

Registered pharmacy inspection report

Pharmacy Name: Well, 4 Browhead Road, BURNLEY, Lancashire,
BB10 3BF

Pharmacy reference: 1033309

Type of pharmacy: Community

Date of inspection: 17/09/2021

Pharmacy context

This is a community pharmacy next to a health centre in the town of Burnley, Lancashire. The pharmacy sells over-the-counter medicines and dispenses NHS prescriptions. It delivers medicines for some people to their homes and provides some people with their medicines in multi-compartment compliance packs. The pharmacy provides a substance misuse service. The inspection was completed during the COVID-19 pandemic.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	2.1	Standard not met	The pharmacy doesn't always have enough staff to manage the workload. This means the team works under significant pressure. And the team struggles to complete some key governance tasks regularly.
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 mostly manages the risks with its services and it effectively manages the risks with infection control during the pandemic to help keep members of the public and team members safe. It maintains the records it needs to by law and appropriately protects people's private information. But the team members don't always record the mistakes they make during dispensing. So, they may miss opportunities to learn and change the way they work to prevent similar errors happening again.

Inspector's evidence

The pharmacy had several procedures in place to help manage the risks of the services it offered during the COVID-19 pandemic. These included notices around the premises encouraging people visiting the pharmacy to wear a face covering. There were clear plastic screens in front of the pharmacy counter which acted as a protective barrier between team members and members of the public. The pharmacy displayed markings on the floor of the retail area to help people follow a one-way system through the retail area. Some team members were not wearing face coverings at the start of the inspection. The inspector reminded the team of Public Health England guidance for people to continue to wear face coverings within a healthcare setting. The dispensary was relatively spacious and team members were mostly socially distancing from each other. Each team member had completed a personal COVID-19 risk assessment to help identify any ways the pharmacy could better protect them.

The pharmacy had a set of electronic standard operating procedures (SOPs). They covered tasks such as dispensing medicines, responsible pharmacist (RP) requirements and management of controlled drugs (CDs). The team was busy throughout the inspection and the team didn't have the opportunity to demonstrate records of which SOPs they had read and understood. One team member who had recently joined the pharmacy, confirmed she had read and understood the SOPs that were relevant to her role. The team member had also completed some short quizzes at the end of each SOP to test her understanding.

The pharmacy had a process to record and report near miss errors made by its team members during the dispensing process. The RP spotted any near miss errors, informed the dispenser of the error and asked them to rectify the mistake. There was an online near miss log for the team to use to record details of any near miss errors. Details recorded included the time and date of the error and why the error might have happened. For example, due to two medicines having a similar name or packaging. But the team didn't often have the chance to record the near misses onto the system as they were too busy managing the dispensing workload. So, the team may have missed out on the opportunity to learn from specific errors and make changes to the way they work to prevent a similar error happening again. The team was unable to find time during the inspection to demonstrate any near miss records to the inspector. The near misses were scheduled to be analysed each month for any trends or patterns and some records were seen. But this process had only been carried out twice since April 2021. The pharmacy recorded details of any dispensing errors that had reached people. The records were stored in the dispensary for future reference.

The pharmacy had a concerns and complaints procedure and it was clearly outlined for people to see via a poster in the retail area and on the company website. People could raise any complaints or concerns verbally with a team member. If the team member could not resolve the matter,

they escalated the matter to the pharmacy's superintendent pharmacist (SI). The pharmacy usually completed an annual patient satisfaction survey. It had not completed it during the pandemic. Recently, several people had complained to the team that their medicines were not ready when they had come in the pharmacy to collect them. The team explained that this was mainly due to people expecting their medicines to be ready as soon as the adjacent health centre had electronically sent the prescription to the pharmacy. To resolve the issue, senior managers had arranged a meeting with health centre staff to ask them to remind patients that prescriptions may be dispensed up to 48 hours after the pharmacy had received them.

