

Registered pharmacy inspection report

Pharmacy Name: High Green Pharmacy, 104 Wortley Road, High Green, SHEFFIELD, S35 4LU

Pharmacy reference: 1117907

Type of pharmacy: Community

Date of inspection: 08/06/2021

Pharmacy context

This is a community pharmacy in the city of Sheffield, Yorkshire. It is based in a local convenience store with a post office. The pharmacy sells over-the-counter medicines and dispenses NHS prescriptions. And it delivers medicines for some people to their homes. The pharmacy dispenses medicines in multi-compartment compliance packs to some people living in their own homes. The inspection was completed during the Covid-19 pandemic.

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 adequately manages the risks with its services. And it effectively manages the risks with infection control during the pandemic to help keep members of the public and team members safe. It maintains most of the records it needs to by law and protects people's private information. The team know how to respond to help safeguard vulnerable people. They correct the mistakes they make during dispensing but don't make regular records of these mistakes. So, they may miss valuable opportunities to learn from these mistakes and make the pharmacy's services safer.

Inspector's evidence

The pharmacy had several procedures to help manage the risks of the services it offered and help prevent the spread of coronavirus. These included posters on the entrance door of the convenience store and at the pharmacy counter, reminding people visiting the pharmacy to wear a face covering as required by law. There was a large plastic screen at the pharmacy counter which acted as a protective barrier between team members and members of the public. The retail area had markings on the floor which helped people follow a one-way entry and exit flow through the building. Throughout the inspection the pharmacy's team members wore masks. The main part of the dispensary was small and so it wasn't always possible for team members to socially distance from each other.

The pharmacy had a set of standard operating procedures (SOPs). They covered tasks such as dispensing medicines, responsible pharmacist (RP) requirements and management of controlled drugs (CD). There was an index which made it easy to find a specific SOP. Several SOPs were prepared in January 2017 and were to be reviewed in January 2019 but there was no evidence to confirm the completion of the review. So, there was a risk some SOPs may be out of date and didn't reflect the pharmacy's current ways of working. Each team member had signed a record sheet to confirm they had read and understood the contents of the SOPs that were relevant to their role.

The pharmacy had a process to record and report near miss errors made by its team members during the dispensing process. The RP spotted any near miss errors, informed the dispenser of the error and asked them to rectify the mistake. There was an electronic near miss log for the team to use to record details of any near miss errors. But it was not used regularly, and there were no records for 2021. They had separated some medicines that had similar names to prevent picking mistakes. The pharmacy didn't have a process to analyse the near miss errors and so the team may have missed the opportunity to identify any trends or patterns and make specific changes to the way they work to reduce the risk of similar errors happening again. The pharmacy had a process to record details of any dispensing errors that had reached people. But no examples were available to inspect.

The pharmacy had a concerns and complaints procedure, but it was not clearly outlined for people to see. People could raise any complaints or concerns verbally with a team member. If the matter could not be resolved by the team member, they would escalate the matter to the pharmacy's superintendent pharmacist (SI).

The pharmacy displayed an indemnity insurance certificate behind the pharmacy counter. But it showed that the insurance had expired in May 2020. Following the inspection, the pharmacy's manager

provided the inspector with an up-to-date certificate. The RP notice displayed the name and registration number of the RP on duty. Entries in the RP record mostly complied with legal requirements, but on some occasions the RP hadn't recorded the time their duties ended. The pharmacy kept up-to-date and accurate records of private prescriptions. The pharmacy's CD registers were kept according to requirements. The inspector checked the register for three CDs against physical stock. The registers were found to be accurate.

The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. They placed the confidential waste into a separate bag to avoid a mix up with general waste. The confidential waste was periodically destroyed through a third-party contractor. A pharmacy assistant confirmed she had completed information governance training as part of their employment induction process. The RP had completed level 2 training on safeguarding vulnerable adults and children via the Centre of Pharmacy Postgraduate Education. The pharmacy assistant had not completed any formal training but was aware of their responsibilities and when they should escalate any concerns.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members have the right qualifications and skills to provide the pharmacy's services safely. And they have some opportunities to complete ongoing training. They manage the workload well and support each other as they work. They provide feedback and suggest improvements to help improve the pharmacy's service.

Inspector's evidence

At the time of the inspection, the RP was the pharmacy's experienced resident pharmacist. A full-time NVQ2 qualified pharmacy assistant supported him. Typically, two team members supported the RP during the busiest times of the day. One team member supported the RP during quieter times of business. The RP worked four days a week. The remaining days were covered by locum pharmacists and the pharmacy manager who was also a qualified pharmacist. Team members who were not present during the inspection included a trainee pharmacy technician, a trainee pharmacy assistant and a part-time delivery driver. The team was observed to be working well and were not seen dispensing prescriptions under any pressure. The RP explained the Covid-19 pandemic had been a challenging time and the dispensing workload had increased, but he was pleased that the team had coped well and had continued to provide an efficient service.

Team members were given the opportunity to complete ongoing training during quieter times of the working day to help improve their knowledge and skills. They used their own training materials or workbooks that had been received via pharmacy wholesalers or through pharmacy magazines sent to the pharmacy in the post. The pharmacy didn't keep any records of any completed training courses.

