policy. Pharmacy team members knew how to access the procedure. And team members communicated well during the inspection.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and properly maintained. It provides a suitable space for the services it provides. The pharmacy has a suitable room where pharmacy team members can provide services and speak to people privately.

Inspector's evidence

The pharmacy was clean and well maintained. And the benches where medicines were prepared were generally tidy and well organised. The pharmacy's floors and passageways were free from clutter and obstruction. The pharmacy kept equipment and stock on shelves throughout the premises. It had a private consultation room available, which was clearly signposted. Pharmacy team members used the room to provide services and have private conversations with people.

There was a clean, well-maintained sink in the dispensary used for medicines preparation. There was a toilet, with a sink which provided hot and cold running water and other facilities for hand washing. The pharmacy maintained heat and light to acceptable levels. Its overall appearance was professional and suitable for the services it provided.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are generally accessible to people. The pharmacy has systems in place to help provide its services safely and effectively. And it provides people with the necessary advice and information to help them manage their medicines correctly. The pharmacy sources its medicines appropriately. And it stores and manages them properly.

Inspector's evidence

People had access to the pharmacy from the street via steps. They knocked on the door to attract attention if they needed help. Pharmacy team members could use the electronic patient medication records (PMR) system to produce large-print labels to help people with visual impairment. They explained how they would use written communication to help people with hearing impairment.

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. Pharmacy team members used various alert stickers to highlight different aspects of a prescription. These included highlighting medicines to people that had been dispensed from different batches or different manufacturers. Or to remind people to book an appointment with their GP for a medication review before their next prescription was due. The pharmacist counselled people receiving prescriptions for valproate if appropriate. And they checked if the person was aware of the risks if they became pregnant while taking the medicine. They advised they would also check if they were on a pregnancy prevention programme and taking regular effective contraception. The pharmacy had stock of some information materials to give to people to help them manage the risks of taking valproate.

The pharmacy supplied medicines for 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. Team members included descriptions on the packs of what the medicines looked like, so they could be identified in the pack. And they provided people with patient information leaflets about their medicines regularly. Pharmacy team members documented any changes to medicines provided in packs on the person's master record sheet, which was a record of all their medicines and the times of administration. They also recorded this on their electronic patient medication record (PMR). The pharmacy also supplied medicines in packs to a local care home. The pharmacy reconciled the prescriptions they received against the medicines ordered by care home staff. And they quickly resolved any discrepancies by contacting them. Care home staff also sent regular communications to the pharmacy to update them about any changes made to people's medicines. The pharmacy delivered medicines to people. It recorded the deliveries made. 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.

The pharmacy obtained medicines from licensed wholesalers. It had disposal facilities available for unwanted medicines, including CDs. Team members monitored the minimum and maximum temperatures in the pharmacy's fridge each day and recorded their findings. The temperature records seen were within acceptable limits. Team members recorded monthly checks of medicine expiry dates. They highlighted and recorded any short-dated items up to nine months before their expiry and

recorded these items on a monthly stock expiry list. They removed expiring items at the beginning of their month of expiry. Pharmacy team members responded to any alerts or recalls they received about medicines from manufacturers and other agencies. They removed any affected medicines from the shelves, and they recorded the actions they had taken.

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 a set of clean, well-maintained measures available for medicines preparation. It had suitable containers available to collect and segregate its confidential waste. It kept its password-protected computer terminals and bags of medicines waiting to be collected in the secure areas of the pharmacy, away from public view and where people's private information was protected.

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.