

Registered pharmacy inspection report

Pharmacy Name: T.A. Burley Pharmacy Limited, 115 Louth Road,
Holton Le Clay, GRIMSBY, South Humberside, DN36 5AD

Pharmacy reference: 1032486

Type of pharmacy: Community

Date of inspection: 27/06/2019

Pharmacy context

The pharmacy is alongside other retail businesses in a semi-rural village. The pharmacy sells over-the-counter medicines and dispenses NHS and private prescriptions. It offers advice about the management of minor illnesses and long-term conditions. It supplies medicines in multi-compartmental compliance packs to help people remember to take their medicines. And it delivers medicines to people's homes.

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	Good practice	1.2	Good practice	Pharmacy team members record and discuss any mistakes they make. And they discuss mistakes that pharmacies have reported nationally. They engage openly in continuous reviews to monitor the safety and quality of the pharmacy's services.
		1.4	Good practice	The pharmacy advertises how people can provide feedback And it can demonstrate how it has used feedback from people to improve the safety and quality of its services.
		1.8	Good practice	The pharmacy has a clear culture of safeguarding the welfare of vulnerable people. Pharmacy team members engage in regular conversations about safeguarding. And they demonstrate how they protect the welfare of vulnerable people.
2. Staff	Good practice	2.2	Good practice	Pharmacy team members are encouraged to develop skills relevant to their roles through continual training. And they use the skills they have learnt when engaging with people and providing pharmacy services.
		2.4	Good practice	Pharmacy team members demonstrate enthusiasm for their roles. They are open to learning following their mistakes. And they work effectively together to ensure the pharmacy operates in accordance with professional standards.
		2.5	Good practice	The pharmacy actively encourages its staff to provide feedback and it uses this to inform service delivery.
3. Premises	Standards met	3.2	Good practice	The pharmacy's consultation room is fully accessible to people wanting a private conversation with a member of the team. And the team promote access to the room well.
4. Services, including	Standards met	4.1	Good practice	The pharmacy engages well with people to promote health and wellbeing. And it

Principle	Principle finding	Exception standard reference	Notable practice	Why
medicines management				works effectively to promote healthy living within the local community.
		4.3	Good practice	The pharmacy has robust arrangements in place for storing and managing its medicines, including legally compliant systems to provide assurance that medicines are fit for purpose.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Good practice

Summary findings

The pharmacy has effective systems for identifying and managing its risks. It generally maintains all the records it is required to by law. It advertises how people can provide feedback and it uses this feedback to improve the way it provides its services. Pharmacy team members follow procedures and understand their roles and responsibilities. They keep people's information secure and they demonstrate how they apply learning to protect the welfare of vulnerable people. Pharmacy team members record and discuss any mistakes they make. And they engage openly in continuous reviews to monitor the safety and quality of the pharmacy's services.

Inspector's evidence

The pharmacy had a set of up-to-date standard operating procedures (SOPs) in place which were accessible to its team. The next review date for SOPs was February 2020. The superintendent pharmacist (SI) had updated some SOPs following the pharmacy implementing processes to comply with the Falsified Medicines Directive (FMD). Training records held with the SOPs confirmed pharmacy team members had read and understood the SOPs in place. SOPs highlighted the roles and responsibilities of pharmacy team members and pharmacy team members were seen working in accordance with SOPs throughout the inspection. They were confident at explaining and demonstrating their roles. For example, a member of the team explained clearly what tasks could not be completed if the responsible pharmacist (RP) took absence from the premises.

The dispensary was small. But workflow was well organised. The pharmacy team used separate areas of the dispensary for managing acute and repeat prescription workload. This helped the team prioritise their work. The pharmacist and the accuracy checking technician (ACT) had protected space for carrying out accuracy checks of medicines. The ACT demonstrated how the pharmacist physically marked a prescription form to confirm that a clinical check had taken place. She provided an example of how she referred concerns to the pharmacist. Pharmacy team members identified new medicines and changes to doses during the prescription labelling process and they referred these prescriptions directly to the pharmacist. Pharmacy team members had received training about the need to refer 'red flag' medicines and indicators directly to a pharmacist. And when asked, they could identify the types of medicines and products which required intervention from a pharmacist.