The team could raise concerns with either the RP, the pharmacy manager or the SI. The RP explained that the team members worked with an open and honest dialogue and he encouraged them to provide feedback on ways the pharmacy could improve its services. The team had recently discussed how they could improve the management of the pharmacy's medicines as the dispensary shelves would often become untidy. This was an ongoing improvement process. The pharmacy didn't have a whistleblowing policy in place, and so team members couldn't report any concerns anonymously. The pharmacy's owners didn't set the team any specific targets to achieve.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises clean and secure. The dispensary is small, but the team works well to keep the areas where it dispenses medicines tidy. The pharmacy has a small sound-proofed room where people can have private conversations with the pharmacy's team members.

Inspector's evidence

The pharmacy was located at the rear of the convenience store. It had a small sign on the front wall of the building to indicate that there was a pharmacy inside. The pharmacy was generally well maintained. The floor in the dispensary was peeling in areas which created the potential for the team members to trip. The pharmacy was clean and hygienic.

The dispensary area was small, and the pharmacy was holding a lot of medicinal stock. As a result, the pharmacy shelves were not well organised. Although there wasn't much bench space the team had organised the space well during the inspection. The team members explained it was important for them to keep the benches tidy as it reduced the risk of them making mistakes while they dispensed. The team kept stock on the floor of the dispensary which presented another risk of team members tripping. The consultation room was next to the pharmacy counter. On the day of the inspection it was being used as a storeroom to hold items such as multi-compartment compliance packs. The room was small and so there was little space for people to appropriately socially distance. The team members explained that during the pandemic the room had not been used much but if additional space was needed in the room, they could move some boxes into the dispensary for a short time, but they had not had to do this recently.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services which support people's needs and it makes these services easily accessible for people. The pharmacy manages its services well to ensure people receive their medicines safely. It sources its medicines from reputable sources and generally manages and stores its medicines correctly.

Inspector's evidence

People had level access into the pharmacy. The pharmacy advertised its services and opening hours next to the pharmacy counter. The pharmacy was operating on reduced hours since the Covid-19 pandemic had begun. The team members didn't know of any plans for the pharmacy to go back to its normal hours of business. The team provided large-print labels on request to help people with a visual impairment. Team members had access to the internet which they used to signpost people requiring services that the pharmacy did not offer.

Team members used various stickers and they annotated bags containing people's dispensed medicines to use as an alert before they handed out medicines to people. For example, to highlight interactions between medicines or the presence of a fridge line or a CD that needed handing out at the same time. Team members signed the dispensing labels to keep an audit trail of which team member had dispensed and completed a final check of the medicines. They used dispensing baskets to hold prescriptions and medicines together which reduced the risk of them being mixed up. Team members gave owing slips to people on occasions when the pharmacy could not supply the full quantity prescribed. They gave one slip to the person and kept one 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. Due to the pandemic, the delivery driver didn't ask people to sign for receipt of their medication. The driver left the medicines on the person's doorstep before moving away and waiting to watch them pick up the medicines. Team members knew about the Pregnancy Prevention Programme for people in the at-risk group who were prescribed valproate, and of the associated risks. They knew to provide these people with patient information cards and to check they were taking appropriate contraception.

The pharmacy supplied medicines in multi-compartment compliance packs to several people living in their own homes. The team dispensed the packs at the rear of the dispensary to ensure they weren't distracted by people who needed serving at the pharmacy counter. The area was small, but the team made sure it was kept tidy to reduce the risks of mistakes being made. The team provided the packs either weekly or every four weeks and divided the workload evenly across a four-week cycle. Team members used records which contained a list of the person's current medication and dose times. The pharmacist checked prescriptions against the records for accuracy before the dispensing process started. People received their packs with patient information leaflets and backing sheets which contained descriptions of the medicines inside the packs to help people identify them. But in one sample seen, three of six medicines listed on the backing sheet had no visual description recorded.

Most pharmacy (P) medicines were stored behind the pharmacy counter and people were not able to self-select them. But three P medicines were stored in areas where they could be easily self-selected by people. These were removed during the inspection. The pharmacy had a process to check the expiry

dates of its medicines every three months. No out-of-date medicines were found after a random check of around 20 randomly selected medicines. The pharmacy highlighted medicines that were expiring in the next six months. The date of opening was recorded on medicines that had a short shelf life once they had been opened. The pharmacy had a non-medical fridge which it used to store medicines that needed cold storage. The team tidily stored medicines inside the fridge and they kept daily records of the fridge temperature range. A sample seen were within the correct range. The team had not recorded the fridge temperature on the day of the inspection. The temperature was checked during the inspection using the pharmacy's fridge thermometer and the reading was outside of the correct range. The RP explained he would immediately escalate the issue to the SI.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs for its services. And it uses its equipment appropriately to protect people's confidentiality.

Inspector's evidence

Team members had access to up-to-date reference sources. The pharmacy used a range of CE quality marked measuring cylinders. It positioned the computer screens so unauthorised people did not 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. It had a wireless card terminal for contactless transactions and reduce the use of cash during the pandemic. Team members had access to personal protective equipment including face masks, visors, aprons and gloves.

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.