

Registered pharmacy inspection report

Pharmacy Name: Alpha & Omega, 2A High Court, Leeds, West Yorkshire, LS2 7ES

Pharmacy reference: 9012291

Type of pharmacy: Community

Date of inspection: 06/08/2024

Pharmacy context

This pharmacy is in Leeds city centre and opened in February 2024. The pharmacy's main activities are dispensing NHS prescriptions and selling over-the-counter medicines. It delivers medicines to some people's homes. And it offers the NHS Pharmacy First service and substance misuse services.

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 suitably identifies and manages the risks associated with its services. It has up-to-date written procedures that team members follow to help ensure they provide the pharmacy's services safely. And it generally keeps the records it needs to by law. The pharmacy suitably protects people's private information. And it provides team members with guidance to help them respond correctly to safeguarding concerns about vulnerable people. The team members respond appropriately when mistakes happen by identifying what caused the error and acting to prevent future mistakes.

Inspector's evidence

The pharmacy had a range of up-to-date standard operating procedures (SOPs) including for using the electronic patient medication record (PMR) system which used bar code scanning technology. The SOPs provided team members with information to perform tasks supporting the delivery of services. They had read the SOPs but had not signed all the signature sheets to show they understood and would follow them. Team members demonstrated a clear understanding of their roles and worked within the scope of their role.

The pharmacy had a procedure for identifying and recording errors made during the dispensing of a prescription, known as near miss errors. A sample of near miss records showed detailed information that demonstrated the team had learnt from the error and had acted to prevent errors from reoccurring. Following a review of the near miss record a notice had been placed above the computer terminal using the bar code technology to remind team members to scan each pack dispensed. A separate procedure covered errors that were identified after the person received their medicines, known as dispensing incidents. The investigation of an incident when a person received the wrong medication in a multi-compartment compliance pack revealed the pack had not been checked by a pharmacist. So, all team members were made aware of the incident and informed that only pharmacists were allowed to hand out the packs. The SOP for dispensing these packs was amended to reflect this. However, a record of the incident had not been made. People could raise a concern or give feedback directly to the pharmacists. They had recently received a thank-you card after helping a person.

The pharmacy had current indemnity insurance. A sample of records required by law including the Responsible Pharmacist (RP) records and controlled drug (CD) registers generally met legal requirements. The RP log had several entries made using ditto marks under the initial entry on the page when it was the same RP. And there were no entries for the 03 and 05 August 2024. The incorrect RP notice was displayed at the start of the inspection but was corrected when highlighted. The CD registers were kept in accordance with legal requirements. And the pharmacists regularly checked the balance of CDs in the registers against the physical stock to identify any issues such as missed entries. The NHS Pharmacy First service was supported by up-to-date patient group directions (PGDs). These gave the pharmacists the legal authority to supply prescription only medicines. A sample of private prescriptions written by the pharmacist prescriber found some were not legally compliant as they were missing details such as the prescriber's name. And on one prescription there was no signature. The records of supplies against private prescriptions were correct.

Team members had completed training about data protection and they separated confidential waste for shredding onsite. However, there was no information in the pharmacy or on its website for people

to read how their confidential information was protected. The pharmacy had safeguarding procedures for the team to follow and team members had access to contact numbers for local safeguarding teams. Team members had completed up-to-date safeguarding training appropriate to their role.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a small team with the appropriate range of experience and skills to provide its services. Team members work well together and are good at supporting each other in their day-to-day work. They have opportunities to receive some feedback and complete training so they can suitably develop their skills and knowledge.

Inspector's evidence

The Superintendent Pharmacist (SI) and the other pharmacist owner worked full-time at the pharmacy. They were supported by a full-time trainee dispenser and a part-time team member who had been in post two months. The trainee dispenser was supported by the pharmacists to complete their training and was given regular feedback on their progression. The part-time team member had a short-term contract and was leaving in September. They had received internal training on the basic procedures from both pharmacists. At the time of the inspection the SI, the other pharmacist owner and the trainee dispenser were on duty. The team worked well together and supported each other particularly to ensure people presenting at the pharmacy counter were not kept waiting.

Team members held regular meetings and had one-to-one sessions with the SI where they could ask questions and discuss their training and development. The SI ensured all team members were kept up to date with new initiatives and information about new medicines. Team members worked well together especially when several people presented at the pharmacy for advice and to collect their prescriptions.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are clean, secure, and provide a suitable environment for the services provided. It has good facilities to meet the needs of people requiring privacy when using its services.

