

Registered pharmacy inspection report

Pharmacy Name: Fir Vale Pharmacy, 1 Hinde House Lane, Sheffield, South Yorkshire, S4 8GX

Pharmacy reference: 9011433

Type of pharmacy: Community

Date of inspection: 12/05/2021

Pharmacy context

This is a community pharmacy in the city of Sheffield. The pharmacy is open for 100 hours a week. Its main services include selling over-the-counter medicines and dispensing NHS prescriptions. And it delivers medicines for some people to their homes. 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 identifies and manages risks with its services. And it effectively manages the risks with infection control during the pandemic to help keep members of the public and team members safe. It maintains the records it needs to by law and keeps people's private information secure. The pharmacy's team members learn from the mistakes they make during the dispensing process. They put measures in place to reduce the risk of similar errors happening again to help improve safety.

Inspector's evidence

The pharmacy had several procedures in place to help manage the risks to the services it offered and help prevent the spread of coronavirus. These included posters on the entrance door and in the retail area, reminding people visiting the pharmacy to wear a face covering as required by law. The pharmacy had placed large plastic screens at the counter which acted as a protective barrier between team members and members of the public. Markings on the floor of the retail area and retractable belt barriers helped people socially distance and keep to a one-way flow from their entrance to exit. When the inspector entered the premises, the pharmacy's team members were not wearing face coverings. The pharmacy's superintendent pharmacist (SI) wore a face covering when the inspection commenced. Team members were able to socially distance from each other while they worked as the main part of the dispensary was large.

The pharmacy had a set of standard operating procedures (SOPs). They covered tasks such as dispensing, responsible pharmacist requirements and controlled drug (CD) management. There wasn't an index available to help find an SOP easily. The SOPs had been written in February 2021. This was when the pharmacy moved to the premises. Each team member had read and understood the SOPs that were relevant to their role and there was a sheet for team members to sign to confirm this.

The pharmacists spotted near miss errors made by team members during the dispensing process. They informed the dispenser of the error and asked them to rectify the mistake. The pharmacist who spotted the mistake made a record near miss error into a paper near miss log and had a brief discussion with the dispenser as to why the mistake happened. The team recorded the reason for the error. The SI explained the pharmacy employed several locum pharmacists, some of whom were not aware of the near miss recording process and so they didn't record every near miss. The SI planned to hold a meeting with all the locum pharmacists the pharmacy employed to remind them of the importance of recording the details of each near miss error. The SI completed a monthly analysis of the near miss log. He looked for any patterns or trends in the errors to see if any steps could be taken to prevent similar errors from happening. Recently the team had discussed the importance of ensuring that medicines were stored tidily on dispensary shelves to prevent the incorrect medicine being chosen during the dispensing process.

The pharmacy had a concerns and complaints procedure. It was clearly outlined for people to see through information leaflets located in the retail area that people could select and take away with them. Any complaints or concerns were required to be raised verbally with a team member.

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 private prescriptions. It kept CD registers and records of CDs returned by people to the pharmacy. Every two months the CD registers were audited against physical stock approximately. The physical stock of two CDs were checked against the running balance in the CD register and they were found to be correct.

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 separate bag to avoid a mix up with general waste. The waste was periodically destroyed using a shredder. Team members understood the importance of keeping people's private information secure and they had all completed information governance training as part of their employment induction process. The SI and an administrative team member had completed level two training on safeguarding vulnerable adults and children via the Centre of Pharmacy Postgraduate Education. Other team members had not completed formal training, but they were aware of their responsibilities and gave examples of when they would escalate any concerns.

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. The pharmacy provides its team members with training material to support them in improving their knowledge and skills.

Inspector's evidence

At the time of the inspection, the responsible pharmacist (RP) was the pharmacy's superintendent pharmacist (SI). Two full-time qualified pharmacy assistants supported him. One of the pharmacy assistants also carried out deliveries of medicines to people's homes. Team members who were not present during the inspection included a trainee pharmacy technician and an administrative assistant. The SI worked approximately 45-50 hours a week. A pool of locum pharmacists covered the hours he didn't work. The pharmacy operated with a minimum of three team members working at any one time. There were clear rotas affixed to a dispensary wall. The rotas showed that more team members worked during busier times to ensure the workload was managed efficiently. Planned and unplanned staff absences were covered by people working overtime. Team members were highly experienced and explained they enjoyed working despite the recent pressures of the Covid-19 pandemic. The team was observed to be working well and were not seen dispensing prescriptions under any significant time pressures. The team members explained the pandemic had been an extremely challenging time, but they felt they had coped well and continued to offer an efficient service to people.

