

# Registered pharmacy inspection report

**Pharmacy Name:** Robertsons Pharmacy, 175 Otley Road, Bradford,  
West Yorkshire, BD3 0HX

**Pharmacy reference:** 9011411

**Type of pharmacy:** Community

**Date of inspection:** 30/09/2021

## Pharmacy context

The pharmacy is in a health centre in a residential suburb of Bradford. Pharmacy team members dispense NHS prescriptions and sell a range of over-the-counter medicines. They offer services including the NHS New Medicines Service (NMS) and seasonal flu vaccinations. They provide medicines to people in multi-compartment compliance packs. And they deliver medicines to people's homes. The pharmacy provides a substance misuse service. The inspection was completed during the COVID-19 pandemic.

## Overall inspection outcome

✓ **Standards met**

**Required Action:** None

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## Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy has appropriate procedures in place to help manage the risks in the pharmacy. And it regularly audits its systems and processes to make sure these remain safe and appropriate. It keeps the records required by law. Pharmacy team members record the mistakes they make during dispensing. They discuss these mistakes and make changes to prevent similar mistakes from happening again. They understand their responsibilities in protecting people's private information and they keep this information safe. Pharmacy team members know how to help protect the welfare of children and vulnerable adults.

### Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place, which were available electronically. The pharmacist had reviewed the procedures in July 2021. And had scheduled the next review of the procedures for July 2023. Pharmacy team members were in the process of reading the new procedures and signing a declaration to confirm their understanding. And there were records to show they had understood the previous SOPs in 2019. The pharmacy defined the roles of the pharmacy team members on the same sheet they signed to confirm their understanding. Each procedure on the sheet was colour coded. And each colour represented different levels of qualification. For example, the steps that the pharmacist was responsible for were highlighted with one colour. And the steps that could be done by a dispenser were highlighted in another colour. The superintendent pharmacist (SI) regularly asked the pre-registration pharmacist to carry out an audit of the SOPs before each review. He explained this was to identify whether pharmacy team members were following documented procedures. Or whether people's processes differed from the SOPs. This helped the SI focus his attention on the procedures that were most in need of change. And where people needed further training to ensure they were performing tasks in the safest and most appropriate way.

The SI carried out an audit in the pharmacy once every 12 to 18 months. He had conducted his last audit in February 2021. The audit was used to check that the pharmacy was complying with various professional and organisational requirements. For example, professional governance, data security and information governance and customer experience. The SI generated an action plan based on his findings. And each action was assigned to a person to take responsibility for making the necessary changes. The SI monitored the action plan to make sure the necessary changes were made and embedded into the team's ways of working. The pharmacy carried out a further compliance check once a quarter. The pharmacy manager completed the check online. And their responses were sent to the pharmacy owner to collate and monitor. The checklist asked the pharmacy a range of questions to make sure they were complying with key legal and professional responsibilities all the time. These questions were fixed and asked each quarter. The second part of the checklist was made up of questions that changed each quarter. And these were relevant to various elements of the pharmacy's operation that were relevant at the time. If the pharmacy did not comply with any of the questions, the checklist asked the pharmacy manager to explain why and to suggest changes they could make to improve the pharmacy's compliance with their responsibilities. The pharmacy owner was responsible for monitoring these action plans to make sure changes were made.

The pharmacy had completed a risk assessment at the beginning of the coronavirus pandemic to assess and mitigate the risks of spreading the virus. Pharmacy team members had also received a letter from

the pharmacy owners explaining the importance of good infection prevention and control measures. And explaining how best to implement these controls to help keep everyone safe. As the pandemic progressed, the pharmacy had revisited their risk assessment and made some changes. One recent change had been to remove the need for pharmacy team members to wear face coverings while they worked. Pharmacy team members had discussed face coverings. And they had considered the up-to-date government advice. They had decided to continue with other infection control measures, such as speaking to people from behind a plastic screen at the counter, wearing masks when talking to people in the consultation room and regular disinfecting and cleaning.

Pharmacy team members highlighted and recorded near miss errors they made when dispensing. They discussed their errors and why they might have happened. And they analysed their records to look for patterns. 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 the different strengths of amlodipine tablets, to help prevent them picking the wrong medicine from the shelves. The pharmacy had a process for dealing with dispensing errors that had been given out to people. Pharmacy team members recorded their errors electronically. They discussed their errors. And made changes to help prevent them happening again. In the sample of records seen, team members did not always capture much information about why the mistakes had been made or the changes to prevent a recurrence to help aid future learning. But they gave their assurance that these details were always discussed.

The pharmacy had a procedure to deal with complaints handling and reporting. It had a poster available for customers in the retail area which clearly explained the company's complaints procedure. It collected feedback from people verbally. 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. Pharmacy team members audited these against the physical stock quantity after each entry they made in a register. And every two to three months. They audited methadone registers every 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 electronically, which were complete and in order.

The pharmacy kept sensitive information and materials in restricted areas. It shredded confidential waste. The SI checked the pharmacy's compliance with the General Data Protection Regulation (GDPR) and information security at each quarterly compliance check and during their governance audit approximately every 12 months. The last audit had been completed in February 2021. And the pharmacy met all the necessary requirements. Pharmacy team members had completed training. And they clearly explained how important it was to protect people's privacy and how they would protect confidentiality. Each pharmacy team member had completed a confidentiality agreement with the pharmacy.

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. And they showed procedures for children and vulnerable adults, including contact information for local safeguarding contacts. Pharmacy team members completed mandatory training via e-Learning in 2020. The pharmacist was due to update his training in 2021.

## 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 regular ongoing training suitable for their roles. The pharmacy listens when pharmacy team members raise concerns and when they make suggestions to help improve pharmacy services.