Pharmacy team members discussed their mistakes and they recorded their own near-misses following a discussion with the RP or ACT. Team members reflected on their mistakes and worked together to implement actions to reduce risks following these mistakes. For example, they had separated amitriptyline and amlodipine tablets on the dispensary shelves to reduce the risk of picking error. The pharmacy had an incident reporting procedure in place. The team reported incidents to the SI, and it shared learning nationally by reporting anonymised incidents onwards through the 'National Reporting and Learning System' (NRLS).

The pharmacy displayed details of its learning and risk reduction strategies in the dispensary. This supported its team members in managing risks associated with dispensing medicines. For example, the pharmacy displayed the mnemonic 'HELP'. This drew the team's attention to the different stages of their own check and the final accuracy check of a medicine. Another notice drew the team's attention to the differences between Palmdoc and Palmdoc Advanced testing strips. The pharmacy team

reviewed learning and the actions taken following mistakes and dispensing incidents during quarterly team meetings. The team also discussed and shared learning from national safety reports during these meetings. Pharmacy team members discussed how this impacted on their practice. For example, the pharmacy continually reviewed its stock placement of 'look alike and sound alike medicines' identified through national safety reports.

The pharmacy had a complaints procedure in place. It advertised this prominently on a notice near the medicine counter. Pharmacy team members reflected on the positive feedback they received from people using the pharmacy's services. It was evident that team members engaged well with people and they worked with other healthcare professionals to solve queries and concerns in a timely manner. For example, the pharmacist was managing a query relating to suitable alternative medicines due to a stock supply issue. The pharmacy had a designated section of the stock room assigned to hold brands of medicines for people with specific needs. The pharmacy also engaged people in feedback through an annual 'Community Pharmacy Patient Questionnaire' and it published the results of this survey for people using the pharmacy to see. The latest results from the survey were positive with some indication that people would like more information on exercise. This feedback was listened to and used to establish further staff training and promotion of physical exercise when speaking to people about their lifestyle.

The pharmacy had up to date indemnity insurance arrangements in place. The RP notice contained the correct details of the RP on duty. Entries in the responsible pharmacist record generally complied with legal requirements, there were a couple of missed sign out times in the sample of the record inspected. The pharmacy maintained the Prescription Only Medicine register in accordance with legal requirements. It completed full audit trails on certificates of conformity for unlicensed medicines as per Medicines and Healthcare Regulatory agency (MHRA) requirements.

A sample of the CD register found that it met legal requirements. The pharmacy maintained running balances in the register and it checked these balances against physical stock monthly. Physical balance checks of Zomorph 60mg and 100mg capsules complied with the balance in the register. The pharmacy maintained a CD destruction register for patient returned medicines. And the team entered returns in the register on the date of receipt.

The pharmacy held records containing personal identifiable information in staff only areas of the pharmacy. And it used lockable storage for records associated with consent for services. The pharmacy team had completed additional learning following the introduction of the General Data Protection Regulation (GDPR). And the team discussed GDPR requirements in its quarterly team meetings. The pharmacy displayed its privacy notice and it maintained a record of data subject access requests it received. The pharmacy had submitted its annual NHS information governance toolkit. It had a shredder in place and a contract with a local waste management firm for disposing of its confidential waste securely.

