

Registered pharmacy inspection report

Pharmacy Name: Yorkshire Pharmacy Clinic, 116 Queens Road,
Halifax, West Yorkshire, HX1 3XY

Pharmacy reference: 9012297

Type of pharmacy: Community

Date of inspection: 22/10/2024

Pharmacy context

This is a private pharmacy situated in Halifax. It provides face-to-face services for weight loss, health checks and a phlebotomy service. The pharmacy has a website:
<https://www.yorkshirepharmacyclinic.co.uk/> but no services are currently provided from this.

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 the risks associated with its services to help provide them safely. The pharmacy keeps the records it needs to by law and has procedures in place to learn from mistakes. And it protects people's personal information appropriately.

Inspector's evidence

The pharmacy's main activity was providing a face-to-face weight loss services under a patient group direction (PGD) as well as providing a phlebotomy service. No over-the-counter medicines were sold. The pharmacy was in the process of providing an ear wax removal service and a travel clinic.

Standard operating procedures (SOPs) were available and had been read and signed by team members. Risk assessments were available, these had been prepared by the superintendent pharmacist (SI) when the pharmacy had first opened. The pharmacy was using template SOPs provided by a third party and some of the SOPs did not accurately reflect how tasks were carried out. For example, the labelling of medicines. The SI provided an assurance that this would be reviewed.

The SI explained that due to the volume of business, and the absence of distractions, there had not been any errors that had been made whilst dispensing. There were written processes available for team members to refer to in the event that an error was to occur.

The pharmacy had current professional indemnity insurance which covered all the services provided. The pharmacy had a complaints procedure and a complaints section on the website that people could use. The correct RP notice was displayed. Private prescription and RP records were well maintained. The pharmacy did not supply any controlled drugs (CDs).

The pharmacy had an information governance policy which all team members had been briefed on. Confidential waste was separated and destroyed using a shredder. The pharmacist and dispensers had completed safeguarding training to help protect vulnerable people.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload appropriately. Its team members are able to discuss issues as they arise.

Inspector's evidence

The pharmacy team consisted of a regular pharmacist, who was also the SI, and two trained dispensing assistants who worked on the days when appointments for pharmacy services has been booked. Only the SI pharmacist was present during the inspection. Another pharmacist worked some days alongside the phlebotomist to provide advice to people if needed.

Staff performance was managed informally by the SI and conversations were held in person. They discussed any improvements that needed to be made, the identification of training needs and provided general feedback. Team members completed online training modules to keep up to date about the services provided. This was predominantly completed on the Centre for Pharmacy Postgraduate Education (CPPE) website. As the team was small, pharmacy related issues or concerns were discussed as they arose. However, the SI arranged monthly team meetings for everyone to catch up.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean and suitable for the pharmacy's services. They are secure when closed. The pharmacy's website gives people information about who is providing its services.

Inspector's evidence

The pharmacy premises consisted of a reception and waiting area which was also used for dispensing medicines. There were two clinic rooms and a staff room which also contained the medicines fridge. Cleaning was done by the team. The premises were clean, bright and were professional in appearance. The premises were kept secure from unauthorised access. The room temperature and lighting were adequate for the provision of healthcare services.

One of the clinic rooms was used predominantly for carrying out consultations with people and the other was used for providing phlebotomy services. The SI explained they were looking to deliver other services from this room in future such as ear wax removal. People using the pharmacy's services were not left unaccompanied in the rooms.

The pharmacy's website had details about the services provided and allowed people to book appointments. The website gave clear information how people could make a complaint, how people can contact the pharmacy and the GPhC registration information for the pharmacy.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely. It obtains its medicines from licensed sources and generally manages them appropriately so that they are safe for people to use. Team members take the right action when safety alerts are received, to ensure that people get medicines and medical devices that are safe to use.

Inspector's evidence

The pharmacy had steps at the front. Services were provided on an appointment basis and people had to make appointments on the pharmacy's website or on with the PGD provider's website. Prior to the appointment, team members asked people about any accessibility issues and a portable ramp was available which was used when needed. People were signposted to other services where appropriate.

The pharmacy provided a weight loss service under a PGD. The SI had completed online and face-to-face refresher training in line with the PGD requirements and had the appropriate documentation in place for the service. The PGD document had an eTool which operated alongside it and was used by the pharmacist as part of the consultation. The weight loss services was only provided following a face-to-face consultation. People's weight was checked at the pharmacy as part of the service to ensure it fell within the required parameters for treatment under the PGD. The RP also carried out a cardiovascular risk assessment. Life-style changes as well as common side-effects were discussed. People were shown a video at the first consultation on how to use the pens and the SI supervised the person administer the first dose. People were able to arrange a video consultation if they were having difficulties with administering the medication once home. The PGD system allowed for people's regular GP details to be recorded. The pharmacy passed on clinical information for people using the service to their GP if they provided consent to do so.

Medicines were assembled by one of the dispensers and then checked by the SI. The pharmacy used a template to produce dispensing labels, which met requirements. Records of medicines that had been supplied were maintained electronically. Consultations were recorded on the Pharmadoctor portal and the pharmacy also used a clinic software to record notes.

The pharmacy provided a phlebotomy service. Blood samples were taken at the pharmacy and sent to a laboratory for testing. People were sent their results directly from the laboratory.

Medicines were obtained from licensed wholesalers and stored appropriately. Fridge temperatures were monitored and recorded on the days that the pharmacy was open. They were observed to be within the required range for storing temperature-sensitive medicines. However, as the pharmacy was not open every day there were large gaps in between checks. Following the inspection, the SI provided confirmation that he had purchased a 24-hour data logger which would continuously monitor the temperature. Date checking was done every month and recorded on a date-checking matrix. Drug recalls were received via a third-party system. The team checked the stock and took the appropriate action. The alert had to be actioned once the task had been completed.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for its services. Its team members use the equipment in a way to help protect people's private information.

Inspector's evidence

The pharmacy had a suitable medical fridge available. Up-to-date reference sources were available including access to the internet. The pharmacy had a weighing scale, blood pressure monitor, pulse oximeter, blood glucose monitor, and otoscope which was used as part of the services provided. The blood glucose monitor was calibrated before each use.

Confirmation was given that computer systems met the latest security specification. Computers and the patient medication records (PMR) were password protected and screens were not visible to people using the pharmacy.

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.