

Registered pharmacy inspection report

Pharmacy Name: Frizinghall Medical Centre Pharmacy, 278 Keighley Road, Bradford, West Yorkshire, BD9 4LH

Pharmacy reference: 9011324

Type of pharmacy: Community

Date of inspection: 04/10/2023

Pharmacy context

The pharmacy is in a parade of shops close to Bradford city centre. Pharmacy team members dispense NHS prescriptions and sell a range of over-the-counter medicines. They provide some medicines to people in multi-compartment compliance packs. And they deliver medicines to people's homes.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.2	Standard not met	Pharmacy team members do not effectively record or analyse their mistakes.
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 not all met

Summary findings

Pharmacy team members discuss some of the errors they make in the dispensing process, but do not record or fully analyse their mistakes. And they rely on the pharmacy's dispensing technology to identify the mistakes they make. So, they may miss opportunities to learn and make services safer, especially where tasks are carried out by team members. The pharmacy adequately identifies and manages other risks associated with its services. It has documented procedures to help make sure the team provides services effectively. But some of these procedures do not reflect the pharmacy's current practice, so team members may be unsure about how to complete tasks properly. Pharmacy team members understand their role in helping to protect vulnerable people. And they suitably protect people's private information.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place to help pharmacy team members manage the risks. The responsible pharmacist (RP) had reviewed the SOPs in August 2020, and had planned to review them again in 2022. But the review in 2022 had not been completed. The RP explained the pharmacy were currently reviewing the SOPs and migrating them to an online platform. But the process had been delayed because of recent staff shortages. They were confident that the review and migration would be completed in the next four weeks. The pharmacy team members present during the inspection were a new employee and a locum dispenser. Neither of them had read the SOPs yet or signed them to confirm their understanding. But they were able to clearly explain their roles and gave examples of the limitations of their responsibilities and would refer to the pharmacist for further advice. The RP gave assurances that they would read and sign the SOPs as soon as possible.

The pharmacy had implemented a new electronic patient medication records (PMR) system in September 2023 to help streamline its dispensing process. The system incorporated barcode scanning technology to help improve the safety of the dispensing process. Pharmacy team members clearly explained and demonstrated the system, showing each stage of the prescriptions dispensing process for various types of prescriptions. Team members were confident about how to use the system and were observed using the system effectively. The SOP available in the pharmacy to help team members manage the dispensing process was out of date and did not include any information about incorporating the new technology into the pharmacy's processes. The RP explained this was currently being addressed as part of the ongoing SOP review. The pharmacist explained how they had considered some of the risks of implementing the new PMR system, and they had visited several pharmacies already using the technology to understand how it would incorporate into the pharmacy's processes. But they had not documented these considerations to help them manage emerging risks on an ongoing basis.

The pharmacy had documented procedures in place to help team members record and manage near-miss errors. But pharmacy team members did not record near miss errors they made while dispensing. They explained they discussed errors when they happened to make everyone aware. Team members said they relied on the new PMR system, and its barcode scanning technology, to reduce the near miss errors they made. And the PMR had reduced the number of picking errors made during the dispensing process. But team members had not identified the need to continue to monitor and record errors that occurred in other activities carried out by people during the dispensing process, such as errors selecting

medicines from the shelves ready for the PMR system to scan. Team members could not give any examples of any changes they had made in response to their mistakes to make their services safer. And there were no records of errors that had been recorded before the PMR system had been implemented. The pharmacy had a documented procedure available to help team members respond to a mistake that had been given out to someone. These dispensing errors were usually recorded by the pharmacist. The pharmacy had one partial record of a dispensing error from 2020. The RP explained that the partial record would likely have been accompanied by a more comprehensive report, but this could not be found during the inspection. The document available provided little information about the causes of the error, and no details of what the pharmacy had changed to help prevent the mistake happening again.

The pharmacy had a documented procedure in place for handling complaints or feedback from people. Pharmacy team members explained people usually provided verbal feedback. And any complaints were referred to the pharmacist to handle. There was no information available for people in the retail area about how to provide the pharmacy with feedback. The pharmacy had up-to-date professional indemnity insurance in place. The pharmacy kept accurate controlled drug (CD) registers electronically. It kept running balances for all registers, including registers for methadone. Pharmacy team members audited these balances against the physical stock quantity approximately each month. A check of the running balances against the physical stock for two products were found to be correct. The pharmacy kept a register of CDs returned by people for destruction. It maintained an RP record electronically. Pharmacy team members monitored and recorded fridge temperatures. The pharmacy kept private prescription and emergency supply records, which were complete and in order.

The pharmacy kept sensitive information and materials in restricted areas. Pharmacy team members shredded confidential waste. Team members explained how they protected people's privacy and confidentiality. They gave examples of how they would be mindful of people's privacy when speaking to them about their medicines. And how they were careful not to leave sensitive documents, such as prescriptions, around the retail counter. The pharmacy did not have a documented SOP about confidentiality and data protection to help them achieve this.

Pharmacy team members gave some clear examples of signs that would raise their concerns about vulnerable children and adults. And they explained how they would refer to the pharmacist. The pharmacy did not have a documented procedure for dealing with concerns about children and vulnerable adults. Team members had completed formal safeguarding training in 2023.

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 additional training to keep their knowledge up to date. Pharmacy team members feel comfortable discussing ideas and issues. And they sometimes make effective changes to improve how they provide services.