Inspector's evidence

The pharmacy premises were professional in appearance and kept tidy and hygienic. There were separate sinks for the preparation of medicines and hand washing, with hot and cold water available along with hand sanitising gel. Team members kept the work surfaces in the dispensary tidy and they kept floor spaces clear to reduce the risk of trip hazards. The pharmacy had a defined professional area and items for sale in this area were healthcare related.

The pharmacy had a large soundproof consultation room which team members used for private conversations with people and when providing services. The pharmacy restricted public access to staff only areas during its opening hours.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides a range of services that supports people's health needs. And it manages its services satisfactorily to help people receive their medicines safely and with appropriate care. Team members obtain medicines from reputable sources. And they adequately store and carry out checks to ensure medicines are in good condition and suitable to supply.

Inspector's evidence

People accessed the pharmacy via a small step through a wide door. And there was plenty of room for people to move around the retail area. There was a pharmacy information leaflet providing people with details of the services offered and the contact details of the pharmacy. Team members provided people with information on how to access other healthcare services when required. They asked appropriate questions when selling over-the-counter products and knew when to refer to the pharmacist.

The pharmacy provided multi-compartment compliance packs to help a few people take their medicines. Each person had a record listing their current medication and dose times. To manage the workload and ensure people received their medication on time most packs were dispensed in advance of the prescription being sent and against the medication record. An initial check was completed by the pharmacist who referred to the record. The pharmacist completed a second check once the prescription was received and before the packs were put in bags ready for supply. The team did not record the descriptions of the products within the packs but did supply the manufacturer's patient information leaflets. This meant people had some information to help them identify the medicines in the packs.

The pharmacy supplied some people's medicine daily as supervised and unsupervised doses. The doses were prepared in advance to reduce the workload pressure of dispensing at the time of supply. The prepared doses were stored securely and people's doses separated to reduce the risk of the team selecting the wrong one. The SI had met with key workers and prescribers from the local team regarding the pharmacy's capacity to provide the service. And asked for advance notice if more people were to be referred so additional secure storage could be installed. Team members were aware of the criteria of the valproate Pregnancy Prevention Programme (PPP). And the requirement for valproate to be supplied in the manufacturer's original packaging. They reviewed people prescribed valproate to identify anyone who may meet the PPP criteria and reported no-one prescribed valproate met the criteria.

Team members used plastic tubs during the dispensing process to isolate individual people's medicines and to help prevent them becoming mixed up. The bar code technology embedded within the PMR would not release prescriptions for dispensing until the pharmacist had completed their clinical check. The dispenser generated the labels and picked the medication from the shelves before taking a break between these tasks and attaching the labels and scanning the medication. This helped to identify any errors alongside the bar code technology. The pharmacist completed an accuracy check on all dispensed prescriptions. Team members had unique log-in numbers related to their role which provided a record of who had been involved in each step of the process. A bag label embedded with a unique bar code was generated and a text message sent to the person advising them their prescription was ready to collect. The pharmacy used clear bags to hold dispensed medicines stored in the fridge so the team, and the person collecting the medication, could check the supply. The pharmacists provided a

delivery service and delivered people's medication after the pharmacy had closed. A record was kept of people due a delivery and a signature of receipt obtained for CDs.

The pharmacy obtained medication from several recognised sources. And team members stored the medicines on the dispensary shelves in a tidy manner. However, some medicines had been transferred to plain boxes and tablet bottles and were labelled with only the medicine's name, with the batch number and expiry date of the medicine missing. This meant team members would not know if the medication was affected by a safety alert or was in date. Team members checked the expiry dates on stock and marked short-dated stock to prompt them to check the medicine was still in date when dispensing. And the automated PMR system alerted the team to expired stock when the bar code on the medicine's packaging was scanned during the dispensing process. The team checked fridge temperatures each day but did not keep a record of this. The fridge temperature at the time of the inspection was within the correct range. The pharmacy had medicinal waste bins to store out-of-date stock and returned medication, along with appropriate denaturing kits to destroy CDs. The pharmacy received alerts about medicines and medical devices from the Medicines and Healthcare products Regulatory Agency via email. Appropriate action was taken in response to the alert and all team members were informed.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. And it makes sure it uses its equipment appropriately to protect people's confidential information.

Inspector's evidence

The pharmacy had reference resources and access to the internet to provide the team with up-to-date information. The pharmacy had equipment available for the services provided including a range of CE equipment to accurately measure liquid medication. It had a fridge for storing medicines requiring these temperatures which had a glass door so the team could view the stock without prolong opening of the door. The pharmacy had a stethoscope and blood pressure monitor that were recently purchased. The pharmacy computers were password protected and access to people's records restricted by the NHS smart card system. Team members stored completed prescriptions away from public view and they held other private information in the dispensary which had restricted public access.

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. |