

Registered pharmacy inspection report

Pharmacy Name: Well, Crossgates Medical Centre, Station Road,
Crossgates, Leeds, West Yorkshire, LS15 8BZ

Pharmacy reference: 9010083

Type of pharmacy: Community

Date of inspection: 21/05/2019

Pharmacy context

The pharmacy is in a large medical centre in a suburb of Leeds. The pharmacy dispenses NHS and private prescriptions. And it sells a range of over the counter medication. The pharmacy provides a repeat prescription ordering service. And it delivers 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 the risks associated with its services. And it keeps the records it needs to by law. The pharmacy has written procedures that the team follows. And it has adequate arrangements to protect people's private information. The pharmacy team members respond appropriately when errors happen. And they act to prevent future mistakes. People using the pharmacy can raise concerns and provide feedback. The pharmacy team has training and guidance to respond to safeguarding concerns to protect the welfare of children and vulnerable adults.

Inspector's evidence

The pharmacy had a range of up to date standard operating procedures (SOPs). These provided the team with information to perform tasks supporting the delivery of services. The SOPs covered areas such as dispensing prescriptions and controlled drugs (CDs) management. The pharmacy kept the SOPs electronically. The team accessed the SOPs and answered a few questions to confirm they had read and understood them. The pharmacy received alerts about new SOPs or changes via an internal notification system.

On most occasions the pharmacist when checking prescriptions and spotting an error told the team member involved of the mistake rather than getting them to identify their own error. The team member involved made a record of the error on to an electronic recording system. The team recorded their learning and the actions taken to prevent similar errors. The pharmacy recorded dispensing incidents electronically. And generated a root cause analysis (RCA) outlining the cause of the error and the actions taken to prevent the mistake happening again. A sample of RCA forms looked at found that the causes for the errors included medication with similar names and packaging that looked alike. The actions taken by the team included separating the stock, placing 'check strength' stickers on the stock shelves and team members checking their own work before passing it to the pharmacist. The pharmacy completed monthly patient safety reports. The pharmacist manager and one of the dispensers were responsible for this. The team had reported an error in February 2019 when prescriptions for two people had been mixed in the same basket. The team had documented learning to take care when taking in prescriptions, especially when one person handed in prescriptions for two different people. The team also completed an annual patient safety report. The latest report highlighted the reduced team hours which meant that dispensers were regularly breaking off from dispensing to help people at the pharmacy counter. The report stated that when this happened the dispenser, on returning to the dispensing task, would re-check the work they had done.

The pharmacy had a poster with information on how to make a complaint. The pharmacy team used surveys to find out what people thought about the pharmacy. The pharmacy published these on the NHS.uk website. And displayed them behind the pharmacy counter.

A sample of controlled drugs (CD) registers looked at found that they met legal requirements. The pharmacy checked CD stock after receiving items or supplying to the patient. The team recorded patient returned CDs. A sample of Responsible Pharmacist records looked at found they met legal

requirements. Details of private prescription supplies and emergency supply requests met legal requirements. A sample of records for the receipt and supply of unlicensed products looked at found that they met the requirements of the Medicines and Healthcare products Regulatory Agency (MHRA). The pharmacy had up to date indemnity insurance.

The pharmacy provided people with information on how it protected their private information. And it displayed a privacy notice in line with General Data Protection Regulation (GDPR) requirements. The team had completed GDPR training. The team separated confidential waste for shredding offsite.

The pharmacy had procedures informing the team of the steps to take if concerned about vulnerable people. The team had access to contact numbers for local safeguarding teams. The pharmacist and accuracy checking technician (ACT) had completed level 2 training in 2017 from the Centre for Pharmacy Postgraduate Education (CPPE) on protecting children and vulnerable adults. The team had completed Dementia Friends training in 2017. The team had not had the occasion to report such concerns.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a team with the qualifications and skills to support the pharmacy's services. It offers team members opportunities to complete more training and provides feedback to them on their performance. Team members share information and learning particularly from errors when dispensing. So, they can improve their performance. Pharmacy team members can raise concerns particularly about their roles. The concerns are received by management but not fully acted on to ensure the team member has regular opportunities to perform in their role. So, they can maintain their skills and knowledge.

Inspector's evidence

A pharmacist manager covered most of the opening hours. Relief and locum pharmacists provided support when required. The pharmacy team consisted of a pharmacy accuracy checking technician (ACT) and three qualified dispensers. At the time of the inspection there was a Well relief pharmacist, two qualified dispensers and the ACT on duty.

The ACT spent very little time in this role. A part time dispenser had left the pharmacy and the team were covering these hours. This meant that the ACT mostly dispensed, so they couldn't check prescriptions. The ACT had struggled to get re-accredited as they had not done enough hours as an ACT. The ACT raised this with the pharmacy manager and area manager who had taken some steps to address this. On rare occasions the ACT had gone to other branches to work as an ACT.

The pharmacy provided additional training through an online portal. The team members received annual performance reviews. These gave them a chance to receive feedback and discuss development needs. Team members could suggest changes to processes or new ideas of working. The team had separated methotrexate products from other items. This acted as a prompt to check the strength and product selected.

