General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Al-Shafa Pharmacy, 267 Dewsbury Road, Beeston, LEEDS, West Yorkshire, LS11 5HZ

Pharmacy reference: 1104967

Type of pharmacy: Community

Date of inspection: 30/08/2022

Pharmacy context

This community pharmacy is in a large suburb close to Leeds City Centre. The pharmacy's main activities are dispensing NHS prescriptions and selling over-the-counter medicines. The pharmacy provides many people with multi-compartment compliance packs to help them take their medicines. The pharmacy provides the NHS Community Pharmacist Consultation Service and the NHS Hypertension Case Finding Service.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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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 the risks associated with its services. It has up-to-date written procedures that the pharmacy team generally follows. And it completes all the records it needs to by law. The pharmacy protects people's private information correctly and the pharmacy team has training and guidance to respond to safeguarding concerns. The team members, on most occasions, respond correctly when errors occur. They discuss what happened and they take appropriate action to prevent future mistakes. But they don't always keep full records of errors to review and improve their practice.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) that were being transferred from paper versions to digital versions. The SOPs provided the team with information to perform tasks supporting the delivery of services. The team had read the SOPs and the digital SOPs required the team member to answer a few questions about each SOP relevant to their role to show they understood and would follow them. The team members demonstrated a clear understanding of their roles and worked within the scope of their role. The team referred queries from people to the pharmacist when necessary.

The pharmacy had systems to enable the team to record errors found during the dispensing of prescriptions, known as near miss errors. These records were kept electronically and showed the actions taken by the team to prevent similar errors. The pharmacy had a procedure for handling errors that reached the person known as dispensing incidents. The pharmacy recorded the dispensing incident on the National Reporting and Learning System (NRLS) but not onto the electronic record kept at the pharmacy. The Superintendent Pharmacist (SI) described a recent incident involving one person receiving another person's medication in error. The SI and the pharmacist on duty at the time of the error investigated and shared the outcome with the team. The SI discussed with the team how to prevent a similar error from happening again and reiterated the importance to inform the SI as soon as possible following an incident. This ensured his involvement in the completion of a full investigation with appropriate actions. The SI conducted a monthly review of the near miss errors and dispensing incidents and discussed the findings with the team. A recent review had highlighted a pattern of errors involving medication being dispensed in the wrong time slot for people's compliance packs. The learning from this review was to ensure team members checked the time of the dose on the records and to ask the pharmacist if they were unsure.

The pharmacy had up-to-date indemnity insurance. A sample of records required by law such as the Responsible Pharmacist (RP) records and controlled drug (CD) registers met legal requirements. The CD registers were kept electronically. The system captured the current stock balance for each CD register and prompted the pharmacists when a stock check was due. However, no balance checks had been completed for over a month.

The team had received training on how to manage confidential information and the requirements of the General Data Protection Regulations (GDPR). The pharmacy did not display details about the confidential data it kept and how it complied with legal requirements. It also didn't display a separate privacy notice. The team separated confidential waste for shredding offsite. The pharmacy had

safeguarding procedures and guidance for the team to follow. The team members had access to contact numbers for local safeguarding teams. The pharmacist had completed level 2 training from the Centre for Pharmacy Postgraduate Education (CPPE) on protecting children and vulnerable adults. And the team had received safeguarding training along with suicide awareness training.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has a team with an appropriate range of skills and experience to support its services. Team members work well together and support each other in their day-to-day work. They frequently discuss ideas to enhance the delivery of the pharmacy's services. Pharmacy team members receive feedback on their performance to help them keep their knowledge and skills up to date.

Inspector's evidence

The Superintendent Pharmacist (SI) worked full-time at the pharmacy with some regular locum pharmacist cover. This included a pharmacist who had trained at the pharmacy so was familiar with the pharmacy's procedures. The SI reported they worked long hours as the pharmacy often struggled to get pharmacist cover. The pharmacy team consisted of two full-time trainee dispensers, one who was also a delivery driver, two part-time trainee dispensers, and a part-time delivery driver who had been in post a few years. Some of the trainee dispensers had started the course over a year earlier and had not progressed far with the training. The pharmacy provided the team members with protected time for their training and the SI supported them with any aspects of the training they needed help with.

The team worked well together especially as the pharmacy had experienced an increase in its workload. The team held regular meetings and team members could suggest changes to processes or new ideas of working. For example, one team member had suggested a different way to mark opened liquid medicines so the date was clear for all the team to see.

The pharmacy provided formal performance reviews for the team through a company employed pharmacist who worked part-time in the Human Resource (HR) team. This gave team members a chance to receive individual feedback and discuss their development needs. The HR pharmacist regularly worked in the pharmacies owned by the company which gave them a chance to meet the teams and see how each pharmacy provided its services.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are clean, secure and suitable for the services provided. And the pharmacy has appropriate facilities to meet the needs of people requiring privacy when using the pharmacy services.

Inspector's evidence

The pharmacy premises were tidy and hygienic. The pharmacy had separate sinks for the preparation of medicines and hand washing. The dispensary was small with limited space to work. The team members managed this by working in an organised manner. They mostly kept the dispensing benches free of clutter and they generally kept the floor spaces clear to reduce the risk of trip hazards. The pharmacy had restricted access to the dispensary during the opening hours. It had a defined professional area and items for sale in this area were healthcare related. The pharmacy had a small, soundproof consultation room which the team used when providing services. The team had cleared the room of clutter and unnecessary furniture to make the most of the space available.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides a range of services which are easily accessible for people. And it manages its services well to help people receive appropriate care. The pharmacy team suitably plans for the introduction of services to help ensure people receive safe and effective care. The pharmacy gets its medicines from reputable sources and it stores them properly. The team generally carries out checks to make sure medicines are in good condition and appropriate to supply.

