

Registered pharmacy inspection report

Pharmacy Name: Tait's Pharmacy, 45 Saltaire Road, SHIPLEY, West Yorkshire, BD18 3HZ

Pharmacy reference: 1109439

Type of pharmacy: Internet / distance selling

Date of inspection: 10/06/2021

Pharmacy context

The pharmacy is above a business premises in Shipley. It is a distance selling pharmacy and the premises are not open directly to the public. The pharmacy mainly dispenses NHS prescriptions and delivers medicines to people's homes. It supplies medicines to people in multi-compartment compliance packs. The inspection was completed during the Covid-19 pandemic

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.1	Standard not met	The pharmacy doesn't adequately manage all the risks with its services. This includes the pharmacist working in an untidy and cluttered dispensary. And there is an increased risk of mistakes by the way the pharmacy stores and manages its medicines. The pharmacy doesn't have complete and up-to-date written procedures that reflect the pharmacy's current practice. And the pharmacist rarely uses the procedures.
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 not all met	4.3	Standard not met	The pharmacy does not have an adequately robust process for managing the storage of its medicines and for checking expiry dates. And there is evidence of out-of-date medicines on the shelves. The pharmacy does not always keep its medicines in the original packs. So, there is a risk the pharmacy may supply medicines that are not fit for purpose.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy does not adequately manage all the risks with its services. It does not have complete and up-to-date written procedures that reflect the pharmacy's current practice. The pharmacist rarely uses the procedures to help manage risks with the pharmacy's services. The pharmacy keeps the records required by law. It adequately protects people's privacy and confidentiality. And the pharmacist generally knows how to safeguard the welfare of children and vulnerable adults.

Inspector's evidence

The pharmacy had some standard operating procedures (SOPs) in place. But the pharmacist owner did not review them regularly. She had reviewed some procedures in 2019. But she had not reviewed others since 2016. She said she did not feel it was necessary to review the procedures as only she worked at the pharmacy. And she confirmed that she rarely used them. She sometimes found it difficult to keep up with the need to review them. Some key procedures were also missing. For example, there was no SOP for recording near miss and dispensing errors or procedures to help safeguarding vulnerable children and adults. The inspector discussed the impact of disregarding the SOPs with the pharmacist. And these issues had been raised at the pharmacy's last inspection in 2019. The pharmacist explained she had completed a risk assessment to help manage the risks of the Covid-19 pandemic. But a completed risk assessment was not available during the inspection. The pharmacist had started wearing gloves when she prepared multi-compartment compliance packs to help manage the transmission of Covid-19. But she had not amended the SOP to reflect this change. The pharmacy also had hand sanitiser and a face shield available to help manage infection risks.

The pharmacy had a log in place to record near miss errors. The pharmacist had made two records since 2019. She admitted that not all near miss errors were recorded. In response to a near miss error in 2019, the pharmacist had started using dispensing baskets during the dispensing process to help prevent people's medication being mixed up. But the bench space in the pharmacy was cluttered with baskets, medicines and paperwork. And this significantly reduced the amount of clear workspace to be able to dispense and check safely. This issue was raised with the pharmacy at their last inspection in 2019. The pharmacy did not have a documented procedure for recording dispensing errors that had been delivered to people. There were also no records of any dispensing errors. The pharmacist confirmed she had not made any dispensing errors. The inspector discussed with the pharmacist that at the last inspection, there had been a record of a dispensing error made in 2017. The pharmacist did not know where the record was. She explained that if an error was made, she would record information using the near miss log. Or she would record information on the patient's electronic medication record.

The pharmacy had a procedure to deal with complaints handling and reporting. But it was out of date. The pharmacist had documented a review of the procedure in 2019. But the procedure did not reflect the pharmacy's current practice. The pharmacy did not have a practice leaflet. The pharmacist said people who used the pharmacy were mostly known to her. And these people knew her phone number to get in touch. The pharmacy did not advertise its complaints procedure to people. And it did not collect regular feedback. The pharmacist said any feedback was received verbally. And she had not received any complaints.

The pharmacy did not have professional indemnity insurance in place for the premises. But, the

pharmacist had personal professional indemnity insurance. She gave an assurance that she had checked to make sure that her personal insurance provided the right level of cover for the services being provided. The pharmacy maintained a responsible pharmacist record electronically, which was generally complete. The pharmacist was not displaying their responsible pharmacist notice. This was discussed and the pharmacist printed a new notice during the inspection. The pharmacy kept controlled drug (CD) registers complete and in order. It kept running balances in all registers. And they were audited against the physical stock quantity after each entry was made. It kept and maintained a register of CDs returned by people for destruction. And it was complete and up to date. The pharmacist monitored and recorded minimum and maximum fridge temperatures every day. The pharmacy kept private prescription records in a paper register. And it recorded emergency supplies of medicines electronically. The pharmacy rarely dispensed private prescriptions and emergency supplies.

The pharmacy premises could not be accessed directly by the public because of its type of NHS contract. This changes the requirements for protecting people's private information. The pharmacy shredded confidential waste. The pharmacist said there was a procedure about how to protect confidential information. But it was not available in the pharmacy. And the pharmacist confirmed it had not been updated to reflect the General Data Protection Regulations (GDPR) from 2018. There was no evidence that the pharmacist had completed any training about the requirements of GDPR. The pharmacist gave a satisfactory explanation about how she maintained people's privacy.