### Inspector's evidence

At the time of the inspection, the pharmacy team members present were two pharmacists, a pre-registration pharmacist and two dispensers, a medicines counter assistant, and a pharmacy student. Pharmacy team members completed mandatory training annually to comply with the requirements of the pharmacy quality scheme. Recent topics included child and adult obesity, infection control and prevention and suicide awareness. They completed other ongoing training ad-hoc by reading trade press materials received in the pharmacy and by completing e-Learning based on their interests and development needs. The pharmacist also directed some learning about various seasonal events, such as flu vaccinations. And when there were changes in legislation. Pharmacy team members had a yearly appraisal with the pharmacy manager. The most recent appraisals had been delayed due to the COVID pandemic. Pharmacy team members discussed their performance, and any training needs they had. And they set objectives to address any issues or needs they identified.

A pharmacy team member explained they would raise professional concerns with the pharmacy manager, who was also the superintendent pharmacist (SI), or the pharmacy owners. They felt comfortable raising a concern and confident that their concerns would be considered, and changes would be made where they were needed. The pharmacy had a whistleblowing policy. And pharmacy team members knew how to access it. 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. Pharmacy team members were only asked to meet the requirements of the pharmacy's contractual obligations with the NHS. The SI encouraged good performance in other areas. One example was the current flu vaccination programme, where pharmacy team members were being encouraged to book appointments for people to receive their vaccination. This helped the pharmacy to manage its workload. And to help regulate the number of people in the pharmacy.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and well maintained. It provides a suitable space for the services provided. And it has suitable facilities so people can speak to pharmacy team members privately.

### Inspector's evidence

The pharmacy was clean and well maintained. All areas of the pharmacy were tidy and well organised. And the floors and passageways were free from clutter and obstruction. The pharmacy had a safe and effective workflow in operation. And clearly defined dispensing and checking areas. It 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 room was signposted by a sign on the door. Pharmacy team members were regularly cleaning the room before and after each use to help prevent transmission of coronavirus. The pharmacy had installed clear screens at the retail counter to help prevent the spread of coronavirus. And it had closed the entrance to the pharmacy that led directly into the adjoining surgery's reception area to help control the flow of people in and out of the pharmacy via the entrance from outside.

The pharmacy had a clean, well maintained sink in the dispensary which was used for medicines preparation. It had a toilet, which provided a sink with hot and cold running water and other facilities for hand washing. The pharmacy provided team members with hand sanitiser in various locations to help them regularly maintain good hand hygiene. Heat and light in the pharmacy was maintained to acceptable levels. The overall appearance of the premises was professional, including the exterior which portrayed a professional healthcare setting. The professional areas of the premises were well defined by the layout and well signposted from the retail area.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are easily accessible to people. And it provides its services safely and effectively. The pharmacy sources and stores its medicines appropriately. And it manages its medicines effectively. The pharmacy helps some people to take their medicines correctly by providing them in compliance packs. And pharmacy team members provide these people with necessary written information about their medicines.

### Inspector's evidence

The pharmacy had level access from the street and the surgery reception area. The entrance from the surgery was currently closed to help pharmacy team members better control the flow of people in and out of the pharmacy. And to help manage the spread of coronavirus. 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, Punjabi, Bengali, Pushto, Hinko and Arabic as well as English. They explained they had also used Google Translate to help communicate with people, often who spoke eastern European languages, such as Polish.

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. A dispenser also explained the importance of carefully placing dispensing labels on packs of valproate, so they didn't obscure the safety information on the packaging. 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 each time a change was made, they generated a new master sheet to help make sure the records were clear to help prevent mistakes. Pharmacy team members used a tracker system to monitor the progress of each pack. This helped them to track key information about pack dispensing, including when prescriptions needed to be ordered, when the packs needed to be prepared and when they were due to be delivered to people. Pharmacy team members stored completed packs neatly on shelves. Some packs, that were being stored waiting to be checked by a pharmacist, had not been sealed or closed. And this increased the risk of medicines falling out or moving to the wrong compartment. This was discussed and the pharmacist gave his assurance that packs would always be closed for storage. Pharmacy team members had created a holding area to store and segregate packs where there were prescribing queries or that were waiting for stock to arrive. This helped to prevent incomplete packs being supplied. They attached a note to the dispensing basket to give details of the query to help track progress.

The pharmacy delivered medicines to people. It tracked and recorded the deliveries made using an

electronic system. The system linked to the driver's hand-held device which provided the driver with information about each delivery run. And under normal circumstances, people signed using the device to confirm receipt. But this was not currently being used to help protect people from transmission of coronavirus. Pharmacy team members highlighted bags containing controlled drugs (CDs) to the delivery driver. 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. During the pandemic, the delivery driver was placing a package on a doorstep, knocking on the door, and moving back to a safe distance to watch someone accept the delivery and confirm their identity.

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 two fridges each day. And they recorded their findings. The temperature records seen were within acceptable limits. Pharmacy team members checked medicine expiry dates every three months. And up-to-date records were seen. Pharmacy team members highlighted and recorded any short-dated items up to six months before their expiry. And they removed expiring items at the beginning of their months of expiry. The pharmacy had a stock transfer system in place between its sister pharmacies. Pharmacy team members shared information about short-dated items with other pharmacies so they could request a transfer of the medicines if they were able to use them before they expired. This helped to reduce medicines wastage. The pharmacy responded to drug alerts and recalls. It quarantined any affected stock found for destruction or return to the wholesaler. It recorded any action taken. And records included details of any affected products removed.



## 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 and shields. The pharmacy had a set of clean, well maintained measures available for medicines preparation. It had a suitable shredder available 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. The pharmacy's fridges were 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
<span style="color: green;">✓</span> <b>Excellent practice</b>	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.
<span style="color: green;">✓</span> <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✓</span> <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.