

Registered pharmacy inspection report

Pharmacy Name: Bailey & Garrett Kiddrow Lane Pharmacy, The Health Centre, Kiddrow Lane, BURNLEY, Lancashire, BB12 6LH

Pharmacy reference: 1033316

Type of pharmacy: Community

Date of inspection: 13/07/2022

Pharmacy context

This is a community pharmacy inside a health centre in the town of Burnley, Lancashire. The pharmacy sells over-the-counter medicines, dispenses NHS and private prescriptions. And it delivers medicines for some people to their homes. The pharmacy supplies some people with their medicines in multi-compartment compliance packs to help them take their medicines.

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 has processes in place to help the pharmacy team effectively and safely manage the services it provides to people. Team members appropriately keep the records they need to by law, and they keep people's private information safe. The team is equipped to manage any safeguarding concerns. Team members discuss and record details of mistakes they make while dispensing. And they regularly review them to help make changes to the way they work to improve patient safety.

Inspector's evidence

The pharmacy had a set of written standard operating procedures (SOPs). These provided information to help team members carry out various tasks, including dispensing and record keeping. Team members described their roles within the pharmacy and the processes they were involved in. Team members had read and understood the SOPs relevant to their roles. And they did this as part of their employment induction process. Team members signed a document to confirm they had read and signed an SOP. And the document was counter signed by the responsible pharmacist (RP) once they were satisfied the team member was competent in following the SOP. The pharmacy prepared the SOPs in 2014 and they were scheduled to be reviewed every two years. But they had not been reviewed since 2016. And so, they may not reflect the current way the team worked.

The pharmacy had a process to record and report mistakes made by team members during the dispensing process. These were known as near misses. Team members used a near miss log to help them record each near miss. They recorded details including the type of near miss and the date and time the near miss happened. There were sections in the log for team members to record the reason why a near miss might have happened. And what action was taken to prevent a similar mistake happening again. But team members mostly left these sections incomplete and so could miss out on learning. Each month, the RP reviewed the near misses to look for any trends or patterns. And the team discussed how they could make changes to the way they worked to improve patient safety. Most recently, the team placed warning stickers on the shelves next to medicines that looked or sounded like each other. The stickers helped remind team members that these medicines were at a higher risk of being dispensed in error. The pharmacy used an electronic reporting system to record any dispensing errors that had reached people. The RP printed a copy of any error reports and stored them in a file for future reference. The pharmacy had a concerns and complaints procedure. People initially raised any complaints or concerns verbally with a team member. If the team member could not resolve the complaint, it was escalated to the pharmacy's head office team.

The pharmacy was displaying an expired professional indemnity insurance. During the inspection, the RP obtained an up-to-date certificate. The RP notice displayed the name and registration number of the RP on duty. Entries in the RP record were kept in line with legal requirements. The pharmacy kept records of supplies against private prescriptions. It kept CD registers, and to make sure they were accurate, each week the pharmacy audited CD registers against physical stock. During the inspection, the balance of three randomly selected CDs were checked. The balances were correct.

The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. The team placed confidential waste into a separate basket to avoid a mix up with general waste. The waste was periodically destroyed using a shredder. Team members

understood the importance of securing people's private information. The pharmacy had a formal procedure to help the team raise any concerns team members may have about the safeguarding of vulnerable adults and children. And team members described hypothetical safeguarding situations that they would feel the need to report. The RP had completed training via the Centre for Pharmacy Postgraduate Education. The pharmacy displayed the contact details of the local safeguarding teams on poster affixed to a wall in the dispensary.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members have the skills to effectively provide the pharmacy's services. The pharmacy supports its team members in keeping their knowledge and skills up to date. And it supports them to make changes to improve the way the pharmacy operates. Team members feel comfortable in raising professional concerns and giving feedback to the pharmacy's owners.

Inspector's evidence

At the time of the inspection the RP was the pharmacy's full-time superintendent pharmacist. The RP was supported by two part-time pharmacy assistants. The pharmacy also employed two other part-time pharmacy assistants who were not present during the inspection. The pharmacy used locum pharmacists to cover the days the RP didn't work. Team members covered each other's absences. Team members were working well together, and they were seen dispensing prescriptions without any significant time pressures. If people wanted to wait for their prescriptions to be dispensed, team members asked people to take a seat in the retail area or come back to the pharmacy in a few minutes. This helped them dispense without pressure. They demonstrated a good rapport with many people who visited the pharmacy and were seen effectively helping them manage their healthcare needs. At the beginning of the year, the RP was asked to work in another pharmacy owned by the pharmacy's owners for a few months. Team members explained this was a challenging time for them and the pharmacy had fallen behind with some of its workload. Team members felt the workload was a lot more manageable since the RP had returned to work full-time at the pharmacy. Team members were supervised by the RP while they worked. They were observed asking appropriate questions when selling over-the-counter medicines to people and they were aware of what could and could not happen in the RP's absence.

