

Registered pharmacy inspection report

Pharmacy Name: The Pharmacy Group, 23 Old Lane, Leeds, West Yorkshire, LS11 7AB

Pharmacy reference: 9011110

Type of pharmacy: Community

Date of inspection: 14/07/2022

Pharmacy context

This community pharmacy is in a suburb of Leeds. The pharmacy's main activity is dispensing NHS prescriptions. The pharmacy supplies some medicines in multi-compartment compliance packs to help people take their medication and it delivers medication to people's homes. The pharmacy provides an Emergency Hormonal Contraception (EHC) service and the NHS hypertension case finding service.

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	2.2	Good practice	The pharmacy actively encourages and supports team members to develop their skills and knowledge. And it provides protected time at work for team members to complete their training.
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 generally identifies and manages the risks associated with its services well. The pharmacy protects people's private information and it keeps the records it needs to by law. The pharmacy has up-to-date written procedures for the team to follow to help ensure it provides pharmacy's services safely. The pharmacy team members have training and guidance to help correctly respond to safeguarding concerns. The team members act appropriately when mistakes happen. But they don't fully complete records of mistakes to help prevent future mistakes and improve the safety of services.

Inspector's evidence

The pharmacy had a range of up-to-date standard operating procedures (SOPs) that provided the team with information to perform tasks supporting the delivery of services. The SOPs were generated by a team at head office and stored within a drop-box facility on the pharmacy's computer. The pharmacy received notification via email of updates and changes to the SOPs. The team had read the SOPs but there was no evidence such as signed signature sheets, on paper or in an electronic format, to show they understood and would follow them. The team had signed the signature sheets for the previous SOPs. The responsible pharmacist (RP) explained the SOPs were due to move to an electronic platform which all team members would access individually using a unique code. The team members demonstrated a clear understanding of their roles and worked within the scope of their role.

On most occasions the pharmacist and accuracy checking technician (ACT) when checking dispensed prescriptions and spotting an error asked the team member involved to find and correct the error. The pharmacy kept records of these errors known as near misses. The records described the error but didn't detail what caused the error and the action the team member would take to prevent the error happening again. The pharmacy had a procedure for managing errors that reached the person known as dispensing incidents. The team completed electronic dispensing incidents reports to send to head office. The pharmacist manager reviewed the error records to identify patterns and shared the outcome with the team. The pharmacist manager reported recent reviews had not highlighted any patterns. The pharmacy didn't keep a record of the error review or the actions taken by the team to prevent errors from happening again. The pharmacy displayed posters in the dispensary reminding the team of the steps to take when dispensing medicines that looked and sounded alike (LASA). This information helped to ensure the correct product was supplied. The pharmacy had a procedure for handling complaints raised by people using the pharmacy services. A poster in the retail area and the pharmacy website provided people with information on how to raise a concern.

The pharmacy had up-to-date 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 CD registers were electronic and the system prompted the team to complete regular balance checks of CDs to spot errors such as missed entries. The system also alerted the team to changes to a person's CD medication from the history of previous supplies. The team members completed training about the General Data Protection Regulations (GDPR) and they separated confidential waste for shredding offsite.

The pharmacy had safeguarding procedures and guidance for the team to follow. The team members had access to contact numbers for local safeguarding teams. The pharmacist and ACT had up-to-date

level 2 training from the Centre for Pharmacy Postgraduate Education (CPPE) on protecting children and vulnerable adults. The team responded well when safeguarding concerns arose.

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 processes to enhance the delivery of the pharmacy's services. Team members benefit from identifying areas of their own practice they wish to develop, and the pharmacy helps them to achieve this. The pharmacy provides team members with some level of ongoing training and feedback on their performance. So, they can suitably develop their skills and knowledge.

Inspector's evidence

A full-time pharmacist manager covered the opening hours with locum pharmacist cover when required. The pharmacy team consisted of a full-time trainee pharmacist, a full-time accuracy checking technician (ACT), one full-time dispenser and a full-time pharmacy apprentice. The trainee team members had protected time to complete the training. The pharmacist manager allocated the trainee pharmacist more responsibilities as they progressed through their training year. This gave the trainee pharmacist the opportunity to identify any gaps in their knowledge or skills.

At the time of the inspection all the team members were on duty. The team worked well together especially at the time of the inspection as there were two people in the pharmacy completing a stocktake. The team had specific roles but all members were trained on key tasks such as dispensing medicines into multi-compartment compliance packs. This ensured pharmacy services were not affected at times of absence.

The team held morning meetings to plan the day ahead and team members could suggest changes to processes or new ideas of working. For example, the ACT had suggested and implemented a tracking sheet for the processing of prescriptions for compliance packs. The team found this helpful as everyone knew which packs had to be completed.

The pharmacy provided some training for the team such as when new systems were introduced. And the pharmacist manager trained the team on new services such as the NHS ear, nose and throat (ENT) service which was due to be released. This meant the team could provide people with information on the service and identify people who would benefit from accessing the service. The pharmacy didn't provide formal performance reviews for the team but the pharmacist manager provided team members with informal feedback and regularly spoke to them about their training and development needs. The ACT mostly checked the prescriptions for the compliance packs and identified she was regularly checking the same medication and wanted to expand her knowledge and skills. So, in agreement with the pharmacist manager she arranged to occasionally work as an ACT with another pharmacy team.

