

Registered pharmacy inspection report

Pharmacy Name: Swift Pharmacy Burngreave, 1 Gower Street,
SHEFFIELD, S4 7HA

Pharmacy reference: 1115505

Type of pharmacy: Community

Date of inspection: 07/03/2024

Pharmacy context

This is a community pharmacy in an area of Burngreave in the city of Sheffield. Its main services include selling over-the-counter medicines, dispensing NHS prescriptions, providing the NHS Pharmacy First and NHS Hypertension Case Finding services. It delivers medicines for some people to their homes and supplies some people with their medicines dispensed in multi-compartment compliance packs.

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 team follows written instructions to help it work safely and effectively. Members of the team discuss things that go wrong so that they can learn from them. But they do not always keep records of their mistakes. So they may miss some opportunities to improve. The pharmacy keeps most of the records that are needed by law and the team is adequately equipped to safeguard vulnerable adults and children.

Inspector's evidence

The pharmacy had a set of written standard operating procedures (SOPs). They covered tasks such as dispensing, responsible pharmacist requirements and controlled drug (CD) management. The SOPs were scheduled to be reviewed every two years. The next review was due to be completed in January 2025. There was a document for team members to sign to confirm when they had read and understood an SOP. All team members present during the inspection confirmed they had read each SOP that was relevant to their role. However, some team members had not signed the document to confirm this.

If the responsible pharmacist (RP) identified any errors made by team members during the dispensing process, known as near misses, they informed the person responsible for the error and asked them to rectify the mistake. The pharmacy had a near miss log for team members to use to record details of each near miss. However, no records had been made since January 2023, so the team may have missed opportunities to identify any trends or patterns. Team members discussed near misses when they happened so they could all learn from each other's mistakes and take steps to reduce the risk of similar mistakes happening again. For example, team members recently changed the way they stored medicines that had similar names to reduce the risk of them being dispensed in error. The pharmacy kept records of any dispensing errors that had reached people. A form was completed which contained details of the error, reasons the error might have happened, and the actions taken to prevent a similar error recurring. The pharmacy had a concerns and complaints procedure in place. A notice displayed in the retail area explained how people could raise any complaints or concerns by speaking to a team member. If the matter could not be resolved by the team member, it would be escalated to the superintendent pharmacist (SI).

The pharmacy had current professional indemnity insurance. An RP notice was on display but had the incorrect name and registration number of the RP on duty. This was rectified when it was brought to the attention of the RP. The RP record mostly complied with legal requirements but on several occasions the RP had not recorded the time their RP duties had ended. This was not in line with legal requirements. The pharmacy kept appropriate records of private prescriptions. The pharmacy kept CD registers. They were mostly completed correctly however some headers were missing and some amendments were not appropriately annotated. The importance of this was discussed with the team. The CD registers were audited against physical stock regularly. The physical stock of two CDs were checked against the running balance in the CD register and they were found to be correct. The pharmacy kept complete records of CDs that had been returned to the pharmacy for destruction.

Records containing personal identifiable information were kept in areas of the pharmacy that only team members could access. Confidential waste was placed into a separate bag to avoid being mixed with general waste and periodically collected via a specialist contractor. Team members understood the importance of keeping people's private information secure and they had all completed information

governance training as part of their employment induction process. The RP had completed level 2 training on safeguarding vulnerable adults and children. Other team members had completed internal training and were aware of their responsibilities and when they should escalate any concerns. The pharmacy held a written safeguarding procedure to support team members in raising a concern.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy employs a skilled and experienced team to manage its workload. Team members are supported to update their knowledge and skills. And they provide feedback to help improve service delivery.

Inspector's evidence

At the time of the inspection the SI was working as the RP. During the inspection the RP was supported by a part-time medicines counter assistant, two full-time trainee pharmacists, two full-time qualified pharmacy assistants and two full-time trainee pharmacy assistants. Team members who were not present during the inspection included two qualified pharmacy assistants who worked at the pharmacy during the evenings, and a delivery driver. The RP worked three days a week. Regular locum pharmacists worked on the days the RP was absent. Team members explained they were normally able to efficiently manage the pharmacy's workload, even when a team member was absent. And they were observed working well and dispensing medicines under no significant pressure. They supported each other in completing various tasks and requested the support of the RP when needed for sales of medicines.

The pharmacy provided some training material for team members to use. The material was provided on an ad-hoc basis. Recently, the team had completed training on the NHS Pharmacy First service. The trainee pharmacists described how they were well supported by the pharmacy to help them complete their training. They explained the RP often asked them questions while they worked to assess their understanding. And they were given protected time to complete training. Team members attended ad-hoc team meetings which were led by the pharmacy manager. They discussed company-related news, workload, near misses and dispensing incidents, and were able to provide feedback to help improve the pharmacy's services. For example, the team had recently implemented a system to mark split packs of medicines using a marker pen. This helped reduce the risk of the incorrect quantity of medicines being supplied to people. There were some targets set for pharmacy services, but the team felt that these were appropriate and did not feel under pressure to achieve them.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services it provides. And the premises are generally well maintained. The consultation room is suitable for people to have confidential conversations with team members.

Inspector's evidence

The pharmacy premises were clean and well maintained. The ground floor dispensary area was relatively small for the volume of medicines the pharmacy dispensed. It was generally well organised, but some areas were cluttered with paperwork and other miscellaneous items. Some of the floor space was cluttered with boxes which created the risk of a trip or fall. On the first floor, there was a staff area and room used to dispense and store multi-compartment compliance packs. The pharmacy had a private consultation room for people to have private consultations with team members. It was suitably equipped, signposted, and soundproofed to prevent conversations being overheard by other people in the retail area.

