

Registered pharmacy inspection report

Pharmacy Name: Kirkgate Pharmacy, 60 Kirkgate, Kirkgate Shopping Centre, Bradford, West Yorkshire, BD1 1TQ

Pharmacy reference: 9011320

Type of pharmacy: Community

Date of inspection: 21/04/2022

Pharmacy context

The pharmacy is in Bradford city centre. Pharmacy team members dispense NHS prescriptions and sell a range of over-the-counter medicines. They provide medicines to people in multi-compartment compliance packs. And they deliver medicines to people's homes. The pharmacy provides a busy substance misuse service. 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 identifies and manages risks to its services. And it keeps the records it must by law. Pharmacy team members regularly record and discuss mistakes they make. And they generally learn from these to reduce the risks of similar isolated mistakes. Team members understand their role to help protect vulnerable people. And they suitably protect people's private information. The pharmacy mostly has documented procedures it needs relevant to its services. But some procedures are missing to help team members manage key systems and processes effectively.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place. The pharmacy owner had reviewed the procedures in 2022. And had scheduled the next review of the procedures for 2024. Pharmacy team members had read the procedures since the review. And they had signed a declaration to confirm their understanding. The pharmacy defined the roles of the pharmacy team members based on their levels of qualification in a dedicated SOP. Pharmacy team members also had their responsibilities defined verbally through discussion each day. The pharmacy was in the process of implementing a suite of patient group directions (PGDs) to provide medicines and advice to help people manage various minor conditions. This was a private service. The PGDs included sildenafil for erectile dysfunction, antibiotics to treat urinary tract infections and antimalarials for people travelling. The owner described the consultation and risk assessment process he would follow for each patient. He used an online system to complete and record each risk assessment and consultation. The company who provided the PGDs and consultation system only released the signed PGD and access to the system once the pharmacist had completed the relevant training. And had passed the necessary competency assessment. The owner was currently undertaking training for various PGDs. And he showed the documents available for the assessment he had already successfully completed. The owner explained he had not provided any consultations yet because he was focussing on completing his necessary training first, for all the services he intended to provide. The pharmacy was able to provide the NHS Community Pharmacist Consultation Service (CPCS) to people. But the owner said that uptake of this service locally had been poor. He explained the pharmacy had provided a very small number of consultations so far. And all of these had been referrals from NHS 111 on a Saturday requesting an emergency supply of medicines. The pharmacy had not yet received any referrals from GPs or other local healthcare providers.

Pharmacy team members highlighted and recorded near miss errors they made when dispensing. But there was no documented procedure to help them do this effectively. They discussed their errors and why they might have happened. And they used this information to make changes to help prevent the same or similar mistakes from happening again. One example of changes they had made was separating look-alike and sound-alike (LASA) medicines, such as standard and modified release preparations of indapamide, to help prevent the wrong medicines being selected. The owner analysed the data collected every month to look for patterns. And he discussed this with the team. Records of near miss errors were available. Pharmacy team members did not always capture much information about why the mistakes had been made or the changes to prevent a recurrence. And the owner did not record his analysis, or the team's subsequent discussions, to help aid future learning. The pharmacy did not have any records of any dispensing errors that had been given out to people. The owner said pharmacy team members had not made any dispensing error since the pharmacy had opened in March 2020. He

explained how he would use a template reporting form to capture the necessary information to help investigate an error. And errors would be discussed with the whole team to help them learn and make changes to prevent a recurrence. But the pharmacy did not have a documented procedure to help team members achieve this.

The pharmacy did not have a documented procedure in place for handling complaints or feedback from people. Pharmacy team members explained feedback was usually collected verbally. And any complaints were immediately referred to the pharmacist to handle. There was no information available for people about how to provide the pharmacy with feedback. The pharmacy had up-to-date professional indemnity insurance in place. The pharmacy kept controlled drug (CD) registers complete and in order. It kept running balances in all registers. Methadone registers were kept electronically. Pharmacy team members audited these against the physical stock quantity every approximately every month. The register for methadone was audited each week. The pharmacy kept and maintained a register of CDs returned by people for destruction. And it was complete and up to date. The pharmacy maintained a responsible pharmacist record electronically. And this was also complete and up to date. The pharmacist displayed their responsible pharmacist notice to people. Pharmacy team members monitored and recorded fridge temperatures daily. They kept private prescription and emergency supply records, which were complete and in order.

The pharmacy kept sensitive information and materials in restricted areas. It collected confidential waste in dedicated bags. These bags were sealed and collected by a secure waste disposal contractor. The pharmacy did not have a documented procedure available to help pharmacy team members manage their responsibilities under the General Data Protection Regulations (GDPR) and information governance. And pharmacy team members had not completed training. But they clearly explained how important it was to protect people's privacy and how they protected confidentiality. They confirmed how they would use the separate screened area of the retail counter to help protect people's privacy. And how they could use the consultation room if the needed to have a confidential discussion with someone. Pharmacy team members gave some examples of symptoms that would raise their concerns about vulnerable children and adults. They explained how they would refer to the pharmacist. The pharmacy had a documented procedure explaining how team members should raise their concerns about children and vulnerable adults. And this included contact information for local safeguarding teams. Pharmacy team members completed training via e-learning in 2020.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members have the right qualifications and skills for their roles and the services they provide. They complete some appropriate, ad-hoc training to help keep their knowledge and skills up to date. Pharmacy team members feel comfortable raising concerns and discussing ways to improve services.