Principle 3 - Premises ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy premises were hygienic and secure, it had separate sinks for the preparation of medicines and hand washing. And it restricted access to the dispensary during the opening hours. The team kept floor spaces clear to reduce the risk of trip hazards. The pharmacy had a defined professional area. And items for sale in this area were healthcare related. The pharmacy had a small, soundproof consultation room. The team used this for private conversations with people and offered the room as a private space for people receiving supervised doses of their medication.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services which are easily accessible for people. And it manages its services well to help people receive appropriate care. The pharmacy supports the team to suitably plan for the introduction of new services to ensure people receive safe and effective care. The pharmacy gets its medicines from reputable sources and it stores them properly. The team generally carries out checks to make sure medicines are in good condition and appropriate to supply.

Inspector's evidence

The pharmacy kept a small range of healthcare information leaflets for people to read or take away. And the team had access to the internet to direct people to other healthcare services. The pharmacy provided the emergency hormonal contraception (EHC) service against up-to-date patient group directions (PGDs). The PGDs gave the pharmacist the authority to supply the medication. The pharmacy offered the NHS hypertension case finding service, most people were referred to the service from the GP team. The team also provided the NHS community pharmacist consultation service with the majority of referrals coming from the local GP teams. The pharmacy team had a good working relationship with the local GP teams. The pharmacist manager regularly met with the GP teams to discuss new and existing pharmacy services so referrals were appropriate. This working relationship led to one GP team approaching the pharmacy team for help trialling the issuing of electronic repeat dispensing prescriptions.

The pharmacy provided multi-compartment compliance packs to help around 100 people take their medicines. To manage the workload the team divided the preparation of the packs across the month. The team referred to a tracking sheet developed by the ACT to check the completion of each stage in the processing of the prescriptions for the packs. And to identify what stages had to be completed. The team usually ordered prescriptions two weeks before supply to allow time to deal with issues such as missing items and the dispensing of the medication into the packs. Each person had a record listing their current medication and dose times. The team checked received prescriptions against the list and queried any changes with the GP team. The team also contacted the person to check they were aware of any changes before they received their medication. The team recorded the descriptions of the products within the packs but didn't always supply the manufacturer's packaging leaflets. This meant people may not have up-to-date information about their medicines. The pharmacy stored completed packs in baskets labelled with the person's name and address in a dedicated area. The pharmacy received copies of hospital discharge summaries via the NHS Discharge Medicines Service. The team checked the discharge summary for changes or new items.

The team members provided a repeat prescription ordering service. They used an electronic system to remind them when they had to request the prescription and as an audit trail to track the requests. The team usually ordered the prescriptions a few days before supply. This gave time to chase up missing prescriptions, order stock and dispense the prescription. The team provided people with clear advice on how to use their medicines. The team were aware of the criteria of the valproate Pregnancy Prevention Programme (PPP) and a poster clearly displayed in the dispensary reminded the team of the criteria and the actions to take. The pharmacist recorded conversations with people about their medications on to the pharmacy's patient medication record (PMR). The computer on the pharmacy counter had access to the PMR. So, when a person presented the team member could check what stage their prescription was

at.

The pharmacy provided separate areas for labelling, dispensing and checking of prescriptions. The ACT had a specific area for checking dispensed prescriptions and team members knew to not disturb her when she was completing this task. Baskets were used during the dispensing process to isolate individual people's medicines and to help prevent them becoming mixed up. The pharmacy had checked by and dispensed by boxes on dispensing labels. These recorded who in the team had dispensed and checked the prescription. The pharmacist used a stamp to record on the prescription when the clinical check had been completed to enable the ACT to complete their check. When the pharmacy didn't have enough stock of someone's medicine, it provided a printed slip detailing the owed item. And it kept 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.

The pharmacy obtained medication from several reputable sources. The pharmacy team checked the expiry dates on stock and usually kept a record of this. However, the last record was made in January 2022. The team members marked medicines with a short expiry date to prompt them to check the medicine was still in date. No out-of-date stock was found. The dates of opening were recorded for medicines with altered shelf-lives after opening. This meant the team could assess if the medicines were still safe to use. The team generally checked and recorded fridge temperatures each day. A sample of these records were within the correct range but there were a few gaps when the temperature hadn't been recorded. The pharmacy had medicinal waste bins to store out-of-date stock and patient returned medication. And it stored out-of-date and patient returned controlled drugs (CDs) separate from in-date stock in a CD cabinet that met legal requirements. The team used appropriate denaturing kits to destroy CDs. The pharmacy received alerts about medicines and medical devices from the Medicines and Healthcare products Regulatory Agency (MHRA) via email. The team usually printed off the alert, actioned it 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 it uses its facilities to suitably protect people's private 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 had equipment available for the services provided. The equipment included a range of CE equipment to accurately measure liquid medication. The pharmacy computers were password protected and access to people's records restricted by the NHS smart card system. The pharmacy positioned the computer on the pharmacy counter in a way to prevent disclosure of confidential information. The pharmacy stored completed prescriptions away from public view and it held confidential information in the dispensary and rear areas, which had restricted 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.