The pharmacy had targets for services such as Medicine Use Reviews (MURs). There was no pressure to achieve them. The pharmacist offered the services when they would benefit people.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, secure and suitable for the services provided. And it has good arrangements for people to have private conversations with the team.

Inspector's evidence

The pharmacy was clean and hygienic with separate sinks for the preparation of medicines and hand washing. The pharmacy displayed notices describing effective hand washing techniques next to the sinks. There was enough storage space for stock, assembled medicines and medical devices. The team kept floor spaces clear to reduce the risk of trip hazards.

The pharmacy had a large, sound proof consultation room. The team used this for private conversations with people. And they used cordless telephones to make sure telephone conversations were held in private.

The premises were secure. The pharmacy had restricted access to the dispensary when the pharmacy was open. The window displays detailed the opening times and the services offered. The pharmacy had a defined professional area. And items for sale were healthcare related.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services that support people's health needs. The pharmacy manages its services well. It keeps records of prescription requests and deliveries it makes to people. So, it can deal with any queries effectively. The pharmacy gets its medicines from reputable sources. And it stores and manages medicines appropriately.

Inspector's evidence

People accessed the pharmacy from the car park or medical centre. And the pharmacy had a hearing aid loop. The pharmacy didn't have an information leaflet available for people to pick up, detailing the services offered, the opening times and the contact details of the pharmacy. The team accessed the internet to signpost people requiring other healthcare services. A range of healthcare information leaflets were available. Team members wore name badges detailing their roles.

The pharmacy provided a repeat prescription ordering service. The team placed requests one week before supply. This gave time to deal with issues such as missing items. The pharmacy kept a record to help identify missing prescriptions. The team passed information from the GP team on to the person such as the need to attend the surgery for medication reviews or blood tests. The team members ordered the stock for the repeat prescriptions separately from other orders. This meant they could prioritise dispensing and identify any missing items to re-order. So, the medication was available when the person presented for their prescription. The pharmacy had received the valproate Pregnancy Prevention Programme (PPP) pack containing information to pass on to people. The team didn't know if checks had been done to identify patients that met the PPP criteria. These were kept in a dedicated folder.

The pharmacy provided separate areas for the labelling, dispensing and checking of prescriptions. The team used baskets throughout the dispensing process to hold stock, prescriptions and dispensing labels. The pharmacy used clear bags to hold dispensed controlled drugs (CDs) and fridge lines. This allowed the team, and the person collecting the medication, to check the supply. The pharmacy used CD and fridge stickers on bags and prescriptions to remind the team when handing over medication to include these items. The pharmacy had a system to prompt the team to check that supplies of CD prescriptions were within the 28-day legal limit. The pharmacy had checked by and dispensed by boxes on the dispensing labels. These recorded who in the team had dispensed and checked the prescription. When the pharmacy didn't have enough stock of someone's medicine, they provided a printed slip detailing what was owed. And it kept a separate one with the original prescription to refer to when dispensing and checking the remaining quantity. The pharmacy kept a record of the delivery of medicines to people. This included a signature from the person receiving the medication.

The pharmacy team checked the expiry dates on stock. And kept a record of this. The team used a sticker with 'use this pack first' printed on to highlight medicines with a short expiry date. The team members recorded the date of opening on liquids. This meant they could identify products with a short shelf life once opened. And check they were safe to supply. For example, an opened bottle of morphine oral solution, with 90 days use once opened had date of opening of 17 May 2019 recorded. The team recorded fridge temperatures each day. A sample looked at found they were within the correct range. The pharmacy had appropriate medicinal waste bins for out of date stock and patient returned

medication. The team separated out of date and patient returned controlled drugs (CD) from in date stock in a CD cabinet that met with legal requirements. And used denaturing kits for CD destruction.

The pharmacy had 2D scanners and Well head office was arranging for a computer update to meet the requirements of the Falsified Medicines Directive (FMD) that came out on 9 February 2019. The pharmacy obtained medication from several reputable sources. And received alerts about medicines and medical devices from the Medicines and Healthcare products Regulatory Agency (MHRA) via the internal notification system. The team actioned the alert and kept a record.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe services and the team mostly protect people's private information. The pharmacy had references sources and access to the internet to ensure the team are up to date clinical information.

Inspector's evidence

The pharmacy had references sources and access to the internet to provide the team with up to date clinical information.

The pharmacy used a range of CE quality marked measuring cylinders equipment to accurately measure liquid medication. The pharmacy had two pharmacy fridges to store medicines kept at these temperatures. One of the fridges had a glass door that allowed the viewing of stock without the door being open for a long time. The pharmacy mostly used one fridge for stock. And it used the other for completed prescriptions waiting supply to the person. These were stored in alphabetical order in labelled baskets. The pharmacy completed regular safety checks on the electrical equipment.

The computers were password protected and access to patients' records restricted by the NHS smart card system. The pharmacy positioned the dispensary computers in a way to prevent disclosure of confidential information. The team made sure the computer in the consultation room was screen locked when not in use. The pharmacy stored completed prescriptions away from public view. And it held most of its private information in the dispensary and rear areas, which had restricted access. But the team kept the folder holding completed NMS consent forms on open shelves in the consultation room. And a basket with a prescription inside was found in this room. This meant that people in the room could look see other people's information.

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.