General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Medichem Pharmacy, 429 Harehills Lane, Leeds, West Yorkshire, LS9 6EY

Pharmacy reference: 9012377

Type of pharmacy: Community

Date of inspection: 23/10/2024

Pharmacy context

This community pharmacy is in a health centre in a large suburb of Leeds. The pharmacy's main activities are dispensing NHS prescriptions and selling over-the-counter medicines. And it supplies several people with their medicines in multi-compartment compliance packs to help them take their medication correctly. The pharmacy delivers medicines to a few people in their homes. It provides other NHS services including the Pharmacy First Service and the hypertension case finding service.

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 suitably identifies and manages the risks associated with its services. It has written procedures that the pharmacy team follows, and it mostly completes the records it needs to by law. Team members protect people's private information and they understand their roles in safeguarding the safety and wellbeing of children and vulnerable adults. They respond appropriately to errors by discussing what happened and taking action to prevent future mistakes.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) published by a national pharmacy organisation. The SOPs had a date of publication of 2019 but they did not name the pharmacy or have a start date relevant to when the pharmacy began operating in April 2024. Team members had read the SOPs but had not signed the SOPs signature sheets to show they'd read, understood and would follow them. The team members demonstrated a clear understanding of their roles and worked within the scope of their role.

The pharmacy had a procedure for managing errors that occurred during the dispensing process, known as near miss errors. The pharmacist spoke with the team member involved to identify what had caused the error and what actions they could take to prevent the same error. This was done before a record of the error was made. A separate procedure covered errors that were identified after the person received their medicines, known as dispensing incidents. This included keeping a separate record. The team reported there had not been any dispensing incidents since the pharmacy opened. Team members identified potential risks to the safe dispensing of prescriptions, for example medicines with two different formulations such as tablets and capsules, which they highlighted to each other. And they separated them on the shelves to reduce the risk of picking the wrong medication. Team members followed appropriate procedures for handling complaints raised by people using the pharmacy services.

The pharmacy had current indemnity insurance. A sample of records required by law such as the Responsible Pharmacist (RP) records and controlled drug (CD) registers generally met legal requirements. A sample of RP records showed several days when the pharmacist had not recorded when they had stopped being the RP. The pharmacist's RP notice was not clearly displayed, this was corrected during the inspection. The pharmacy kept records of CDs returned by people for destruction. The pharmacists regularly checked the balance of CDs in the registers against the physical stock to identify any issues such as missed entries. And a random balance check undertaken during the inspection was correct. To support the NHS Pharmacy First service the pharmacy had a range of patient group directions (PGDs). These provided the legal framework for the pharmacists to provide medication such as antibiotics. The PGDs were signed by the pharmacist manager to show they understood them and would follow them.

Team members completed training about protecting people's private information and they placed confidential waste in a labelled bin that was taken offsite for shredding. The pharmacy provided the team with safeguarding guidance and team members had completed training relevant to their roles.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has a team with a range of skills and experience to safely provide its services. Team members work well together, and they are good at supporting each other in their day-to-day work. They have opportunities to receive feedback and complete ongoing training to further develop their skills and knowledge.

Inspector's evidence

A full-time pharmacist manager and locum pharmacists covered the opening hours as RP. The pharmacy team consisted of three full-time dispensers and one part-time dispenser. Team members worked well together and supported each other to ensure people presenting at the pharmacy counter were promptly served. Some team members had specific tasks. However, all team members knew how to undertake key tasks which ensured these tasks were completed regularly especially at times when team numbers were reduced such as planned absence. The pharmacist manager had been in post a few weeks but had spent time at another pharmacy owned by the company before starting at this pharmacy. And they received support from the Superintendent Pharmacist (SI) and senior colleagues who regularly visited the pharmacy.

The pharmacy held morning team meetings and team members used an online communication platform to share key pieces of non-confidential information with each other. Team members received informal feedback on their performance from the pharmacist manager and SI and they were encouraged to suggest changes to processes. The pharmacy provided team members with additional training to keep their knowledge up to date. This included mandatory training covering legal requirements and training on minor illnesses. And they had been trained on taking blood pressure (BP) readings. Team members had protected time at work to complete the training. Targets were in place for the services provided but the team reported there was no pressure to achieve them. And they used the targets to focus on promoting the pharmacy’s services.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are clean, secure and suitable for the services provided. And the pharmacy has appropriate facilities to meet the needs of people requiring privacy when using its services.