Inspector's evidence

People using the pharmacy were able to easily access the premises and were mostly from the local area. Team members spoke various South Asian languages which helped to ensure people received the correct information, advice and medical treatments when requesting an over-the-counter (OTC) medicine. The pharmacy provided the NHS Hypertension Case Finding Service, which was popular. The SI had referred several people to their GP after their blood pressure was found to be high. The pharmacy was planning for the seasonal flu vaccination service due to start in September. The SI was the only trained vaccinator so the planning had included a discussion with the team on how to manage the service without impacting on other pharmacy services. This included arranging and allocating time to dispense prescriptions and asking people to wait if needed. The team provided people with clear advice on how to use their medicines. The team was aware of the criteria of the valproate Pregnancy Prevention Programme (PPP). And the pharmacy had PPP information to provide to people when required. The pharmacy didn't have anyone prescribed valproate who met the PPP criteria.

The pharmacy supplied some medicines to people as daily supervised and unsupervised doses. The doses were prepared in advance of supply to reduce the workload pressure of dispensing at the time of supply. The pharmacy stored the prepared doses securely as required but didn't separate individual people's doses. So, there was an increased risk of an error occurring.

The pharmacy provided multi-compartment compliance packs to help around 150 people take their medicines. It also provided packs to people living in sheltered accommodation and people discharged from hospital to a local intermediate care centre. To manage the workload the team divided the preparation of the packs across the month. The team members ordered the prescriptions several days in advance of supply to allow time to deal with issues such as missing items. The teams from the sheltered accommodation used the prescription repeat slips to indicate the medications needed and sent them to the pharmacy to order the prescriptions. Copies of the prescriptions from the intermediate care team were sometimes sent securely via NHS email for the team to prepare in advance. The prescriptions were then handed to the delivery driver on receipt of the medication. This process helped to ensure there was little delay for people ready to be discharged home. The pharmacy kept a record of these supplies so the team knew when the prescription had been received.

The dispensary had limited workspace available so the team used a small area to the rear of the dispensary to prepare the compliance packs. This provided some protection from the distractions of the retail area. The team picked the medicines for the compliance packs and placed them into baskets before dispensing the items. The team marked baskets with items that had to be ordered so dispensing didn't start until all the medicines were available. The pharmacy had introduced this process following the last inspection when several part-dispensed and unsealed compliance packs were found. The team

members recorded the descriptions of the products within the packs. But they didn't always supply the manufacturer's packaging leaflets. This meant people may not have all the information about their medicines. The pharmacy received copies of hospital discharge summaries via the NHS discharge medicines service (DMS). The pharmacists checked prescriptions sent from the GP team against the discharge summary to identify any discrepancies. The SI reported this was a very useful service and described occasions when the prescriptions received didn't have updated details when checked against the discharge summary. The SI had contacted the GP team to advise of this and arranged for the correct prescriptions to be sent.

The pharmacy team used baskets during the dispensing process to isolate individual people's medicines and prescriptions to help prevent them becoming mixed up. The pharmacy had checked by and dispensed by boxes on dispensing labels. These recorded who in the team had dispensed and checked the prescription. A sample of dispensed medicines found the team completed the boxes. The pharmacy kept a record of the delivery of medicines to people and occasionally received a signature from the person receiving the medication.

The pharmacy obtained medication from several reputable sources. The team managed the limited shelf space in the dispensary by storing most medicines in large clear plastic tubs labelled alphabetically. This helped the team to easily locate stock and to reduce picking errors. The pharmacy team checked the expiry dates on stock and kept a record of this. The team members marked medicines with a short expiry date to prompt them to check the medicine was still in date. No out-of-date stock was found. The team members usually recorded the dates of opening on to medicines with altered shelf-lives after opening. This meant they could assess if the medicines were still safe to use. The team checked and usually recorded fridge temperatures each day. However, two days in recent weeks didn't have a reading recorded. A sample of the records captured found the temperatures were within the correct range. The pharmacy had medicinal waste bins to store out-of-date stock and patient returned medication. And it stored out-of-date and patient returned controlled drugs (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 received alerts about medicines and medical devices from the Medicines and Healthcare products Regulatory Agency (MHRA) electronically which the team read and took appropriate action.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

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

Inspector's evidence

The pharmacy had references resources and access to the internet to provide the team with up-to- date clinical information. The pharmacy had equipment available for the services provided including a range of CE equipment to accurately measure liquid medication. The pharmacy had a large fridge to store medicines kept at these temperatures. The fridge had a glass door that enabled the team to see the stock inside without prolong opening of the door. The pharmacy computers were password protected and access to people's records restricted by the NHS smart card system. The pharmacy positioned the computer on the pharmacy counter in a way to prevent disclosure of confidential information. The pharmacy held private information in the dispensary and rear areas, which had restricted access. The pharmacy had cordless telephones to help the team ensure telephone conversations were not overheard by people in the retail area.

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.