

Registered pharmacy inspection report

Pharmacy Name: Croft Pharmacy, 5 Cobcroft Road, Huddersfield,
West Yorkshire, HD2 2RU

Pharmacy reference: 9011358

Type of pharmacy: Community

Date of inspection: 05/04/2022

Pharmacy context

This is a community pharmacy located next to a medical centre in the town of Huddersfield, West Yorkshire. The pharmacy sells over-the-counter medicines and dispenses NHS and private prescriptions. It delivers medicines for some people to their homes. And it dispenses medicines to some people in multi-compartment compliance packs. 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 effectively identifies and manages risks with its services. Team members record and report details of any mistakes they make while dispensing and they learn from them. The pharmacy maintains the records it needs to by law and correctly secures people's private information. The pharmacy is adequately equipped to safeguard vulnerable people.

Inspector's evidence

The pharmacy was inspected during the COVID-19 pandemic. It had some procedures in place to help manage the risks and to help prevent the spread of coronavirus. These included notices reminding people visiting the pharmacy to wear a face covering. There was a plastic screen placed at the retail counter. It acted as a barrier between pharmacy team members and people visiting the pharmacy. The pharmacy had hand sanitiser located in several areas around the retail area and the dispensary to promote good hand hygiene. During the inspection, team members were not wearing a face covering. The pharmacy had a set of written standard operating procedures (SOPs). These provided information to help team members carry out various tasks, including dispensing and the management of controlled drugs (CDs). There was an index to make it easy for team members to find a specific SOP. Each SOP was reviewed at least every two years, so their content was up to date. And each team member had signed a document which confirmed they had understood the SOPs that were relevant to their roles. The pharmacist was absent for an hour each day for a lunch break. Team members knew the tasks they could and could not do in the absence of a responsible pharmacist.

The responsible pharmacist (RP) spotted near miss errors made by team members during the dispensing process. They informed the team member of the near miss error and asked them to rectify the mistake. The team member then recorded the details of the near miss error into a near miss log that was kept on a bench in the dispensary. Team members recorded the date, time, and the type of near miss error. For example, if the wrong quantity of a medicine was dispensed. But they didn't record the reason why the near miss error might have happened. So, they may have missed the opportunity to learn and makes changes to the way they worked to improve patient safety. The pharmacy used an electronic system to record and report any dispensing errors that reached people. For example, the pharmacy had recently supplied a person with omeprazole capsules instead of tablets. The RP held a patient safety meeting to make sure each team member was made aware that an error had happened and why it was important the team ensured it didn't happen again. Team members discussed what steps it could take to prevent a similar mistake happening again. They decided to put a 'pop up' alert on the person's electronic record which reminded team members to double check they had dispensed the correct form of the person's omeprazole.

The pharmacy had a documented procedure for handling complaints and feedback from people. It was described in pharmacy practice leaflets which were available for people to take home with them. Most people verbally provided feedback. The RP generally handled any complaints. The pharmacy had up-to-date professional indemnity insurance. The responsible pharmacist (RP) notice displayed the name and registration number of the RP on duty. Entries in the RP record complied with legal requirements. The pharmacy kept up-to-date and accurate records of supplies against private prescriptions and emergency supplies of medicines. It kept CD registers and records of CDs returned by people to the pharmacy.

The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. The team placed confidential waste into a marked basket to avoid a mix up with general waste. The waste was periodically destroyed using a shredder. Team members understood the importance of securing people's private information and they had all completed information governance training when they started working at the pharmacy. There was a file kept in the dispensary which contained information on data protection and protecting people's confidentiality. During the inspection, team members were being discreet when discussing people's health. The pharmacy had an SOP on the safeguarding of vulnerable adults and children. It outlined the procedure team members should follow if it needed to report a concern, and the contact details of the local safeguarding leads. Each team member had signed a document to confirm they had read and understood the SOP. The RP had completed training via the Centre for Pharmacy Postgraduate Education. Team members gave examples of some situations that would raise their concerns about vulnerable adults and children.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members have the necessary qualifications and skills to provide the pharmacy's services. They manage the workload well and support each other as they work. They feel comfortable raising concerns, giving feedback and suggesting improvements to provide a more effective and safe service.

Inspector's evidence

At the time of the inspection, the RP was the pharmacy's full-time resident pharmacist. Two part-time pharmacy assistants supported the RP during the inspection. Team members who were not present during the inspection included another part-time qualified pharmacy assistant and a part-time delivery driver. Throughout the inspection, the team was working well, and it was not seen dispensing prescriptions under any significant time pressures. The dispensary was very well organised with clear benches. Team members demonstrated a good rapport with many people who visited the pharmacy and were seen appropriately helping them manage their healthcare needs.

