General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Al Shafa Pharmacy, Units 2 & 3, Hillside Building, Beeston Road, LEEDS, LS11 6AY

Pharmacy reference: 1116886

Type of pharmacy: Community

Date of inspection: 16/08/2024

Pharmacy context

This pharmacy is in a large suburb of Leeds. The pharmacy's main activities are dispensing NHS prescriptions and selling the over-the-counter medicines. It supplies several people with their medicines in multi-compartment compliance packs. And it delivers medicines to some people's homes. The pharmacy provides other NHS services such as the Pharmacy First Service and the Minor Ailment Scheme.

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 suitably identifies and manages the risks associated with its services. It keeps the records it needs to by law and it mostly protects people's private information. The pharmacy provides team members with training and guidance to help them respond correctly to safeguarding concerns to help protect vulnerable people. The team members respond appropriately when mistakes happen by identifying the cause and acting to prevent future mistakes. However, the pharmacy's written procedures have not been reviewed for two years which runs the risk that team members may not be following up-to-date procedures.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) which provided the team with information to perform tasks supporting the delivery of its services. The SOPs were prepared by the former Superintendent Pharmacist (SI) and had review dates of 01 March 2022, but the pharmacy had not completed the review. So, team members, who had read the SOPs may not be following current ways of working. The team members demonstrated a clear understanding of their roles and worked within the scope of their role.

The pharmacy had a procedure for managing errors that occurred during the dispensing process, known as near miss errors. This included the pharmacist discussing the error with the team member involved before an entry was made in a near miss record. The SI reviewed the near miss records to identify patterns but did not record the outcome of the review. A recent review identified incorrect quantities of dispensed medicines was a common near miss, especially when the medication came in different pack sizes. To reduce this type of error team members attached stickers on the different pack sizes to prompt them to check what they had selected. A separate procedure covered errors that were identified after the person received their medicines, known as dispensing incidents. Following a dispensing incident when the wrong medication was supplied to a patient, the team investigated and identified a contributing factor was the two medicines had similar names. So, the two medicines were now stored on separate shelves. All team members were made aware of the incident and alerted to the different storage arrangements for the two medicines. The patient's electronic record kept at the pharmacy was updated to show the error and prompted team members to check what had been dispensed. The pharmacy had a procedure for handling complaints raised by people using its services and received verbal feedback from people about its services. For example, the pharmacy had expanded its delivery service to meet an increased number of requests for the service.

The pharmacy had current indemnity insurance. A sample of records required by law such as the Responsible Pharmacist (RP) records and controlled drug (CD) registers met legal requirements. The pharmacists regularly checked the balance of CDs in the registers against the physical stock to identify any issues such as missed entries. A random balance check undertaken during the inspection was correct. A set of Patient Group Directions (PGDs) supported the pharmacists' delivery of the NHS Pharmacy First service. And provided the legal framework for the pharmacist to supply medication such as antibiotics. The PGDs had been signed by pharmacists to show they had read them, understood them and would follow them.

Team members had completed training on how to protect people's private information and they separated confidential waste for shredding offsite. However, a few people's prescriptions and some

multi-compartment compliance packs labelled with people's details were found on open display in the consultation room. This was brought to the attention of the RP and the team members on duty. The pharmacy had safeguarding procedures and guidance for the team to follow. Team members had completed safeguarding training relevant to their roles and they took appropriate action when safeguarding concerns arose. The pharmacy's delivery driver was experienced and knew the information to be shared with the team when they came across potential safeguarding concerns. In such circumstances the team took appropriate action such as contacting the person's GP.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has a team with the appropriate range of experience and skills to safely provide its services. Team members work well together and are good at supporting each other in their day-to-day work. They discuss ideas and implement new ways of working to enhance the delivery of the pharmacy's services. The team members have some opportunities to receive feedback and complete training so they can suitably develop their skills and knowledge.

Inspector's evidence

The SI worked full-time with regular locum pharmacists covering the remaining hours. The pharmacy team consisted of three full-time dispensers, one part-time dispenser, one full-time medicines counter assistant (MCA), one part-time MCA and a full-time delivery driver who was also a trainee MCA. Team members worked well together and supported each other particularly to ensure people presenting at the pharmacy counter were not kept waiting.

The pharmacy provided team members with some additional training to keep their knowledge up to date. This was mainly mandatory training covering legal requirements, and when new services such as the NHS Pharmacy First service were introduced. Team members had some protected time at work to complete the training and ask questions of each other. They shared learning with each other and received informal feedback on their performance.

The pharmacy regularly held team meetings when information such as near miss errors was discussed. Team members were encouraged to give feedback or suggest changes to processes. For example, they'd identified it was important for team members to be trained on key tasks to ensure they knew how to complete these tasks. Especially at times of unplanned absence which may impact on the team's workload. This had been agreed and all the dispensers had been trained on the processes for preparing the multi-compartment compliance packs. The SI used an online communication platform to ensure key pieces of information were provided to all team members.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are secure and suitable for the services provided. And the pharmacy has appropriate facilities to meet the needs of people requiring privacy when using its services.

