

# 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:** 16/10/2024

## Pharmacy context

This community pharmacy is located in a residential area in Halifax. Its main activity is dispensing NHS prescriptions. The pharmacy sells a range of over-the-counter medicines and provides several other services such as seasonal flu and COVID-19 booster vaccinations and Vitamin B12 injections. The NHS Pharmacy First service is available for people to access. It also supplies some people with medicines in multi-compartment compliance packs to help them take their medicines correctly.

## 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

The pharmacy appropriately identifies and manages the risks associated with its services to help provide them safely. And people can provide feedback about the pharmacy. The pharmacy keeps its records up to date and accurate. However, the team does not consistently record any mistakes that happen during the dispensing process. So, they may miss opportunities to learn and make further improvements.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs) available. The SOPs were being reviewed and updated by the superintendent pharmacist (SI). Members of the pharmacy team had read and signed SOPs relevant to their roles including those relating to the activities that could and could not be carried out in the absence of the responsible pharmacist (RP).

Dispensing mistakes which were identified before a medicine was supplied to people (near misses) were highlighted to the team member involved in the dispensing process and were recorded on a log. The SI explained that there had been near misses since August 2024, but none had been recorded.

Common near misses were discussed with the team and changes were made. As a result of past discussions, antibiotics and fast-moving lines were kept separately to other medicines. Shelf edges were marked where medicines that 'looked-alike' or 'sounded-alike' were kept. Any instances where a dispensing mistake had happened, and the medicine had been supplied (dispensing errors) was investigated, the team was briefed, and a record was made. Extra workbench space had been installed to create more clear work areas. This was designed to help make working practices safer.

A correct Responsible Pharmacist (RP) notice was displayed. The pharmacy had current professional indemnity insurance. A complaints procedure was in place and details of how people could raise concerns was available on the pharmacy leaflet and website. The SI also looked through reviews left on third party websites and acted upon them.

Private prescription, emergency supply, RP records, controlled drug (CD) registers and records of unlicensed medicines supplied were well maintained. Running balances for CDs were recorded and regularly checked against physical stock held in the pharmacy. A random balance was checked and found to be correct. CDs that people had returned to the pharmacy were recorded in a register and appropriately destroyed.

An information governance (IG) policy was in place and all staff had read through the relevant SOPs. Confidential waste was collected separately and collected by a specialist contractor. A safeguarding policy was in place and all team members had completed safeguarding training. The SI had completed Level 3 safeguarding training. A folder with details of the local safeguarding leads and the process for raising concerns was kept in the dispensary. Team members explained they would speak to the SI if they had any concerns.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

There are enough team members to manage the pharmacy's workload effectively and they receive appropriate training to carry out their roles safely. Team members get regular feedback, and they are supported to keep their knowledge and skills up to date. Team members can provide feedback and concerns relating to the pharmacy's services.

### Inspector's evidence

The pharmacy team consisted of a regular pharmacist, who was also the SI, a trainee pharmacy technician and a fourth-year pharmacy student. As the pharmacy was open extended hours there were three additional regular pharmacists, a trainee pharmacist, and another pharmacy technician. The SI felt there were an adequate number of staff for the workload undertaken. The team appeared to manage the workload effectively.

Members of the team were provided with ongoing training. Pharmacists reviewed any training material that was received from third parties and passed it on to the team. In the past, the team had completed training on dispensing sodium valproate as well as the NHS Pharmacy First service. The pharmacy had created leaflets to hand out to people to make them aware of the services it provided, and team members had been briefed on the eligibility criteria so that they were aware of any restrictions when speaking to people. The pharmacy team asked questions when selling medicines over the counter to check they were suitable. They were aware of the medicines that were liable to misuse and would refuse sales if they didn't feel it was appropriate.

Team members on formal training courses were provided with time to complete training at work. The trainee pharmacist had allocated study time and completed training modules provided by the university course provider. Staff performance was managed by the SI and was incorporated as part of the training reviews. Team members were also provided with ongoing feedback. They felt able to raise concerns and provide feedback to the SI. There were no numerical targets set for services provided.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are clean, secure and provide a safe environment to deliver its services. People using the pharmacy can have a conversation with its team members in a private area.

