

Registered pharmacy inspection report

Pharmacy Name: York Medical Pharmacy, 199 Acomb Road, Acomb, YORK, YO24 4HD

Pharmacy reference: 1116188

Type of pharmacy: Community

Date of inspection: 18/09/2024

Pharmacy context

The pharmacy is in a GP surgery in Acomb, near York city centre. Pharmacy team members dispense NHS prescriptions and sell a range of over-the-counter medicines. The pharmacy provides services, such as the NHS Pharmacy First service. And team members deliver medicines to people's homes.

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 identifies and manages risks well. Pharmacy team members understand their role to help protect vulnerable people. And they suitably protect people's confidential information. The pharmacy has the written procedures it needs relevant to its services to help team members provide services safely. Team members record and discuss the mistakes they make so that they can learn from them. But they don't always capture key information, so they may miss some opportunities to learn and improve.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place to help pharmacy team members manage risks. The superintendent pharmacist (SI) had reviewed the SOPs in 2023, and they were due to review them again in 2025. Some SOPs had been reviewed more recently following changes to the pharmacy's processes. And pharmacy team members had signed to confirm they had read and understood the SOPs after routine reviews and after changes were made. There were several examples of the SI changing SOPs as the pharmacy's services had developed. One recent example had been changes to the SOP for preparing medicines for people in multi-compartment compliance packs. The changes had included adjusting for the pharmacy to provide medicines to people in packs when there was no specific clinical need to do so. The pharmacy had a comprehensive business continuity plan in place. The plan was reviewed and updated regularly by the SI. And it was easily available in the pharmacy for team members to refer to in an emergency.

The pharmacy provided the NHS Pharmacy First service to people. Pharmacy team members explained how the pharmacy had considered some of the risks of providing the service, such as the suitability of the pharmacy's consultation room to deliver the service from. And ensured they had stock of the relevant medicines and the availability of the necessary equipment. They also completed the necessary training and had the correct SOPs and supporting documents in place. Team members had an aide memoir which they used when making referrals to the pharmacist. Team members described their good relationship with local GPs, and how this had helped them develop good referral pathways with doctors. One example was the pharmacy being able to access a direct line to the on-call GP to urgently refer people for an appointment following a pharmacy consultation.

Pharmacy team members highlighted and recorded mistakes identified before people received their medicines, known as near misses. There were documented procedures to help them do this effectively. They discussed their mistakes and why they might have happened. But they did not always record information about causes to help aid future reflection and learning. The SI informally analysed the data they collected ad hoc to help identify patterns. They discussed any patterns they found with the team and made changes to help minimise the risks of patterns recurring. The pharmacy recorded dispensing errors, which were errors identified after the person had received their medicines. But there were no records available to view during the inspection. This meant the quality of dispensing error records could not be assessed at this inspection.

The pharmacy had a documented procedure for handling complaints and feedback from people. Pharmacy team members explained people usually provided verbal feedback. And any complaints were referred to the pharmacist to handle. The pharmacy did not have any information available for people

in the retail area about how to provide the pharmacy with feedback. So, people may not be aware of how to raise a concern or provide feedback.

The pharmacy had current professional indemnity insurance in place. It kept accurate controlled drug (CD) registers and maintained running balances in most registers. And team members audited the running balances in the registers, where available, against the physical stock quantity at least every month. The pharmacy kept a register of CDs returned by people for destruction. It maintained a responsible pharmacist (RP) record, and it was complete and up to date. The pharmacist displayed their responsible pharmacist notice. The pharmacy kept complete private prescription and emergency supply records. And team members monitored and recorded minimum and maximum fridge temperatures each day.

The pharmacy kept sensitive information and materials in restricted areas. It collected confidential waste in dedicated bags. The bags were sealed when full and taken for secure destruction. The pharmacy had a documented procedure in place to help pharmacy team members manage sensitive information. Pharmacy team members explained how important it was to protect people's privacy and how they would protect confidentiality.

Pharmacy team members explained how they would raise their concerns about vulnerable children and adults. And how they would discuss their concerns with the pharmacist and other colleagues. Team members were also aware of how to find information about key local safeguarding contacts by using the internet. The pharmacy had a documented procedure to help team members manage safeguarding concerns. And they regularly completed formal safeguarding training.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members have the right qualifications and skills for their roles and the services they provide. Or they are enrolled in formal training. They complete some additional learning to keep their knowledge up to date. Pharmacy team members feel comfortable discussing ideas and issues. And they are confident their suggestions will be considered.

Inspector's evidence

At the time of the inspection, the pharmacy team members present were the SI, a regular locum pharmacist, a pharmacy technician, and two trainee dispensers. Team members had the right qualifications, or were enrolled on appropriate training courses, for their roles. And they managed the workload well during the inspection. Pharmacy team members completed training ad hoc by completing online training modules, reading various materials, and discussing topics with colleagues. Recent examples included training on domestic abuse, safeguarding and antimicrobial resistance. Team members received an appraisal with the SI every year, where they discussed their performance and set objectives to work towards. They explained how they were supported by the SI to meet their objectives.

