General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Abrar Rehman Pharmacy, Ashwell Medical Centre, Ashwell Road, Manningham, Bradford, West Yorkshire, BD8 9DP

Pharmacy reference: 9011774

Type of pharmacy: Community

Date of inspection: 25/11/2024

Pharmacy context

The pharmacy is in a health centre in the suburbs of Bradford city centre. Pharmacy team members dispense NHS prescriptions and sell a range of over-the-counter medicines. They supply some medicines for people in multi-compartment compliance packs. And they provide the NHS New Medicines Service, Blood Pressure Check service and seasonal Covid-19 and flu vaccinations for people. The pharmacy delivers medicines to people's homes.

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
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. It has the written procedures it needs relevant to most of its services to help team members provide services safely. Pharmacy team members understand their role to help protect vulnerable people. And they suitably protect people's confidential information. Team members record and discuss the mistakes they make so that they can learn from them. But they don't always record key information or analyse these records, so they may miss some opportunities to learn and improve.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) in place to help pharmacy team members manage the risks to its services. Pharmacy team members accessed the SOPs electronically. The pharmacy owner reviewed the SOPs on a rolling cycle and sent an email to the team to alert them about new and reviewed SOPs to read. The pharmacy manager monitored these emails to ensure team members read the necessary SOPs. Team members signed a paper document to confirm the head read and understood the SOPs since their last review between 2022 and 2024.

The pharmacy provided seasonal COVID-19 and flu vaccinations for people. Pharmacy team members had considered some of the risks of delivering the service to people. These included consideration of the suitability of the pharmacy's consultation room, whether the necessary documents were in place, and whether team members had completed the right training. The pharmacist and pharmacy manager, who was also a dispenser, had recorded these assessments to help team members manage emerging risks on an ongoing basis. The pharmacy had the relevant SOPs and patient group directions (PGD) available to help team members manage the service. Sometimes the trainee pharmacists were involved in vaccinating people, under the pharmacist's direct supervision. And they had been properly trained to administer vaccinations. The pharmacy also provided the NHS Blood Pressure Check service for people. And the pharmacy had assessed the risks of providing the service in a similar way. The pharmacist had trained several pharmacy team members to provide the service, including dispensers and a medicines counter assistant. Team members had read the SOP for the service, and they had been trained about hypertension and how to use the blood pressure monitor by the pharmacist. But the pharmacy did not always keep records of the training it had provided team members with to deliver the blood pressure service, to help monitor ongoing learning and development.

Pharmacy team members discussed and recorded mistakes that were identified before people received their medicines, known as near misses. And mistakes identified after people had received their medicines, known as dispensing errors. There were documented procedures to help them do this effectively. They discussed why the mistakes might have happened, and they recorded some information about each mistake. Team members did not record much information about why the mistakes had been made or the changes they had made to prevent a recurrence to help aid future learning. But they gave examples of separating look-alike and sound-alike medicines and counting the quantity of medicines required before placing them in multi-compartment compliance packs, to help prevent picking and quantity errors. The pharmacy manager explained that they looked at the data collected about near miss errors to establish any patterns approximately every two to three months. And they recorded information about their analysis and the subsequent discussion with team members to help prevent errors happening again.

The pharmacy had a documented procedure to help deal with complaints handling and reporting. Team members collected feedback from people verbally. And there was a poster available for people in the retail area which gave instructions about how to make a complaint. The pharmacy did not have any records of any feedback or complaints they had received.

The pharmacy had current professional indemnity insurance. It kept accurate controlled drug (CD) registers electronically, with running balances in all registers. Pharmacy team members audited these registers against the physical stock quantity every week. The pharmacy maintained a register of CDs returned by people for destruction, and this was correctly completed. It maintained a responsible pharmacist (RP) record, which sometimes had gaps in the sign-out time of the RP. The pharmacist displayed their responsible pharmacist notice so they could be identified. Pharmacy team members monitored fridge temperatures daily. But they did not always record the temperatures to help with accurate monitoring. They accurately recorded private prescriptions and emergency supplies.