Inspector's evidence

At the time of the inspection, the pharmacy team members present were the regular RP, a dispenser, and a trainee dispenser and medicines counter assistant. Team members had the right qualifications for their roles or were enrolled on appropriate training courses. And they managed the workload well during the inspection. The RP explained they had recently had several pharmacy team members leave. The pharmacy was currently managing the issue with locum dispensers in the short term but planned to recruit permanent pharmacy team members as soon as possible. Pharmacy team members completed training ad hoc by reading various materials and discussing topics suggested by the RP. The most recent training had involved implementing the pharmacy's new electronic patient medication records (PMR) system. The pharmacy did not have an appraisal or performance review process for team members. Team members explained they would raise any learning needs informally with the pharmacist or SI, who would teach them or signpost them to appropriate resources.

Pharmacy team members felt comfortable sharing ideas to improve the pharmacy's services. Pharmacy team members explained they would raise professional concerns with the pharmacist or SI. They felt comfortable raising concerns. And confident that concerns would be considered, and changes would be made where they were needed. The pharmacy did not have a whistleblowing policy, and team members were unsure about how to raise concerns anonymously. This was discussed, including where team members could raise concerns outside their organisation, such as the GPhC or the NHS.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and properly maintained. It provides an appropriate space for the services provided. 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 it was generally tidy and well organised. Its floors and passageways were free from clutter and obstruction. And it mostly kept equipment and stock on shelves throughout the premises. The pharmacy had a private consultation room available. Pharmacy team members used the room to have private conversations with people.

The pharmacy had 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 kept its heating and lighting 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 a wheelchair. It has some systems in place to help it provide services safely and effectively. And team members make effective use of the available technology. The pharmacy sources its medicines appropriately. And it stores and generally manages its medicines adequately. Pharmacy team members generally provide people with advice and information about high-risk medicines.

Inspector's evidence

The pharmacy had ramped access from the street. Pharmacy team members explained how they would support people who may have difficulty accessing the pharmacy's services. They explained how they would communicate in writing or use hand signals and visual aids to communicate 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, Punjabi, and Hindi as well as English. They explained they had also used an online translation tool to help communicate with people who spoke other European languages, such as Polish.

Pharmacy team members clearly explained how they used the PMR barcode scanning technology system at each stage of the dispensing process. Each prescription was clinically checked before it could be released by another team member to dispense. The process of clinical checking could only be carried out by the pharmacist, according to access rights that had been set up for their individual login. The pharmacy did not print prescriptions it received electronically. Team members viewed the electronic prescriptions on screens placed around the dispensary. Team members demonstrated how they picked medicines from the shelves and scanned the barcodes on the packs. The system blocked any further progression of the prescription through the system if a team member scanned the incorrect medicine. They were unable to proceed until they scanned the correct product. The system also alerted them if they scanned a medicine that had exceeded its expiry date or that had been subjected to a manufacturer's alert or recall. The pharmacist performed the final accuracy check of the prescription, which included scanning the box and the QR code on the attached dispensing label. Some dispensed items were flagged for a manual check by the pharmacist, such as boxes containing mixed batches of medicines, packs containing a different quantity to the original pack size and certain high-risk medicines, such as controlled drugs (CDs). Once the pharmacist had sealed the bag, they scanned the barcode on the bag's label and assigned the bag to a shelf, ready for people to collect or for the pharmacy to deliver. Team members used a handheld device to locate the bag when people arrived at the pharmacy, which helped to reduce the time people waited in the pharmacy.

The PMR system kept an audit trail of every team member involved at each stage of the dispensing process. This relied on the login credentials people used to access the system. During the inspection, a locum dispenser had used another team member's login credentials to access the system because they did not have their own, which meant the audit trail that day was inaccurate. This was discussed with the RP, who gave their assurance that each team member would be provided with individual access to the system, regardless of whether they were temporary team members. And they acknowledged the importance of keeping an accurate audit trail of people involved in preparing prescriptions. Pharmacy team members used dispensing baskets throughout the dispensing process to help prevent prescriptions being mixed up. The pharmacy delivered some medicines to people. It recorded the

deliveries it 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 pharmacist counselled people receiving prescriptions for valproate if appropriate. And they checked if the person was aware of the risks if they became pregnant while taking the medicine. They also checked if the person was on a Pregnancy Prevention Programme. The pharmacy had printed materials available to provide to people to help them manage the risks of taking valproate. The pharmacy had recently completed an audit of female patient who received valproate from the pharmacy, to help make sure they had received the necessary guidance and information. But they had not audited their male patients. And the pharmacy did not record the conversations it had with people about valproate to refer to later.

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 on the backing sheets of what the medicines looked like, so they could be identified in the pack. The pharmacy provided people with patient information leaflets about their medicines each month. Pharmacy team members documented any changes to medicines provided in packs on the PMR, which kept a record of all their medicines and where they were placed in the packs.

The pharmacy obtained medicines from licensed wholesalers. It had disposal facilities available for unwanted medicines, including CDs. Team members monitored the minimum and maximum temperatures in the pharmacy's fridges each day and recorded their findings. The temperature records were within acceptable limits. Pharmacy team members checked medicine expiry dates every three months. But they did not record their checks. Team members highlighted and recorded any short-dated items up to twelve months before their expiry. They relied on the PMR system to alert them to expired items when they selected them to dispense. Pharmacy team members responded to manufacturers alerts and recalls. They kept records of the recalls they had received and any action they had taken to remove affected medicines.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment available, which it properly maintains. And the team 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. It had access to a shredder to destroy its confidential waste. It kept its computer terminals in the secure areas of the pharmacy, away from public view, and these were password protected. And bags of medicines waiting to be collected were kept in the secure areas of the pharmacy, away from public view, so people's private information was protected. The pharmacy restricted access to its equipment. It had a set of clean, well-maintained measures available for medicines preparation. It had a separate set of measures exclusively to prepare methadone.

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.