General Pharmaceutical Council

Registered pharmacy inspection report

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

Pharmacy reference: 1033309

Type of pharmacy: Community

Date of inspection: 13/04/2022

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 inspection was completed during the COVID-19 pandemic.

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 risks with its services. It mostly maintains the records it needs to by law and it correctly secures people's private information. The pharmacy is adequately equipped to help safeguard vulnerable people. Team members record and report details of some of the mistakes they make while dispensing. But the team doesn’t always show learning from the mistakes to help improve patient safety.

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. 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. Team members were not wearing face coverings at the start of the inspection. This was not in line with guidance provided by the UK Health Security Agency (UKHSA) regarding preventing the spread of infection in healthcare settings. The dispensary was relatively spacious and team members were mostly socially distancing from each other. 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). A team member demonstrated 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. The pharmacy had an online near miss log for the team to use to record details of any near miss errors. Team members recorded the time and date of the error and why the error might have happened. For example, if two medicines had a similar name or packaging. But the team didn’t always 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 improve patient safety. The near misses were scheduled to be analysed each month for any trends or patterns. But this process had not been regularly completed. 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. It was clearly outlined for people to see via a poster in the retail area. 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 had appropriate indemnity insurance. An RP notice was on display, but it was difficult to see from the retail area. 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 accurately maintained. The team completed balance checks of the registers. 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.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy's team members have the necessary qualifications and skills to provide the pharmacy's services. The pharmacy generally manages the workload. And it mostly has adequate procedures in place to help the team manage the workload in the event of unplanned staff absence. 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 two full-time qualified pharmacy assistants and a full-time trainee pharmacy assistant. The pharmacy didn't have a regular pharmacist or manager and didn't employ any other team members. Team members explained they had found it challenging to work without a regular pharmacist, particularly as two of the team members had only been working at the pharmacy for a few months. The inspector had attended the pharmacy earlier in the week but due to significant workload pressures at the time had not completed an inspection. The pharmacy's SI team had reassured the inspector that this was not a regular occurrence.

The pharmacy had recruited a full-time pharmacist manager who was due to start work within the next few weeks. Team members were seen supporting each other throughout the inspection. Although there was a constant flow of people coming into the pharmacy, people were not seen to be waiting long to be seen to by a team member or for their medicines to be dispensed. However, there were times during the working week when the trainee pharmacy assistant worked alone with a locum pharmacist which increases the risk of them working under pressure. The team could request additional team support from the pharmacy's head office if team members felt the pharmacy was short-staffed. In this situation, usually a team member from another local branch was sent over to support the team.

One team member was solely responsible for managing the process of dispensing medicines into multi-compartment compliance packs. The team member explained they aimed to make up any packs a week in advance if they had any upcoming days off. However, there was little provision in place to manage the service if the team member had an unplanned absence. Another team member was due to start training on the process of managing the dispensing of the packs over the next few weeks. Team members explained this would help them share the workload and reduce some time pressures.

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 always have the time to complete their training during their working hours and so they sometimes 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 professional concerns and gave feedback during weekly meetings. The team was set targets to achieve. For example, electronic prescription nomination sign-ups and flu vaccination appointments. The targets had been adjusted while the pharmacy was operating without a resident pharmacist or manager.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy keeps its premises clean, adequately maintained, and secure. The pharmacy has a sound-proofed room where people can have private conversations with the pharmacy's 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 supports people's needs and it makes these services accessible for people. The pharmacy generally manages these services well. It sources its medicines from reputable sources and the team appropriately manages medicine safety alerts. But there is evidence the team doesn't always correctly follow the pharmacy's process for checking expiry dates of medicines. And this increases the risk of supplying out-of-date medicines.

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. 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.

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 tidily on shelves in a separate area of the dispensary. Team members were able to quickly find people's dispensed medicines to help minimise the time they had to wait. 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 them without any distractions. Team members included some descriptions of what the medicines looked like, so they could be identified in the packs. But the pharmacy didn't always provide the packs with patient information leaflets. So, people may not have the full information about their medicines. 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 pharmacy store Pharmacy (P) medicines behind the pharmacy counter. So, 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. Records seen showed the pharmacy was up to date with the process. The pharmacy highlighted medicines that were expiring in the next three months. But seven out-of-date medicines

were found after a check of around 20 randomly selected medicines. These medicines were not highlighted as short-dated. The team recorded the date of opening 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 fridges. And each day a team member recorded the fridges' minimum and maximum temperature ranges to make sure the fridges were properly working. The team received medicine alerts. 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 to provide 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 used separate cylinders to measure quantities of water. This helped reduce the risk of contamination. It stored dispensed medicines in a way that prevented members of the public seeing people's confidential information. It suitably positioned computer screens to ensure people couldn’t 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.

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.