Inspector's evidence

At the time of the inspection, the pharmacy team members present were the pharmacist owner, one dispenser and a trainee medicines counter assistant. Pharmacy team members completed training ad-hoc by reading various materials. And by discussing topics with the pharmacist. The pharmacy did not have a formal appraisal or performance review process for pharmacy team members. A dispenser explained they would raise any learning needs verbally with the pharmacist. And they felt they would be supported by being signposted to relevant reference sources or by discussion to help address their learning needs.

A pharmacy team member explained how they would raise professional concerns with the pharmacy owner, who worked at the pharmacy regularly. Or the superintendent pharmacist (SI). They felt comfortable raising concerns. And making suggestions to help improve the pharmacy. They were confident that their concerns and suggestions would be considered, and changes would be made where they were needed. One recent example was pharmacy team members suggesting a change to their delivery process. Their changes had improved how they managed and tracked deliveries to help deal with future queries. The pharmacy did not have a whistleblowing policy. Pharmacy team members were aware of organisations outside the pharmacy where they could raise professional concerns, such as the NHS or GPhC. Pharmacy team members communicated with an open working dialogue during the inspection. The pharmacy owners did not ask pharmacy team members to meet any performance related targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and properly maintained. It provides a suitable space for the services it provides. The pharmacy has a suitable room where people can speak to pharmacy team members privately.

Inspector's evidence

The pharmacy was clean and well maintained. And the benches where medicines were prepared were mostly tidy and well organised. The pharmacy's floors and passageways were generally free from clutter and obstruction. The pharmacy kept equipment and stock on shelves throughout the premises. It had a private consultation room available. Pharmacy team members used the room to have private conversations with people. The room was signposted by a sign on the door.

There was 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 maintained heat and light 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, including people using wheelchairs. The pharmacy has systems in place to help provide its services safely and effectively. It sources its medicines appropriately. And it mostly stores and manages its medicines properly.

Inspector's evidence

The pharmacy had level access from the street. Pharmacy team members explained how they would support people who may have difficulty accessing the pharmacy services. They explained how they would communicate in writing with people with a hearing impairment. And provide large-print labels to help people with a visual impairment. Pharmacy team members were also able to speak several languages spoken locally, including Urdu and Punjabi, as well as English. They explained they could use Google Translate to help communicate with people who spoke other languages.

The pharmacy provided a busy substance misuse service (SMS) to people. The pharmacy used an automated dispensing system to manage SMS prescriptions. Pharmacy team members explained clearly how they used the system to manage and dispense people's doses. And to accurately maintain the electronic controlled drugs register. Pharmacy team members cleaned and calibrated the dispensing system each day. 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 dispensing baskets throughout the dispensing process to help prevent prescriptions being mixed up. The pharmacist counselled people receiving prescriptions for valproate if appropriate. And he checked if the person was aware of the risks if they became pregnant while taking the medicine. He advised he would also check if they were on a pregnancy prevention programme. The pharmacy supplied medicines to 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 what the medicines looked like, so they could be identified in the pack. And they provided people with patient information leaflets about their medicines each month. Pharmacy team members documented any changes to medicines provided in packs on the person's master record sheet and on their electronic records. The pharmacy delivered medicines to people. It recorded the deliveries 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 stored medicines on shelves. It kept all stock in restricted areas of the premises where necessary. The pharmacy had adequate disposal facilities available for unwanted medicines, including CDs. Pharmacy team members monitored the minimum and maximum temperatures in the fridge where medicines were stored each day. And they recorded their findings. The temperature records seen were within acceptable limits. Pharmacy team members checked medicine expiry dates every six months. And up-to-date records were seen. Pharmacy team members highlighted and recorded any short-dated items up to twelve months before their expiry. And they removed expiring items during the next date check or during the month before the product was due to expire. There were a small number of amber bottles on the shelves containing medicines that had been removed from their original packaging. The bottles were labelled with information about what the medicines were and their expiry date. But the labels did not include other required information, such as the quantity or the manufacturer and batch number of the medicines. So,

there was a risk they would remain on the shelves if the medicines were recalled by the manufacturer. This was discussed with the owner. And he removed and destroyed these medicines during the inspection.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment available, which it properly maintains. And it 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. The resources it had available included the British National Formulary (BNF), the BNF for Children, various pharmacy reference texts and use of the internet. The pharmacy had equipment available to help prevent the transmission of COVID-19. These included gloves, hand sanitiser and face masks. The pharmacy had a set of clean, well maintained measures available for medicines preparation. It had suitable equipment 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. The pharmacy's fridge was in good working order. It restricted access to all equipment and it stored all items securely.

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.