The pharmacist provided evidence that she had completed distance learning on safeguarding in 2017. This had not been updated in the last two years. The pharmacist gave brief examples of symptoms that would raise her concerns. She said that if she had a concern, she would use the internet to find out who to contact. But, the pharmacy did not have a procedure for dealing with a safeguarding concern about a vulnerable child or adult.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy primarily offers a dispensing service which the pharmacist owner manages. She has the skills and knowledge to operate the pharmacy safely. She completes on-going training to maintain her professional registration. And, she knows how to raise a professional concern. But she doesn't have formal plans for pharmacist cover in case of unplanned periods of absence.

Inspector's evidence

The pharmacist was subject to mandatory revalidation as part of her professional registration. She explained there were no other parties involved in operating the pharmacy. And she was solely responsible for running the business. But the pharmacy did not have any plans in place to deal with the unplanned pharmacist's incapacity. And had not assessed the impact this may have on the continuity of care to people receiving pharmacy services. The pharmacist said she would raise any professional concerns with the GPhC.

Principle 3 - Premises ✓ Standards met

Summary findings

The space in the pharmacy is adequate for the services provided. And it is satisfactorily maintained. But the pharmacy has untidy, cluttered benches, which increases the risks of mistakes.

Inspector's evidence

The pharmacy was in a business unit and the premises were not accessed directly by the public due to the contract it held. The pharmacy had a small room used for dispensing. The pharmacy was generally untidy. The benches were cluttered with paperwork and medicines being dispensed or waiting to be put away. This included the defined areas for dispensing and checking. The floors and passageways were free from clutter and obstruction. There was a defined workflow in operation. There was a clean, well-maintained sink in the corridor outside the pharmacy used for medicines preparation. The sink was shared with other occupants of the building. The pharmacist said she rarely had to use the sink to prepare medicines. There was a toilet, a sink with hot and cold running water and other facilities for hand washing. Heat and light in the pharmacy was maintained to acceptable levels. The overall appearance of the premises was adequate for the services being provided.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy sources its medicines from reputable suppliers. But it does not always manage its medicines appropriately. The pharmacy does not have a robust process for checking the expiry date on medicines. And the pharmacy does not always keep its medicines in the original packs. So, it may not be able to adequately ensure the safety of these medicines. The pharmacy has some processes to manage the risks associated with its services and the pharmacist is adequately equipped to provide advice for people taking high-risk medicines.

Inspector's evidence

The pharmacist explained that most people who used the pharmacy were known to her and they knew how to contact her if necessary. The pharmacy was able to produce large-print labels for people who had a visual impairment. And the pharmacist said she would use written communication with someone with a hearing impairment. But she currently did not have anyone who required these adjustments.

The pharmacy had a documented procedure for checking stock for short-dated and expired medicines. But this did not match the process being carried out by the pharmacist. The pharmacist explained her process was to check medicines every six months and record her checks using the available log. She removed medicines expiring within three months of the check. There was no process in place to highlight medicines expiring between three months and the next scheduled date check. The last check was due in February 2021. The pharmacist had not completed the checks scheduled for February 2021. After a search of the shelves, the inspector found seven items that were out of date. Some of these items had expired within three months of the last documented check. The inspector also found a box of isosorbide mononitrate 60mg capsules containing loose medicines that had been removed from the blister strips. These issues had been highlighted to the pharmacy at its last inspection in 2019.

The pharmacist signed the checked by box on dispensing labels. She said she tried to have a break between dispensing and checking her own work. She used dispensing baskets during the dispensing process to help prevent prescriptions being mixed up. The pharmacy supplied medicines in multi-compartment compliance packs when requested. The pharmacy attached backing sheets to the pack, so people had written instructions of how to take their medicines. And it included the descriptions of what the medicines looked like, so they could be identified in the pack. But the pharmacist did not routinely provide people with information leaflets about their medicines. The pharmacist explained that some people had requested not to receive information leaflets. And she had documented these requests. The pharmacist also documented changes to medicines provided in packs on the patient's electronic record. But these did not always include information about who had requested the changes and when. The pharmacist delivered medicines to people. She recorded the deliveries made in a diary.

The pharmacy obtained medicines from three licensed wholesalers. It generally stored medicines on shelves. And it kept all stock in restricted areas of the premises where necessary. It had adequate disposal facilities available for unwanted medicines, including controlled drugs (CDs). The pharmacist kept the CD cabinet tidy and well organised. The inspector checked the physical stock against the register running balance for three products. And they were found to be correct. The pharmacy did not stock many CDs. The pharmacist said she usually only ordered stock of CDs when she received a prescription for them. The pharmacy kept the contents of the pharmacy fridge tidy and well organised.

The pharmacist monitored minimum and maximum temperatures in the fridge each day. And she recorded her findings. The pharmacist said she had one person who regularly received prescriptions for valproate. And the person was not at risk of becoming pregnant. She said she would discuss the risks of valproate with anyone receiving a prescription for the medicine that could become pregnant. And she would check if they were using adequate contraception. But the pharmacy did not have any printed material to give to people to help explain the risks. The pharmacist said she responded to drug alerts and recalls. And, any affected stock found was quarantined for destruction or return to the wholesaler. But the pharmacy did not keep records of recalls or any action it took.

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 equipment available to help prevent the transmission of Covid-19. These included gloves, hand sanitiser and a face shield. The pharmacy had a set of clean, well maintained measures available for medicines preparation. It had a shredder available to destroy confidential waste. It kept its computer terminal in the secure pharmacy premises. And this was password protected. The pharmacy fridge was in good working order. The pharmacy restricted access to all equipment and it 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.