The pharmacy had procedures and information relating to safeguarding vulnerable people in place. And it displayed its chaperone policy, along with details of the latest review date of the policy. Pharmacy team members had completed level 1 training on the subject and the SI and ACT had completed level 2 training through the Centre for Pharmacy Postgraduate Education. Pharmacy team members discussed safeguarding requirements during team meetings. And they shared information with each other if they noticed something unusual. For example, if they noticed a decline in somebody's health and wellbeing. The team members had access to contact details for local safeguarding teams. The SI provided details of a safeguarding concern which he had required him to seek support from the safeguarding team. The pharmacy took steps to safeguard people who had their medicines supplied in multi-compartmental compliance packs. For example, the team covered over the time of doses on the pack, if it dispensed no

medicines into these slots. A member of the team explained how this reduced confusion and the risk of a person taking their medicine at the incorrect time. A non-pharmacist director provided the prescription delivery service and demonstrated a sound understanding of how to recognise and report safeguarding concerns.

Principle 2 - Staffing ✓ Good practice

Summary findings

The pharmacy has enough skilled staff for the services it provides. It actively encourages its staff to provide feedback and it uses this to inform service delivery. Pharmacy team members have the right qualifications and training for their roles. They are encouraged to develop their skills through continual training. And they use the skills they have learnt when engaging with people and providing pharmacy services. Pharmacy team members demonstrate enthusiasm for their roles. They are open to learning following their mistakes. And they work effectively together to ensure the pharmacy operates in accordance with professional standards.

Inspector's evidence

On duty at the time of the inspection was the RP (SI), an ACT, two qualified dispensers, a trainee medicine counter assistant and a company director. The pharmacy also employed another three qualified dispensers and a qualified medicine counter assistant. A regular locum pharmacist covered the SI's leave and days off. And 2 other qualified medicine counter assistants provided support to the pharmacy on Saturdays and during holidays. All pharmacy team members worked part-time, this provided some flexibility for covering leave amongst staff.

The pharmacy kept training records for its team and it displayed training certificates relating to staff qualifications. Pharmacy team members engaged well with continual learning relating to their roles. The team completed monthly e-learning modules relating to minor ailments and over-the-counter medicines. And the SI led regular training on a range of subjects. A pharmacy team member explained the concept of the 'SAGE and THYME' model of communication. The team had learnt about the model in a recent training session. And the pharmacy team member explained how she would use the mnemonic to structure a conversation with a person in distress or with a concern. Pharmacy team members completed learning associated with healthy living promotions prior to engaging in the promotion. The team identified how this learning helped inform their knowledge and gave them confidence when engaging people in discussions relating to healthy living. The pharmacy did not have a structured appraisal process in place. But pharmacy team members confirmed they received protected learning time and they provided examples of how the SI continually shared feedback and learning with them.

The pharmacy did not have specific targets in place for the services it provided. The SI explained that he focussed on providing quality services to people who needed them. He was confident the pharmacy team were engaging well with people and explained this information could be seen from the rise in prescription volume and increased number of people visiting the pharmacy over the years.

Pharmacy team members demonstrated enthusiasm when talking about the services they provided. They referred queries to the pharmacist when required during the inspection and they worked together well. The team communicated continually throughout the working day to help inform workload priority and manage identified risks. Pharmacy team members engaged in a formal meeting every quarter. The structure of this meeting was broken down into the 5 principles of the GPhC's premises standards. And notes from each meeting clearly demonstrated how the pharmacy team were continually working to identify and manage risks. Meeting notes demonstrated how the pharmacy regularly reviewed each principle of the premises standards to ensure it remained compliant with the standards. For example,

SOP updates, near-misses and incident reporting was covered under Principle 1 in the meeting and learning, staffing updates and feedback was covered under Principle 2.

The pharmacy had a whistleblowing policy in place. The pharmacy team members were aware of how to raise concerns and escalate these if needed. They provided examples of how feedback was listened to and used to inform the way the pharmacy delivered its services. For example, protected bench space which offered a distraction free environment had been provided following the ACT commencing her role in the pharmacy.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and secure. It provides a professional environment for the delivery of its services. The pharmacy's consultation room is fully accessible to people wanting a private conversation with a member of the team. And the team promotes access to the room well.

