

Registered pharmacy inspection report

Pharmacy Name: Queens Road Pharmacy, 238 Queens Road,
HALIFAX, West Yorkshire, HX1 4NE

Pharmacy reference: 1109432

Type of pharmacy: Community

Date of inspection: 22/09/2020

Pharmacy context

The pharmacy is in a parade of shops in a residential area of Halifax. Pharmacy team members dispense NHS prescriptions and sell a range of over-the-counter medicines. They supply medicines to people in multi-compartment compliance packs. And provide a substance misuse service, including supervised consumption. The pharmacy delivers medicines to people's homes. This inspection was completed during the Covid-19 pandemic.

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 mostly has the appropriate procedures in place to help manage the risks in the pharmacy. It keeps adequate records required by law. Pharmacy team members generally record the mistakes they make during dispensing. They discuss these mistakes and make suitable changes to prevent similar mistakes from happening again. They understand their responsibilities in protecting people's private information and they keep this information safe. Pharmacy team members know how to help protect the welfare of children and vulnerable adults. The pharmacy informally assesses the risks associated with the coronavirus pandemic and team members make adequate changes to the way they work.

Inspector's evidence

The pharmacy had not documented a risk assessment to help them manage the risks of the coronavirus pandemic. It had introduced some infection control measures, such as installing screens at the retail counter to help protect pharmacy team members and the public. And pharmacy team members were restricting access to the pharmacy to two people at a time. Pharmacy team members had access to some personal protective equipment (PPE) such as gloves and face visors. But the pharmacy did not currently have stock of any masks for pharmacy team members to wear. Pharmacy team members were sometimes able to maintain appropriate social distancing while they worked. But this was not always possible. And pharmacy team members, including some who weren't wearing PPE, were seen on occasions coming closer than one metre to each other. Public Health England guidance was discussed with the pharmacist. He agreed that the pharmacy could do more to help prevent all pharmacy team members being asked to isolate if the pharmacy was contacted by NHS Test and Trace. He gave an assurance that a documented risk assessment would be completed as soon as possible.

The pharmacy had a set of standard operating procedures (SOPs) in place. It last reviewed them in January 2020. But it did not document when the SOPs were next scheduled to be reviewed again. Some pharmacy team members had read the procedures and signed to confirm they had understood them after the review in 2020. But not all pharmacy team members had done this. The procedures instructed pharmacy team members to refer to a separate document which defined the roles and responsibilities of each team member. The document was available. Pharmacy team members said they defined their roles and daily tasks verbally.

The pharmacist highlighted near miss errors made by the pharmacy team when dispensing. Pharmacy team members recorded their own mistakes. They discussed the errors they made. But they did not discuss or record much detail about why a mistake had happened. The number of near miss errors being recorded by pharmacy team members had improved since the last inspection. Some errors had not been recorded during the height of the coronavirus pandemic. Pharmacy team members explained they had been too busy to record them. But they confirmed that each error had been discussed. The pharmacist explained that they analysed the data collected about mistakes every two to four weeks. And they discussed any patterns they found with the rest of the team. But they did not record their analysis. So, it was difficult for them to reflect to see if the changes they made had worked to reduce risks. The pharmacy recorded dispensing errors that had been given out to people using a template reporting form. Some examples of these were available. And they captured enough information about the errors, included what had happened, the pharmacy team members involved and some information

about the causes of the mistakes. The pharmacy kept the template forms in a file with guidance information for pharmacy team members about how to effectively investigate and record dispensing errors. But the pharmacy did not have documented SOPs to instruct pharmacy team members about how to deal with near miss and dispensing errors in the pharmacy. So, they might misunderstand how to carry out these tasks most effectively.

The pharmacy had a procedure to deal with complaints handling and reporting. It had a practice leaflet available for customers in the retail area which clearly explained the company's complaints procedure. It collected feedback from people verbally. Pharmacy team members could not give any examples of any changes made in response to feedback to help improve their services.