The pharmacy had appropriate indemnity insurance. An RP notice was on display, but it was not showing the correct name and registration number of the RP on duty and it was difficult to see from the retail area. This was rectified as soon as the inspector informed the RP. Entries in the RP record complied with legal requirements and the pharmacy kept up-to-date and accurate records of private prescriptions. The pharmacy's CD registers were kept according to requirements. The inspector checked the register for one CD against physical stock. The register was found to be accurate. The team completed balance checks of the registers. This process was completed approximately each month. The pharmacy held accurate records of CDs that had been destroyed.

The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. They placed the confidential waste into a separate basket to avoid a mix up with general waste. The confidential waste was periodically destroyed through a third-party contractor. A team member confirmed she had completed information governance training as part of their employment induction process. The RP had completed level 2 training on safeguarding vulnerable adults and children via the Centre of Pharmacy Postgraduate Education. A dispenser described situations that would require reporting and was aware of the contact details of the local safeguarding teams.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy doesn't always have enough staff to manage the workload. This means the team works under significant pressure which can increase the risk of mistakes happening. Team members have access to a training programme to help keep their knowledge and skills up to date. But they don't often have the opportunity to complete their training during their working hours. So, training may not always be completed. The team understands the process to raise concerns and can also raise them anonymously.

Inspector's evidence

At the time of the inspection, the RP was a relief pharmacist who worked at several of the company's pharmacies within the area. During the inspection, he was supported by one part-time, qualified pharmacy assistant, one part-time trainee pharmacy assistant and a pharmacy undergraduate student. A part-time delivery driver was not present during the inspection. The pharmacy didn't have a regular pharmacist or manager and didn't employ any other team members. Several team members had left the business over the last few months and as a result, the two pharmacy assistants were working overtime to help ensure the dispensing workload was being completed.

Although team members were seen to be supporting each other throughout the inspection, they were seen working under pressure. There was a constant flow of people coming into the pharmacy and queues were often long. The pharmacy was receiving calls throughout the inspection and the team was observed on several occasions, having to stop dispensing to answer the phone. This put them under more pressure to dispense prescriptions on time. The pharmacy was expecting a relief accuracy checking technician (ACT) to join the team on the morning of the inspection, but the ACT had been deployed to another of the company's pharmacies. The ACT was expected to join the team later in the afternoon. On the day of the inspection, the team had around ten multi-compartment compliance packs to dispense during the afternoon, so they could be ready for people to collect the next working day. Team members were concerned they would not have enough time to dispense the packs.

Team members had access to the pharmacy's online training programme. They completed a programme of training modules to improve their knowledge and skills. Some of the modules included new SOPs and the team completed a short quiz for some of the modules to test their learning. The team didn't have the time to complete their training during their working hours and so they completed their training in their own time where possible.

There was a whistleblowing policy in place to help team members report any concern anonymously. They knew how to access the policy if they needed to use it. The team raised concerns where necessary with the RP on the day or senior management. The team was set targets to achieve. For example, electronic prescription nomination sign-ups and flu vaccination appointments.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises clean, adequately maintained and secure. The pharmacy has a small sound-proofed room where people can have private conversations with the pharmacy team members.

Inspector's evidence

Areas of the pharmacy that could be accessed by members of the public were modern and provided a professional image for the delivery of pharmacy services. The dispensary was kept clean. The dispensary had a separate room so team members could work separately if needed to reduce distractions. The dispensary was of a suitable size for the volume of services the pharmacy offered. There was a small, clearly signposted consultation room that the team used to have private conversations with people. There was a sink in the room and there was a sink in the dispensary for professional use. The team had toilet facilities with hot water for handwashing. Lighting was bright throughout the premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services which support people's needs and it normally makes these services accessible for people. The pharmacy generally manages these services well. But the team members don't regularly follow the pharmacy's process for checking the expiry dates of its medicines. And they don't always monitor fridge temperatures daily to make sure medicines are being stored at the correct temperatures. The pharmacy sources its medicines from reputable sources and the team appropriately manages medicine alerts.