Inspector's evidence

The pharmacy premises were kept suitably tidy, some shelves holding medicines were messy which ran the risk of the wrong medicines being selected. Team members generally kept the floor space clear to reduce the risk of trip hazards. But some boxes holding medicines were stored on the floor at the back of the dispensary. There were separate sinks for the preparation of medicines and hand washing. Alcohol gel was also available for hand cleansing. The pharmacy had a defined professional area and items for sale in this area were healthcare related. The pharmacy had a soundproof consultation room which the team used for private conversations with people and when providing services. The pharmacy restricted public access to staff-only areas during its opening hours.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides a range of services which are easily accessible and help people to meet their healthcare needs. Team members manage the pharmacy services safely and effectively to help make sure people receive medicines when they need them. They obtain medicines from reputable sources, and they adequately store and carry out checks on medicines to ensure they are in good condition and appropriate to supply.

Inspector's evidence

People accessed the pharmacy via a step-free entrance and a bell attached to the door alerted the team when people entered. Team members provided people with information on how to access other healthcare services. They asked appropriate questions when selling over-the-counter medicines and knew when to refer to the pharmacist. Some team members spoke other languages such as Punjab and Urdu which helped to ensure people received the correct information about their medication. Often female patients asked to speak privately with the female dispenser rather than the male pharmacist, as their preference. So, information about the patient could be shared with the pharmacist and appropriate medication or advice given.

The NHS Pharmacy First service was popular, and several people had received treatment since its launch. The SI reported sore throats were the common condition people presented with. Team members supported the pharmacists by initially assessing the person to ensure they met the criteria for the service. And liaised with the pharmacist when it was not clear if the person met the criteria. When the person did not meet the criteria the pharmacist offered, when appropriate, the NHS minor ailments scheme or referred the person to the GP.

The pharmacy provided multi-compartment compliance packs to help several people take their medicines. To manage the workload team members started the dispensing process a week before the supply was needed. And dispensed most packs over the weekend when they were less busy with other tasks. Each person had a record listing their current medication and dose times which team members referred to during the dispensing and checking of the prescriptions. The team recorded the descriptions of the medicines within the packs and supplied the manufacturer’s packaging leaflets. This meant people could identify the medicines in the packs and had information about their medicines.

The pharmacy supplied medicine to some people daily as supervised and unsupervised doses. The doses were prepared in advance of supply to reduce the workload pressure of dispensing at the time of supply. The team provided people with clear advice on how to use their medicines. Team members were aware of the criteria of the valproate Pregnancy Prevention Programme (PPP). And the requirement for valproate to be supplied in the manufacturer’s original packaging. They reported no-one they currently dispensed valproate to met the criteria.

The pharmacy provided separate areas for labelling, dispensing and checking of prescriptions. Baskets were used during the dispensing process to isolate individual people’s medicines and to help prevent them becoming mixed up. To reduce the risk of dispensing the wrong CD one team member asked another team member to check the CD they’d selected. Team members initialled dispensed by and checked by boxes on dispensing labels, to record their actions in the dispensing process. The pharmacy used clear bags to hold dispensed CDs and medicines stored in the fridge so the team, and the person

collecting the medication, could check the supply. When the pharmacy didn't have enough stock of someone's medicine, it provided the person with a printed slip detailing the owed item. The pharmacy kept a record of the delivery of medicines to people for team members to refer to when queries arose. A notice in the dispensary reminded team members of the 28-day legal limit for the supply of CDs especially those not kept in secure storage.

The pharmacy obtained medication from several recognised sources. Team members checked the expiry dates on stock and marked medicines that were approaching their expiry date to prompt them to check the medicine was still in date when dispensing. Team members recorded the dates of opening for medicines with altered shelf-lives after opening so they could assess if the medicines were still safe to use. They checked and recorded fridge temperatures each day and a sample of completed records found the temperatures were within the correct range. The pharmacy had medicinal waste bins to store out-of-date stock and returned medication, along with appropriate denaturing kits to destroy CDs. The pharmacy received alerts about medicines and medical devices from the Medicines and Healthcare products Regulatory Agency via email. Appropriate action was taken in response to the alert and all team members informed.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe services and it uses its facilities to suitably protect people's private information.

Inspector's evidence

The pharmacy had reference sources and access to the internet to provide the team with up-to-date information. There was equipment available for the services provided which included a range of equipment to accurately measure liquid medication. And a large fridge for holding medicines requiring storage at this temperature. The fridge had a glass door that enabled stock to be viewed without prolong opening of the door. And dispensed medicines waiting for delivery were separated in the fridge from those due to be collected, so they were easy to locate.

The pharmacy's computers were password protected and access to people's records were restricted by the NHS smart card system. Team members used cordless telephones to ensure their conversations with people were held in private. They stored completed prescriptions away from public view and they held other private information in the dispensary which had restricted public access.

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.