The pharmacy had up-to-date professional indemnity insurance in place. It kept controlled drug (CD) registers complete and in order. It kept running balances in all registers. And these were audited against the physical stock quantity every two to three months, including methadone. The pharmacy kept and maintained a register of CDs returned by people for destruction. And it was complete and up to date. The pharmacy maintained a responsible pharmacist record on paper. And it was complete and up to date. The pharmacist displayed their responsible pharmacist notice to people. Pharmacy team members monitored and recorded fridge temperatures daily. They kept private prescription records electronically, which was generally complete and in order. And they also recorded emergency supplies of medicines electronically. A sample of these records were seen. Some emergency supply records did not capture information about why the pharmacy had made an emergency supply.

The pharmacy kept sensitive information and materials in restricted areas. And, it incinerated confidential waste. The pharmacy team had been trained to protect privacy and confidentiality. The SI had delivered the training verbally. Pharmacy team members were clear about how important it was to protect confidentiality. The pharmacy had a documented procedure in place detailing requirements under the General Data Protection Regulations (GDPR).

Pharmacy team members were asked about what they would do if they had a safeguarding concern about a child or vulnerable adult. They gave some brief explanations about the symptoms that would raise their concerns. And they would raise their concerns with the pharmacist. The pharmacist said he would raise any concerns with local safeguarding teams. And he would use the internet to find their contact details. The pharmacy had a documented procedure in place to instruct team members about what to do in the event of a concern. Pharmacy team members had not completed any formal training. But they had been provided with some training verbally by the pharmacists. The pharmacist had last completed training in 2017.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members have the right skills and qualifications for their roles and the services they provide. They complete ongoing training informally and they discuss any learning needs with their manager. Pharmacy team members talk together openly to manage the workload and improve ways of working.

Inspector's evidence

At the time of the inspection, the pharmacy team members present were the superintendent pharmacist (SI), two dispensers and an apprentice medicines counter assistant. Pharmacy team members completed training informally outside of their accredited training courses. They did this by reading various trade press materials and having regular discussions with the pharmacist owners. The pharmacy did not have a formal appraisal or performance review process. Pharmacy team members described how they raised any learning needs with the pharmacist owner and SI informally. And they would teach them and signpost them to relevant resources.

A dispenser explained that she would raise professional concerns with the pharmacy owners. She felt comfortable raising a concern. And confident that her concerns would be considered, and changes would be made where they were needed. The pharmacy did not have a whistleblowing policy. And, pharmacy team members did not know how they would raise a concern anonymously.

Pharmacy team members communicated with an open working dialogue during the inspection. They explained they were comfortable suggesting changes to help improve the way they provided services. They could not give any examples of any suggestions they had made. The pharmacy owner and SI did not ask the team to achieve any targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and generally suitably maintained. It provides a suitable space for the services provided. And it has suitable facilities so people can speak to pharmacy team members privately.

Inspector's evidence

The pharmacy was clean and well maintained. Pharmacy team members kept the pharmacy tidy and well organised. And they kept floors and passageways free from clutter and obstructions. The pharmacy had a safe and effective workflow in operation. It had clearly defined dispensing and checking areas. And it kept equipment and stock on shelves throughout the premises. The pharmacy had a private consultation room available. Pharmacy team members used the room to have private conversations with people. They were using the room only in emergencies during the coronavirus pandemic. The pharmacy had installed clear screens at the retail counter to help prevent the spread of coronavirus.

The pharmacy had a clean, well maintained sink in the dispensary, which pharmacy team members used for medicines preparation. The pharmacy had a toilet and facilities for pharmacy team members to wash their hands. The pharmacy had hot water available at the sink in the dispensary. And it provided alcohol hand sanitiser for pharmacy team members to use to maintain good hand hygiene. Heat and light in the pharmacy was maintained to acceptable levels. The overall appearance of the premises was professional, including the exterior which portrayed a professional healthcare setting. The professional areas of the premises were well defined by the layout and well signposted from the retail area.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is easily accessible to people. It generally provides its services safely and effectively. And it stores, sources and manages its medicines safely. Pharmacy team members safely provide some people with medicines in multi-compartment compliance packs. They help people taking high-risk medicines by providing them with suitable advice to help them take these medicines safely.