### Inspector's evidence

The pharmacy was clean, bright and was professional in appearance. There was ample workbench space which was allocated for certain tasks to be completed. A cleaner was used on a weekly basis. A clean sink was available to prepare medicines that required mixing before being supplied to people. Lighting and the ambient temperature of the pharmacy were adequately controlled and maintained.

A separate counter with an allocated waiting area was available for people accessing pharmacy services or for the supervision of medicines being taken. The premises were kept secure from unauthorised access. A clean, signposted consultation room was available and suitable for private conversations.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy offers a range of service which are accessible. It provides its services safely and manages them well. The pharmacy gets its medicines from licensed suppliers and stores them properly. It responds appropriately to drug alerts and product recalls. This helps make sure that its medicines and devices are safe for people to use.

### Inspector's evidence

There were two ramps at the front of the premises which allowed for step-free access into the pharmacy. A hearing loop was available. The team were aware of services that were offered locally. And they used the internet to find out the details of services offered nearby so that they could signpost people who needed services that the pharmacy did not provide. Most team members were multilingual and spoke the languages spoken most commonly locally.

There was an established workflow within the dispensary. Prescriptions were dispensed by one of the dispensers and checked by the RP. 'Dispensed-by' and 'checked-by' boxes were routinely signed on dispensing labels, to create an audit trail showing who had carried out each of these tasks. Team members also had individual log in details to access the computer system which also created a trail of who had produced labels. Baskets were used to separate prescriptions, preventing the transfer of medicines between different people. And they were colour coded which team members used to help prioritise and manage the workload.

Team members were aware of the updated guidance when supplying sodium valproate and explained that the original pack could not be split. They made sure warnings were not covered when attaching the dispensing label. The SI provided an assurance that he would complete risk assessments for people who received valproate containing medicines in compliance packs. Additional checks were carried out when people were supplied with medicines which required ongoing monitoring and people were provided with additional counselling advice.

Some people's medicines were supplied in multi-compartment compliance packs. The service was managed by one of the pharmacy technicians. Prescriptions were ordered by the pharmacy and any changes were confirmed with the doctor surgery. Hospital discharge information was received electronically on PharmaOutcomes. Some people had been prescribed medicines which had limited stability once removed from the blisters. The pharmacy had a process in place to manage this by assembling these closer to the collection date. However, this meant some packs were left unsealed until the medicines with limited stability were added. The risk of the was discussed with the SI who provided an assurance to review the process. The packs were stored in an organised manner and were covered to reduce the risk of contamination. Assembled packs were labelled with product descriptions and the mandatory warnings.

The pharmacy had a designated driver who carried out their deliveries. An online delivery application was used to manage and audit the service. Signatures were obtained using a handheld device when medicines were delivered. In the event that someone was not home, medicines were returned to the pharmacy.

Medicines were obtained from licensed wholesalers. Stock medicines were stored tidily, and expiry date checks were carried out every three to four months. The pharmacy had a process to monitor and record fridge temperatures each day. But the records were seen to have some gaps and none had been recorded since early October 2024. However, when checked, the fridge temperature was seen to be within the required range. The SI provided assurance that he would brief all team members to ensure this was done on a daily basis. CDs were kept securely. Waste medicines were disposed of in dedicated bins that were collected periodically by a specialist waste contractor. Drug alerts and recalls were received electronically, and records were kept demonstrating what action had been taken.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services. Equipment is kept clean and is ready to use.

### Inspector's evidence

The pharmacy had plastic measures available which were not suitable for use. The SI provided assurance that calibrated glass measures would be ordered to replace them. Suitable tablet counting equipment was available. Equipment was clean and ready for use.

Two medical grade fridges were available. A blood pressure monitor, otoscope, thermometer and ambulatory blood pressure monitor (ABPM) were available and used for some of the services provided. The monitors were all fairly new and the SI was aware of the need for calibration. Up-to-date reference sources were available.

The pharmacy's computers were password protected and screens faced away from people using the pharmacy. A cordless telephone was also available to ensure conversations could not be overheard.

### 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.