The pharmacy had a clean sink in the dispensary that was used for the preparation of medicines. There were sinks in both the toilet and staff area which provided hot and cold water and other handwashing facilities. The temperature was comfortable throughout the inspection. Lighting was bright throughout the premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers people a range of services which are accessible and managed efficiently. It generally manages and stores its medicines correctly. But some stock medicines are not appropriately labelled, so the team cannot show they are suitable to use.

Inspector's evidence

There was a ramp and steps that from street level that led to the pharmacy's main entrance door. There were seats available in the retail area for people to use while they waited for their prescriptions to be dispensed. Team members were comfortable using language applications to support people who were unable to communicate in English. Team members demonstrated examples of where they had identified people who had raised blood pressure and were eligible for the NHS Hypertension Case Finding service. And they described how they provided dietary advice or referred them to their GP where appropriate. All team members had received training about the service before it started. They explained how they used the information to help people learn more about the risks of having high blood pressure and how it can be controlled. The pharmacy had recently started providing the NHS Pharmacy First Service. Team members described how the service had been popular, but they had ensured the efficiency of other services was not compromised. The medicines counter assistant was observed referring some sales of medicines to the RP. The team member described how they controlled sales of medicines that were of risk of abuse, such as medicines containing codeine.

The pharmacy used barcode technology within its patient medication record (PMR) as a part of its dispensing process. Team members scanned the barcodes on packaging of medicines to complete checks during the assembly and final accuracy checks of each dispensed medicine. The PMR system displayed an alert if the incorrect medicine had been selected or if the medicine had expired or was close to its expiry date. It also displayed an alert if there had been any changes to the dose or directions. This supported the RP in completing a clinical check of the prescription prior to the commencement of the dispensing process. The team did not use this technology to dispense split packs of medicines. This mitigated the risk of people being supplied the incorrect quantity of medicines. The team used baskets to store picking sheets and medicines for each prescription dispensed to help reduce the risk of medicines and prescriptions being mixed up.

Team members used various alert stickers to attach to bags of dispensed medicines. The stickers reminded team members to complete an action before they handed these medicines to people. For example, to highlight that the bag contained diabetic medication or the presence of a medicine that required cold storage, or a CD that needed handing out at the same time. The team used clear bags to store all dispensed medicines that required cold storage. This was to support team members to complete another final check.

The pharmacy supplied some people with medicines in multi-compartment compliance packs. The packs were designed to help people take their medicines correctly. The workload was spread over a four-week cycle. This helped keep the workload manageable. Team members kept master sheets which detailed the person's current medicines and administration time. They used these as a reference source to help them dispense the packs accurately. The original packs of medicines were stored with the packs so the RP could check them with prescriptions to ensure the correct medicines had been picked. The

packs were supplied with written descriptions of the medicines inside which helped people easily identify them. But they were not supplied with patient information leaflets for each medicine. And so, people were not provided with the full information about their medicines.

Owing slips were given to people on occasions when the pharmacy could not supply the full quantity prescribed. One slip was given to the person, and one was kept with the original prescription for reference when dispensing and checking the remaining quantity. The pharmacy kept a record of the delivery of medicines to people. Team members were aware of the Pregnancy Prevention Programme for people in the at-risk group who were prescribed valproate, and of the associated risks. They were able to explain the advice they would give when valproate was supplied.

Pharmacy (P) medicines were stored behind the pharmacy counter. Prescription only medicines were kept in restricted areas of the premises, and they were stored tidily on shelves and in drawers. The pharmacy had medical waste bins, sharps bins and CD denaturing kits available to support the team in managing pharmaceutical waste. The CD cabinets were well organised and out-of-date and patient-returned CDs were appropriately segregated. The pharmacy had two medical grade fridges. The team used them to store medicines in that required cold storage. The contents of the fridges were well organised, and the team monitored and recorded the minimum and maximum temperature ranges of both fridges each day. The records seen were within acceptable ranges.

The pharmacy had a process to check the expiry dates of its medicines every three months. The team was up to date with the process. No out-of-date medicines were found after a check of around 20 randomly selected medicines. The pharmacy attached stickers to medicines to highlight them if they were expiring in the next 12 months. The date of opening had not been recorded for some medicines that had a short shelf life once they had been opened. And so, the pharmacy could not confirm whether the medicines were still suitable to use. The medicines were removed from the dispensary when brought to the attention of the RP. The pharmacy held some medicines that had been removed from their original packs and stored in amber bottles. The bottles were not marked with expiry dates or batch numbers. And so, the team could not confirm that the medicines were not out of date or had not been subject of a recall. These medicines were removed when brought to the attention of the RP. The pharmacy received drug alerts and recalls. The team quarantined any affected stock but didn't keep a record of the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriately maintained equipment that it needs to provide its services. And it uses its equipment appropriately to help protect people's confidentiality.

Inspector's evidence

Team members had access to up-to-date reference sources including access to electronic copies of the British National Formulary (BNF) and BNF for children. The pharmacy used a range of measuring cylinders, but they were not crown stamped. There was a suitable, electronic blood pressure monitor to support the team in providing the NHS hypertension case-finding service. There was a suitable otoscope, thermometer, and tongue depressors to support the team in delivering the NHS Pharmacy First service.

The pharmacy stored dispensed medicines in a way that prevented members of the public seeing people's confidential information. It positioned computer screens to ensure people couldn't see any confidential information. The computers were password protected to prevent any unauthorised access. The pharmacy had cordless phones, so that team members could have conversations with people in private.

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. |