Inspector's evidence

People had access into the pharmacy from the street via a ramp. The pharmacy advertised its services and opening hours in the main window. The team provided large-print labels on request to help people with a visual impairment. The pharmacy undergraduate was seen helping people who didn't speak English as a first language. Team members had access to the internet which they used to signpost people requiring services that the pharmacy did not offer. There was a small section in the retail area which had a large selection of healthcare related leaflets for people to take away with them. The leaflets covered various healthcare related topics. During the inspection people were seen to wait some time to speak to a team member and access the pharmacy's services.

Team members used various stickers to affix to bags containing people's dispensed medicines to use as an alert before they handed out medicines to people. For example, to highlight if a fridge line or a CD needed handing out at the same time. Team members signed the dispensing labels to keep an audit trail of which team member had dispensed and completed a final check of the medicines. They used dispensing baskets to hold prescriptions and medicines together which reduced the risk of them being mixed up. The baskets were of different colours to help the team efficiently manage the dispensing process. Team members gave owing slips to people on occasions when the pharmacy could not supply the full quantity prescribed. They gave one slip to the person and kept one with the original prescription for reference when dispensing and checking the remaining quantity. Bags containing people's dispensed medicines were kept on shelves in a separate area of the dispensary. Team members were on occasions, seen to be unable to find people's medicines on the shelves when they came to collect them. This was often because the team had not had the opportunity to dispense the medicines. People were told to wait in the pharmacy while the medicines were dispensed or asked to call back at a later time.

The pharmacy kept a record of the delivery of medicines to people. During the pandemic the driver left the medicines on the person's doorstep before moving away and waiting to watch them pick up the medicines.

Many of the prescriptions the pharmacy received were for people who required their medicines to be dispensed in a multi-compartment compliance pack. These prescriptions were dispensed in a room at the rear of the dispensary, so team members could dispense without any distractions. Team members included some descriptions of what the medicines looked like, so they could be identified in the packs. And they provided people with patient information leaflets about their medicines each month. They documented any changes to medicines on a patient 'master sheet' which they also used as a reference to check that prescriptions were accurate. The team didn't always have the time to dispense the packs in advance of people coming to collect them and so often had to dispense them while people waited in

the pharmacy.

Pharmacy (P) medicines were stored behind the pharmacy counter and people were not able to self-select them. Team members were seen asking people who wanted to purchase P medicines, appropriate questions to make sure the medicine they wished to buy was suitable for the symptoms they were describing. The pharmacy had a process to check the expiry dates of its medicines every three months. It kept records of completed checks, but the process had not been completed regularly. The pharmacy highlighted medicines that were expiring in the next three months. Two out-of-date medicines were found after a check of around 20 randomly selected medicines. These medicines were highlighted as short-dated. The date of opening was recorded on medicines that had a short shelf life once they had been opened. The pharmacy had two medical grade fridges which it used to store medicines that needed cold storage. The team tidily stored medicines inside the fridge. Team members didn't monitor or record minimum and maximum fridge temperatures each day according to requirements. So, it was not possible to confirm that the fridge was working correctly each day, and medicines were being stored at the right temperatures. The temperatures of both fridges were checked on the day of the inspection and they were within the correct ranges. Medicine alerts were received by the team and appropriately actioned. The pharmacy kept records of all alerts and the action taken.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs for its services. And it uses its equipment appropriately to protect people's confidentiality.

Inspector's evidence

Team members had access to up-to-date reference sources. The pharmacy used a range of CE quality marked measuring cylinders. It positioned the computer screens so unauthorised people did not see any confidential information. The computers were password protected to prevent any unauthorised access. The pharmacy had cordless phones, so that team members could have conversations with people in private. It had a wireless card terminal for contactless transactions and reduce the use of cash during the pandemic. Team members had access to personal protective equipment including face masks, visors and gloves.

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.