Pharmacy team members felt comfortable sharing ideas to improve the pharmacy's services. A recent example had been changes to managing distractions while they prepared large prescriptions, to help reduce the risk of mistakes. They explained how they would raise professional concerns with the SI or locum pharmacist. They felt comfortable raising concerns, and confident that their concerns would be considered. And that changes would be made where they were needed. Team members did not know if the pharmacy had a whistleblowing policy. But they were aware of how they could raise anonymous concerns with the GPhC or the NHS.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and properly maintained. It provides an appropriate space for the services provided. And team members manage the limited space well. The pharmacy has a suitable room where people can speak to pharmacy team members privately.

Inspector's evidence

The pharmacy was clean, tidy, and well maintained. Its floors and passageways were free from clutter and obstruction. And it kept equipment and stock on shelves throughout the premises. The pharmacy was small and had limited space available for the volume of work undertaken. But team members managed the space as efficiently and safely as possible. The pharmacy had a private consultation room available. Pharmacy team members used the room to provide services from and to have private conversations with people.

The pharmacy had a clean, well-maintained sink in the dispensary used for medicines preparation. There was a toilet, with a sink which provided hot and cold running water and other facilities for hand washing. The pharmacy kept its heating and lighting to acceptable levels. Its overall appearance was professional and suitable for the services it provided.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to people. It has systems in place to help it provide services safely and effectively. The pharmacy sources its medicines appropriately. And it stores and manages its medicines as it should. Pharmacy team members generally provide people with advice and information about their medicines.

Inspector's evidence

The pharmacy had level access from the street, via the surgery reception area. Pharmacy team members could use the electronic patient medication record (PMR) system to produce large-print labels to help people with visual impairment take their medicines properly. And they gave examples of how they used written communication to help people with a hearing impairment access their services and use their medicines safely. Team members had created a health promotion display in the pharmacy's waiting area. The display gave people information about various health conditions and local support groups, to help prompt conversations with team members about their health and wellbeing. The pharmacy, in collaboration with the local Lions Club, also provided people with the use of a container to deposit old unwanted spectacles and hearing aids for recycling.

The pharmacist counselled people receiving prescriptions for valproate if appropriate. And they checked if the person was aware of the risks if they became pregnant while taking the medicine. They also checked if the person was on a Pregnancy Prevention Programme. The pharmacy had printed materials available to provide to people to help them manage the risks of taking valproate. And team members were aware of the requirements to dispense valproate in manufacturer's original packs. The conducted an audit each year to ensure that everyone receiving valproate from the pharmacy had received the proper support and counselling information if appropriate.

The pharmacy supplied medicines to some people in multi-compartment compliance packs when requested. It attached backing sheets to the packs, so people had written instructions of how to take their medicines. Pharmacy team members included descriptions of medicines on the backing sheets, so they could be identified in the pack. They provided people with patient information leaflets about their medicines when they were newly prescribed. But team members did not regularly provide people with leaflets unless their medicines changed. Team members documented any changes to medicines provided in packs. They had also created an area in the pharmacy to segregate packs for people where they had raised queries about their prescriptions. Or when the team were informed that someone was in hospital. This helped to prevent packs being supplied inadvertently with unresolved queries or changes to medicines.

Pharmacy team members signed the 'dispensed by' and 'checked by' boxes on dispensing labels during dispensing. This was to maintain an audit trail of the people involved in the dispensing process. They used baskets throughout the dispensing process to help prevent prescriptions being mixed up. The pharmacy delivered some medicines to people. It recorded the deliveries it made. 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.

The pharmacy obtained medicines from licensed wholesalers. It had disposal facilities available for

unwanted medicines, including CDs. The pharmacy stored CDs securely in a locked cabinet. Team members monitored the minimum and maximum temperatures in the pharmacy's fridges each day and recorded their findings. The temperature records were within acceptable limits. Pharmacy team members checked medicine expiry dates every three months, and they recorded their checks. They highlighted packs of medicines due to expire in the next twelve months. These items were removed from the shelves during the month of their expiry. Pharmacy team members explained how they acted when they received a drug alert or manufacturers recall. And they recorded these actions.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment available, which it properly maintains. And the team 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. It had various pharmacy reference texts and use of the internet. And it had suitable bags available to collect its confidential waste. It kept its computer terminals in the secure areas of the pharmacy, away from public view, and these were password protected. And bags of medicines waiting to be collected were kept in the secure areas of the pharmacy, away from public view, so people's private information was protected. The pharmacy restricted access to its equipment. It had a set of clean, well-maintained measures available for liquid medicines preparation.

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.