Inspector's evidence

The pharmacy was professional in appearance and it was secure. The public area had wide spaced aisles which assisted people using wheelchairs and pushchairs in getting to the medicine counter. Pharmacy team members reported maintenance concerns to the SI. An engineer was onsite at the time of inspection to service the pharmacy's shutters. There were no outstanding maintenance issues. The pharmacy was clean throughout and although space in the staff area was limited, it was organised with no slip or trip hazards evident. Heaters controlled temperature and lighting was adequate throughout the premises. Antibacterial soap and paper towels were available close to designated handwashing sinks.

The dispensary was small, but space was well managed by pharmacy team members. Work benches were free from non-work related clutter. To the side of the dispensary was access to a fire exit and staff toilet facilities. A large store room off the back of the dispensary provided space for holding overflow stock, dispensary sundries and assembling multi-compartmental compliance devices.

There was a private consultation room to the side of the public area. It was a good size and offered a professional environment for providing healthcare services. Pharmacy team members promoted access to the room to people who wanted to speak with a member of the pharmacy team in private. And the room was used during the inspection.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy promotes its services and makes them fully accessible to people. It engages well with people to promote health and wellbeing. And it works effectively to promote healthy living within the local community. The pharmacy generally has effective records and systems in place to make sure people get the right medicines at the right time. The pharmacy gets its medicines from reputable sources. It has robust arrangements in place for storing and managing its medicines, including legally compliant systems to provide assurance that medicines are fit for purpose.

Inspector's evidence

People accessed the pharmacy through a simple push/pull door, up a ramp or steps from street level. Car parking was available directly outside the pharmacy. Window displays promoted local events and healthy living. The pharmacy clearly displayed details of its opening times and services. It had a range of service and health information leaflets available to people. These included details of other local health and care services. Pharmacy team members were aware of how to signpost people to another pharmacy or healthcare provider if the pharmacy was unable to provide a service. And the pharmacy maintained a record of signposting.

The pharmacy had an up-to-date copy of the local strategic needs' assessment and this was covered with staff during their induction to the pharmacy. Pharmacy team members engaged people in conversations about their health and wellbeing. The health promotion display at the time of inspection focussed on children's oral health. The display was engaging and provided tools such as an interactive teeth cleaning reward chart to promote good oral health. The pharmacy team reviewed information on prescription forms before engaging with people in conversations about healthy living. A member of the team explained how training on consultation skills and body language had supported her in engaging with a person about a potentially sensitive subject matter. The outcome of the conversation had been positive with the person asking further questions about specific healthcare services available locally. The team completed written reflection and a summary of outcomes following each health promotion event. The SI reflected on the benefits to people accessing the services provided. These ranged from making interventions when people presented with symptoms at the pharmacy to taking the time to speak with people about their medicines and lifestyle choices. The SI had delivered a talk to a local lady's group about cervical cancer to promote access to the national screening programme.

The pharmacy had some processes to identify people taking high-risk medicines. People did not often attend the pharmacy with monitoring records. The SI explained how he would manage monitoring checks of medicines such as methotrexate and warfarin through verbal counselling and services such as a Medicine Use Review. The pharmacy had completed valproate safety audits in 2018. And the pharmacy team members were aware of the need to refer people in the Valproate Pregnancy Prevention Programme' (VPPP) target group to the pharmacist. The pharmacy did not have valproate warning cards available to issue to people at the time of inspection. A discussion took place about how to source cards and the requirements of the VPPP.

Pharmacy team members signed the 'dispensed by' and 'checked by' boxes on medicine labels to form a dispensing audit trail. The pharmacy team kept original prescriptions for medicines owing to people. The team used the prescription throughout the dispensing process when it later supplied the medicine.

It maintained delivery audit trails for the prescription delivery service. People signed for receipt of their medicines through the service. The pharmacy had robust checks in place for people signed up to the repeat dispensing service. The pharmacy team checked to ensure medicine regimens had not changed. And the pharmacy team marked the last batch prescription clearly to inform the person that an appointment with their GP was needed to review their repeat prescription. When the pharmacy received new repeat dispensing batch prescriptions the date of receipt was recorded, and old batch prescriptions were shredded. Pharmacy team members explained how this reduced the risk of confusion. And they checked repeat dispensing batches regularly to ensure people were collecting their medicines. The pharmacy ordered some prescriptions on behalf of people. It maintained an audit trail for this activity and it asked people to mark what they required on their repeat slips.