Team members were given the opportunity to train during their working hours to improve their knowledge and skills. The pharmacy had an electronic tablet supplied by a third-party contractor. Team members used the tablet to access various healthcare related modules which they could work through to train. Each team member had their own, individual login and complete training records were stored on the tablet. Team members had protected time to train so they could work without any distractions. They typically trained for around 30 minutes a month and completed a short quiz after each module to test their understanding. The pharmacy had a whistleblowing policy in place so the team members could raise and escalate a concern anonymously. But it wasn't displayed or outlined to team members in a way that they could access it easily. The pharmacy didn't set any targets to the team.

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, highly professional in appearance and well maintained. The team cleaned the pharmacy regularly throughout the working day to reduce the risk of spreading infection. And the team members had a cleaning rota in place to help them do this. They paid attention to areas of the pharmacy that were touched regularly such as benches and door handles. Throughout the inspection the pharmacy kept the dispensary tidy and well organised. Floor spaces were kept clear to prevent the risk of a trip or a fall. The pharmacy had a sound-proofed consultation room which contained adequate seating facilities. The room was large enough for people to appropriately socially distance from each other when in use. The pharmacy used a clean sink in the dispensary to prepare medicines. It had a toilet with handwashing facilities and a sink in the staff area which provided hot and cold water and other handwashing facilities. The temperature was comfortable throughout the inspection. Lighting was bright throughout the premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services which support people and the services are easily accessible to people. It manages these services well. The pharmacy manages the risks associated with the services it provides to ensure people receive their medicines safely. It stores and manages its medicines correctly to ensure they are fit for purpose.

Inspector's evidence

People had level access into the pharmacy via the main entrance from the street. 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 the pharmacy to dispense their prescriptions. Team members had access to the internet which they used to signpost people requiring services that the pharmacy did not offer. They used written communication to help people with a visual impairment, and the pharmacy provided large-print labels on request. The SI spoke Slovakian, Punjabi and Urdu which helped him in communicating with people who didn't speak English as a first language. If the team didn't speak a language that people wanted to communicate in, they used Google translate to help them.

Team members used various stickers as an alert before they handed out medicines to people. For example, to highlight interactions between medicines or the presence of a fridge line or a CD that needed handing out at the same time. 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. There were separate dispensing and checking areas of the dispensary. Pharmacy team members gave out owing slips to people on occasions when the pharmacy could not supply the full quantity prescribed. They gave one slip to the person and kept one 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. The delivery 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 whose GP prescribed valproate, and aware of the associated risks. They knew the advice to give and had printed information available in the dispensary to give to people to help them manage the risks of taking valproate. The SI worked closely with the local surgery. He had access to patient records and demonstrated how he could check if people were up to date with their blood tests and appointments before ordering their prescriptions. The SI explained that the collaboration between the pharmacy and the surgery had worked well for patients as communication had been significantly improved.

The pharmacy supplied medicines in multi-compartment compliance packs to several people. The pharmacy provided these packs either weekly or every four weeks. To help manage the workload evenly, the team divided the dispensing of the packs across a four-week cycle. The team members used master sheets which contained a list of the person's current medication and dose times. They checked prescriptions against the master sheets for accuracy before the dispensing process started. And they 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 team supplied patient information leaflets and annotated descriptions of the medicines on the packs to help people identify them. For

example, 'orange, round, capsule'.

Pharmacy (P) medicines were stored behind the pharmacy counter and people were not able to self-select them. The pharmacy kept prescription only medicines in restricted areas of the premises and it stored these tidily on shelves and in drawers. The pharmacy had medical waste bins, sharps bins and CD denaturing kits available to support the team in managing pharmaceutical waste. The CD cabinet was well organised with out-of-date and patient returned CDs were appropriately segregated. The pharmacy had a fridge used to store medicines that required cold storage. The contents of the fridge were well organised, and the team monitored and recorded the minimum and maximum temperature ranges the fridge each day. The records seen were within acceptable ranges.

The pharmacy had a process to check the expiry dates of its medicines every three months. The team was up to date with the process. A random check of around 20 randomly selected medicines found no out-of-date medicines. The pharmacy attached stickers to medicines to highlight those expiring in the next three months. They recorded date of opening on medicines that had a short shelf life once they had been opened. The pharmacy received drug alerts and recalls. It quarantined any affected stock and retained a record of the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs for 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. The pharmacy stored medicines waiting to be collected in a way that prevented people's confidential information being seen by members of the public. It positioned computer screens in a way that meant confidential information wasn't seen by unauthorised people. 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. It had a wireless card terminal for contactless transactions and reduce the use of cash. Team members had access to personal protective equipment including face masks, visors, aprons and gloves.

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. |