The pharmacy kept sensitive information and materials in restricted areas. Pharmacy team members collected confidential waste in dedicated bags, which were sealed when full and collected for secure destruction. They explained how they protected people's privacy and confidential information. And the pharmacy had a documented procedure about confidentiality and data protection available to help the team achieve this. Pharmacy team members gave some examples of signs that would raise their concerns about vulnerable children and adults. They explained how they would refer their concerns to the pharmacist and would use the internet to find contact details for local safeguarding teams to report their concerns to. Pharmacy team members had completed formal safeguarding training in 2024.

Principle 2 - Staffing ✔ Standards met

Summary findings

Pharmacy team members have the right qualifications and skills for their roles and the services they provide or are enrolled on appropriate training courses. 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 changes to improve the way they manage their services.

Inspector's evidence

At the time of the inspection, the pharmacy team members present were a locum, four dispensers, one of whom was the pharmacy manager, a trainee dispenser, and a trainee medicines counter assistant. Team members had the right qualifications for their roles. And they managed the workload well during the inspection. Pharmacy team members completed additional training ad hoc by reading various pharmacy-related articles and discussing topics suggested by the pharmacist and pharmacy manager. Some recent topics included safeguarding and antimicrobial stewardship. Team members received an informal appraisal every two to three months, where they discussed their progress. They explained they would raise any learning needs informally with the pharmacist or manager, who would teach them or signpost them to appropriate resources.

Pharmacy team members felt comfortable sharing ideas to improve the pharmacy's services. Following a discussion where team members had identified areas for improvement, the pharmacy had changed the way they managed invoices they received for CDs. This was to help make sure that CDs were correctly entered into the CD registers. Pharmacy team members explained they would raise professional concerns with the pharmacist, manager or area manager. They felt comfortable raising concerns. And confident that concerns would be considered, and changes would be made where they were needed. The pharmacy had a whistleblowing policy, and instructions about how to access the procedure was displayed to team members in the pharmacy.

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, tidy and well maintained. Its floors and passageways were free from clutter and obstruction. And 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 provide services from and 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 elsewhere in the medical centre, 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. It has systems in place to help it provide services safely and effectively. The pharmacy sources its medicines appropriately. And it stores and manages its medicines as it should. Pharmacy team members provide people with the necessary advice and information about their medicines.

Inspector's evidence

The pharmacy had level access from the car park, via the health centre's reception area and via a separate pharmacy entrance. It also had an automatic door to help people gain access to the pharmacy. 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. But they were unsure about how 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 had also used an online translation tool to help communicate with people who spoke other languages, such as Polish.

Team members explained how the pharmacist would counsel 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. And team members were aware of the requirements to dispense valproate in manufacturer's original packs.

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. And they provided people with patient information leaflets about their medicines at least each month. Pharmacy team members documented any changes to medicines provided in packs on the person's electronic patient medication record (PMR).

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 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 delivery driver then automatically tried to deliver again the following day, before returning the medicines to the pharmacy once more and highlighting the failed delivery to the pharmacy manager.

The pharmacy obtained medicines from licensed wholesalers. It had disposal facilities available for unwanted medicines, including CDs. The pharmacy stored controlled drugs (CDs) in a locked CD cabinet. Team members monitored the minimum and maximum temperatures in the pharmacy's fridges each day and generally recorded their findings. The temperature records seen were within acceptable limits. But there were occasional gaps in the records which meant team members may not always have

current information about whether the fridge temperatures were being maintained accurately. This was discussed with the pharmacy manager who gave their assurance they would remind team members to record temperatures each day.

Pharmacy team members checked medicine expiry dates every two months, and they recorded their checks. They highlighted packs of medicines due to expire in the next three months. These items were removed from the shelves during the month before their expiry. Pharmacy team members explained how they acted when they received a drug alert or manufacturers recall. But they did not record these actions. Since the last inspection, the pharmacy had reduced the amount of stock on the shelves. Team members had achieved this by more carefully monitoring the medicines being ordered from wholesalers. This had provided more shelf space to store stock in a tidier and more organised way.

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. It had various pharmacy reference texts and use of the internet. And it had suitable bags 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. 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 liquid medicines preparation. And it had a separate set of measures exclusively to prepare methadone. The pharmacy also had the necessary equipment available in the consultation room to safely provide its vaccination services to people.

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.