A schedule was in place to help manage timescales for the multi-compartmental compliance pack service. Each person receiving a pack had their own record in place. Pharmacy team members made clear notes in these records when medicine regimens changed. A sample of assembled packs found backing sheets securely attached to trays and accurate descriptions of the medicines inside provided on backing sheets, to help people identify them. The pharmacy provided patient information leaflets with packs at the beginning of every four-week cycle. It also provided additional information relating to the medicines inside the packs. For example, apixaban warning cards. A full dispensing audit trail was in place for the service. People signed for collection or delivery of their packs. And the pharmacy used this record to ensure people received their medicines on time.

The pharmacy sourced medicines from licensed wholesalers and specials manufacturers. Pharmacy team members were aware of the Falsified Medicines Directive (FMD). And they discussed training and preparation work they had completed ahead of the directive coming into law. The pharmacy was actively scanning what medicines it could to comply with FMD requirements. A system was in place for identifying split packs of medicines decommissioned during the dispensing process. The pharmacy's SOPs included FMD arrangements. The pharmacy stored pharmacy (P) medicines behind the medicine counter. This ensured the pharmacist supervised all sales of these medicines. The pharmacy stored medicines in their original packaging and storage of medicines throughout the pharmacy was orderly. The team recorded both date checking and cleaning tasks on a rolling rota. It had a system in place for highlighting short-dated medicines and the team annotated details of opening dates on bottles of liquid medicines. No out-of-date medicines were found during random checks of dispensary stock.

The pharmacy held CDs in a secure cabinet. The cabinet was full, but storage arrangements were orderly. There was designated space for storing patient returns, and out-of-date CDs. Pharmacy team members were aware of the legal validity requirements of a CD prescription. And they highlighted CD prescriptions to inform safety checks at the point of hand-out. Assembled CDs in the cabinets were stored with the prescription form to inform these checks. The pharmacy's fridge was a suitable size and storage inside was organised. The pharmacy kept temperature records for the fridge and records confirmed it was operating between two and eight degrees Celsius as required.

The pharmacy had medical waste bins and CD denaturing kits available to support the team in managing pharmaceutical waste. It received details of drug recalls through email. It maintained an electronic record of all alerts and action taken in respect of the alert. The record was up to date at the time of inspection.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. And its team members regular check equipment to ensure it remains safe to use and fit for purpose. Pharmacy team members protect people's privacy when using the pharmacy's equipment and facilities.

Inspector's evidence

Pharmacy team members had access to up to date written reference resources. These included the British National Formulary (BNF) and BNF for Children. Internet access provided further reference resources. The SI explained how he used the internet when speaking to people who wanted advice on their symptoms or further information about their medical condition. For example, the pharmacy had a tablet device which was used when showing people information from websites such as NHS.UK.

Computers were password protected and faced into the dispensary. This prevented unauthorised access to the contents on screen. Pharmacy team members had personal NHS smart cards. The pharmacy stored assembled bags of medicines waiting for collection and delivery away from direct view of people visiting the pharmacy. The pharmacy had cordless telephone handsets in place. Pharmacy team members moved to the back room, out of ear shot of the public, when speaking with people on the phone. This meant that the privacy of the caller was protected.

Clean, crown-stamped measuring cylinders were in place. Cylinders for use with methadone were stored separately. Counting equipment for tablets and capsules was available. Equipment used for dispensing medicines into multi-compartmental compliance packs was single use. Gloves were available if needed. The pharmacy checked its equipment regularly and replaced it at regular intervals. For example, the blood pressure machine was annotated to show it had been put into use in March 2019. Stickers on electrical equipment showed safety checks were next due in February 2020.

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.