The pharmacy supported its team members in keeping their knowledge and skills up to date. It did this by providing team members with protected training time to manage their own learning. For example, a team member completed some training to refresh their knowledge on the sale of Pharmacy (P) medicines. This helped them improve the advice they were giving to people and improved the support they gave people when recommending a suitable medicine to manage their condition. Each Tuesday morning team members attended a team meeting. They discussed the pharmacy's workload and were given the chance to give feedback on how the pharmacy could improve its delivery of services. For example, team members had recently suggested using baskets to hold people's multi-compartment compliance packs. The baskets were marked with people's names. Team members explained the baskets had helped them reduce the time taken to find the packs and reduced the risk of the packs being misplaced. Team members described how they could raise any professional concerns. And the pharmacy had a whistleblowing policy so team members could anonymously raise concerns if needed. The team was not set any targets to meet.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises clean, secure, and well maintained. It has a suitable, sound-proofed room where people can have private conversations with the pharmacy's team members.

Inspector's evidence

The pharmacy was clean, well maintained, and professional in appearance. Throughout the inspection, the pharmacy had tidy and well organised benches. The pharmacy had clear floor space that was clear from obstruction. There was a kitchen area for team members to use. The pharmacy had ample space to store its medicines.

There was a private, signposted and sound-proofed consultation room available for people to have private conversations with team members. The room contained two seats and was large enough for two people to appropriately socially distance from each other when in use. The pharmacy had separate sinks available for hand washing and for the preparation of medicines. There was a toilet, with a sink which provided hot and cold running water and other facilities for hand washing. Throughout the inspection, the temperature was comfortable. Lighting was bright throughout the premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy makes its services accessible to people. And it manages its services well to help people look after their health. The pharmacy correctly sources and manages its medicines. And it completes regular checks of its medicines to make sure they are in date.

Inspector's evidence

People had level access into the pharmacy through an automatic door. The pharmacy advertised its services and opening hours in the main window. There were seats available in the retail area for people to use while they waited for their prescriptions to be dispensed. The pharmacy provided large print labels to 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. Each month, the pharmacy provided people with a healthy living information leaflet to take home with them. It gave information on different conditions and how people could manage them. The leaflet for April 2022 informed people about the causes and prevention of back pain.

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. The pharmacy had a process to provide owing slips to people on occasions when the pharmacy could not supply the full quantity prescribed. People were given one slip and one was kept 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 were aware of the Pregnancy Prevention Programme for people in the at-risk group who were prescribed valproate, and of the associated risks. They demonstrated the advice they would give in a hypothetical situation. People who were dispensed warfarin were asked if they were aware of the need to have regular blood tests and if they knew their international normalized ratio (INR).

The pharmacy supplied medicines in multi-compartment compliance packs to several people living in their own homes. The team dispensed the packs on a rear bench in the dispensary. This helped team members dispense the packs away from the retail area to reduce the risk of distractions. The packs were provided every four weeks. To help the team manage the workload evenly, the team divided the dispensing of the packs across a four-week cycle. Team members used master sheets which contained a list of the person's current medication and dose times. Team members checked prescriptions against the master sheets before the dispensing process started to make sure they were accurate. Team members discussed any queries with the relevant prescriber. They recorded details of any changes such as dosage increases or decreases on the person's master sheet. The pharmacy supplied the packs with patient information leaflets and descriptions of the medicines to help people identify them. For example, 'orange, round, tablet'.

The pharmacy stored pharmacy (P) medicines behind the pharmacy counter. The pharmacy followed a process to check the expiry dates of its medicines. Team members signed a sheet to show which medicines they had checked and when. So, an audit trail was in place. No out-of-date medicines were

found after a random check of around 20 randomly selected medicines. Team members attached stickers to medicines to highlight them if they were expiring in the next three months. They recorded the date of opening on medicines that had a short shelf life. The pharmacy had medical waste bins, sharps bins and CD denaturing kits available to support the team in managing pharmaceutical waste. It used a medical grade fridge to store medicines that needed cold storage. The team kept daily records of the fridge's minimum and maximum temperature ranges. And a sample seen were within the correct ranges. The pharmacy received regular alerts about medicines and medical devices. For example, if a manufacturer had issued a recall of a medicine. It kept records of any action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide 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 used a separate cylinder to measure quantities of water. This helped reduce the risk of water being contaminated. It stored dispensed medicines in a way that prevented members of the public seeing people's confidential information. It suitably positioned computer screens to ensure people couldn't 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. Team members had access to personal protective equipment including face masks.

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.