Team members were encouraged to improve their knowledge and skills. This was done through protected training time which was authorised by the RP on an ad-hoc basis. Team members were invited to attend regular team meetings during which they discussed workload, any company related news and how they could improve the way they worked to improve patient safety. Team members were encouraged to provide feedback on the delivery of the services the pharmacy provided to people. They explained that they would generally provide feedback to the RP through open, informal conversations while they worked. A suggestion form was affixed to a dispensary wall. Team members could use the form to anonymously record any suggested improvement measures. The pharmacy had a personal development plan for its team members. The plans included annual appraisals which were in the form of one-to-one conversations between the RP and a team member. Topics discussed included performance, personal goals and near misses. The pharmacy didn't have a whistleblowing policy in place. But team members described how they could raise professional concerns with the RP or the pharmacy's owners. No targets were set to the team.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises clean and secure. The premises are generally suitable for the services the pharmacy provides for people. The pharmacy has a consultation room where people can have private conversations with the pharmacy's team members.

Inspector's evidence

The pharmacy was clean, well maintained, and professional in appearance. Benches were kept tidy and well organised. The pharmacy's floor space was mostly clear from obstruction. There were clearly defined areas used for the dispensing process and there was a separate bench used by the RP to complete the final checking process. The pharmacy had plenty of space to store its medicines. There was a private, soundproofed consultation room available for people to have private conversations with team members. But the room was cluttered, untidy and didn't portray a professional environment. There was some confidential material stored on the main desk in the room. And so, there was a risk this information could be seen by members of the public using the room.

The pharmacy had separate sinks available for hand washing and for the preparation of medicines. There was a toilet, with a sink which provided hot and cold running water and other facilities for hand washing. Team members controlled public access to restricted areas of the pharmacy. Throughout the inspection, the temperature was comfortable. Lighting was bright throughout the premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy team manages the pharmacy's services well to help people manage and improve their health. It makes its services easily accessible to people. The pharmacy correctly sources its medicines, and it completes regular checks of its medicines to make sure they are in date. But it doesn't always keep records of the checks it makes to help show it is managing its medicines appropriately.

Inspector's evidence

People had level access into the pharmacy through the main entrance door. This made it easy for people with wheelchairs or pushchairs to enter the pharmacy. There was a car park for people to use. The pharmacy advertised its services in the main window and around the retail area. The pharmacy provided large print labels to people with a visual impairment. Team members had access to the internet which they used to signpost people requiring services that the pharmacy didn't offer. Team members were aware of the Pregnancy Prevention Programme for people in the at-risk group who were prescribed valproate, and of the associated risks. They demonstrated the advice they would give in a hypothetical situation, including checking people were enrolled on a pregnancy prevention programme if they fit the inclusion criteria. The pharmacy had a wide range of leaflets and books material that provided information on various minor ailments that the team could give to people to take away with them.

Team members used various stickers to attach to bags containing people's dispensed medicines. They used these as an alert before they handed out medicines to people. For example, to highlight interactions between medicines or the presence of a fridge line or a CD that 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 pharmacy had owing slips to give to people when the pharmacy could not supply the full quantity prescribed. The pharmacy offered a delivery service. People signed a sheet to confirm they had successfully received their medicines. The pharmacy retained these records for future reference.

The pharmacy supplied medicines in multi-compartment compliance packs to several people. The team dispensed the packs in a segregated part of the dispensary. This helped team members dispense the packs away from the retail area to reduce the risk of distractions. Team members used master sheets which contained a list of the person's current medication and dose times. Team members checked prescriptions against the master sheets before the dispensing process started to make sure they were accurate. Team members discussed any queries with the relevant prescriber. They recorded details of any changes such as dosage increases or decreases on the person's master sheet and their electronic record. The pharmacy didn't always supply the packs with patient information leaflets. And so, people may not have the full information about their medicines. The packs were supplied with descriptions of the medicines to help people identify them. For example, 'orange, round, tablet'.

The pharmacy stored pharmacy (P) medicines behind the pharmacy counter. It stored other medicines in their original packaging on shelves and in drawers. The pharmacy had a process in place for the team to check the expiry date of the pharmacy's medicines. Team members highlighted any medicines that would expire within six months by marking the date on the packaging with a highlighter pen. But the

pharmacy didn't keep any records of the completion of the process. And so, there wasn't an audit trail in place. No out-of-date medicines were found after a random check of around 30 randomly selected medicines. The pharmacy had medical waste bins, sharps bins and CD denaturing kits available to support the team in managing pharmaceutical waste. It used three fridges to store medicines that needed cold storage. The pharmacy had recently installed two of the fridges. The team kept daily records of the fridge temperature ranges for the main fridge. But not for the two newer fridges. Following the inspection, the RP sent the inspector daily records of the temperature ranges for all three fridges. And a sample of the records showed the fridges were operating within the correct range. The pharmacy received regular updates via email of any drug alerts. Team members occasionally recorded the action they took following an alert.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriately maintained equipment that it needs to provide its services. And it uses its equipment properly to help 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 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. Team members had access to personal protective equipment including face masks and gloves. The team used suitable blood pressures monitors.

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.