Inspector's evidence

The pharmacy had ramped access from the street to improve access to the premises. To help people access the pharmacy's services, pharmacy team members explained they would use written communication with someone with a hearing impairment. But they were unsure about how they would help someone with a visual impairment. Pharmacy team members spoke various other languages besides English that were spoken in the local community. These included Urdu, Punjabi and Hindi. They explained this was particularly useful because they had a high volume of elderly Asian patients who could not speak English.

Pharmacy team members signed the 'dispensed by' and 'checked by' boxes on dispensing labels. This was to maintain an audit trail of staff involved in the dispensing process. They used dispensing baskets throughout the dispensing process to help prevent prescriptions being mixed up. The pharmacy supplied medicines to people in multi-compartment compliance packs when requested. It attached backing sheets to the packs, so people had written instructions of how to take the medicines. And these backing sheets sometimes included descriptions of what the medicines looked like, so they could be identified in the pack. A dispenser explained that during the coronavirus pandemic, descriptions had been missed off to help dispense packs more quickly. This was discussed and the pharmacist gave an assurance that descriptions would be added to all packs going forward. Pharmacy team members provided people with patient information leaflets about their medicines each month. And they documented any changes to medicines provided in packs on the patient's electronic medication record. The pharmacist explained he would provide advice and information to people who could become pregnant that were prescribed valproate. He checked that people were enrolled on a pregnancy prevention programme. And the pharmacy had printed information to give to people to fully explain the risks.

Pharmacy team members explained they checked medicine expiry dates approximately every month. But they did not regularly record these checks. The most recent record was for checks they had completed in February 2020. So, it might be difficult for team members to establish if any medicines had been missed. They highlighted any short-dated items with a sticker on the pack up to six months in advance of its expiry. And pharmacy team members removed these items in the month before their expiry. The inspector checked a sample of stock and no out-of-date medicines were found. Pharmacy team members implemented drug alerts and recalls when they were received. And they quarantined any affected stock found for destruction or return to the wholesaler. They recorded any actions they took. The pharmacy obtained medicines from licensed wholesalers. It stored its medicines tidily on shelves and in drawers. And it kept all stock in restricted areas of the premises where necessary. It had disposal facilities available for unwanted medicines, including controlled drugs (CDs). Pharmacy team members kept the CD cabinet tidy and well organised. And they segregated any out-of-date and patient-returned CDs. The inspector checked the physical stock against the register running balance for

one product. And it was correct. Pharmacy team members kept the contents of the pharmacy fridges tidy and well organised. They monitored minimum and maximum temperatures in the fridges every day. And they recorded their findings. The temperature records seen were within acceptable limits. The pharmacy did not have any systems, software or equipment in place to comply with the Falsified Medicines Directive (FMD). Pharmacy team members had not been trained. But they were aware of the new legal requirements. The pharmacist said he was planning to implement a system as soon as possible. But the process had been delayed by the coronavirus pandemic.

The pharmacy delivered medicines to people's homes. It usually recorded the deliveries it made. But during the coronavirus pandemic, the pharmacy had not been keeping delivery records. Pharmacy team members explained that deliveries had increased significantly during the coronavirus pandemic. And they had stopped keeping records to help speed up the delivery process. This was discussed. They said deliveries were still in high demand. The pharmacist gave an assurance that they would restart keeping delivery records immediately. But they would avoid obtaining people's signatures to confirm they had received their deliveries to help maintain social distancing during the pandemic. 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. Pharmacy team members highlighted bags containing CDs with a sticker on the bag and on the driver's delivery sheet.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment available for the services it provides, which it keeps properly maintained. It manages and uses the equipment in ways that protect confidentiality.

Inspector's evidence

The pharmacy had the equipment it needed to provide the services offered. The resources 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 a separate set of measures to dispense methadone. The pharmacy positioned computer terminals away from public view. And these were password protected. It stored medicines waiting to be collected in the dispensary, also away from public view. The pharmacy had two medicines fridges that were in good working order. And pharmacy team members used them to store medicines only. They restricted access to all equipment, and they stored all items securely.

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.