Inspector's evidence

The pharmacy premises were hygienic and tidy, there were separate sinks for the preparation of medicines and hand washing. There was enough storage space for stock, assembled medicines and medical devices. Team members kept floor spaces clear to reduce the risk of trip hazards. There was a defined professional area and items for sale in this area were healthcare related. And there were two well equipped, soundproof consultation rooms which team members used for private conversations with people and when providing services. The pharmacy was secure and it had restricted public access during its opening hours.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides a range of services which are easily accessible and help people to meet their healthcare needs. Team members manage the pharmacy services safely and effectively to help make sure people receive the right medicines when they need them. They obtain medicines from reputable sources, and they appropriately store and manage medicines to ensure they are in good condition and safe to supply.

Inspector's evidence

People accessed the pharmacy via two step-free entrances, one from the car park, the other from the medical centre. Team members asked appropriate questions of people requesting to buy over-the-counter medicines and knew when to refer people to the pharmacist. Three team members spoke different languages including Polish, Italian and Urdu. This helped to ensure people received the correct information about their medication. The Pharmacy First service was promoted within the pharmacy and was popular. A poster displayed by the pharmacy counter detailed information about the service including the medical conditions covered by the service. The hypertension case finding service was popular and some people had been referred to the GP for further checks. Team members supported the service by identifying opportunities to offer the service to people. The pharmacist attached repeat prescription forms to the bags holding completed prescriptions and generated a list of medicines to treat hypertension which the team kept at the pharmacy counter. Team members, when handing out completed prescriptions, checked the medicines on the repeat prescription form against the list to identify people not prescribed hypertension medication and offer them the service.

The pharmacy provided multi-compartment compliance packs to help several people take their medicines. The service was managed by one of the full-time dispensers with support from other dispensers when required. Prescriptions were ordered two weeks in advance of supply to allow time for issues such as prescription queries to be dealt with. And baskets were used to hold each person's prescription and dispensed medication during the different stages of completing the prescription. Each person had a record listing their current medication and dose times which team members referred to during the dispensing and checking of the packs. A separate section was used to hold packs waiting to be checked so it was clear to the team which packs were ready to be supplied. Team members did not record the descriptions of the products within the packs but they did supply the manufacturer's packaging leaflets. So, people had some information about their medicines. Copies of hospital discharge summaries were sent to the team and checked for changes or new medication. So, new prescriptions could be requested.

The pharmacy supplied medicines to several people daily as supervised and unsupervised doses. The doses were prepared in advance of supply to reduce the workload pressure of dispensing at the time of supply. And were stored securely. Team members provided people with clear advice on how to use their medicines. They were aware of the criteria of the valproate and topiramate Pregnancy Prevention Programmes (PPPs). And the recent updates including valproate to be dispensed in the manufacturer's original pack and the advice for men taking valproate. The team reported that no-one prescribed valproate and topiramate met the PPP criteria. The computer on the pharmacy counter had access to the PMR so team members could check what stage a person's prescription was at when they presented at the pharmacy.

The pharmacy provided separate areas for labelling, dispensing and checking of prescriptions. Baskets were used during the dispensing process to isolate individual people's prescriptions and medicines and to help prevent them becoming mixed up. Team members initialled dispensed by and checked by boxes on dispensing labels, to record their actions in the dispensing process. The pharmacy used clear bags to hold dispensed fridge lines and CDs. This allowed the team, and the person collecting the medication, to check the supply. When the pharmacy didn't have enough stock of someone's medicine, it provided a printed slip detailing the owed item. People received a text message from the pharmacy advising them when their prescription was ready to collect. The pharmacy kept a record of the medicines it had delivered to people for the team to refer to when queries arose. If the person was not at home the delivery driver left a note informing the person of the attempted delivery.

The pharmacy obtained its medication from recognised sources. Team members stored the medication tidily on shelves and they securely stored CDs. They regularly checked the expiry dates on stock and kept a record of this. Medicines with a short expiry date were marked to prompt the team to check the medicine was still in date. No out-of-date stock was found. Team members recorded the dates of opening for medicines with altered shelf-lives after opening so they could assess if the medicines were still safe to use. Team members checked fridge temperatures each day but they did not always keep a record. A sample of records that had been made were within the correct range. And the fridge temperatures at the time of the inspection were correct. The pharmacy had medicinal waste bins to store out-of-date stock and returned medication. And there were 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. These were printed off and appropriate action was taken

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 sources 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 marked equipment to accurately measure liquid medication. It had three fridges for storing medicines requiring these temperatures and the team used the fridges in a way to separate medicine stock from completed prescriptions. The pharmacy computers were password protected and access to people's records restricted by the NHS smart card system. Team members used a telephone system with cordless option to ensure their conversations with people were held in private. They 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.