

# Registered pharmacy inspection report

**Pharmacy Name:** Birdwell Pharmacy, 148 Sheffield Road, Birdwell, BARNSELY, South Yorkshire, S70 5TD

**Pharmacy reference:** 1039120

**Type of pharmacy:** Community

**Date of inspection:** 13/06/2019

## Pharmacy context

This community pharmacy is in the residential area of Birdwell in Barnsley, South Yorkshire. The pharmacy sells over-the-counter medicines and dispenses NHS and private prescriptions. It provides other services including vaccinations, medicines use reviews, new medicine service and minor ailments service. It also provides supervised consumption to people on drug misuse treatment. And it supplies medicines in multi-compartmental compliance packs to people living in their own 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy has adequate processes and procedures, so the pharmacy team can manage the risks to its services. The pharmacy advertises how people can provide feedback and raise concerns. And the pharmacy team members can show how they have used the feedback to improve its services. The pharmacy generally keeps people's private information safe. It has robust processes available to its pharmacy team members, to help protect the welfare of vulnerable people. And they know what to do if they have a safeguarding concern. They record some of the errors that happen with dispensing. And they discuss their learning. But they do not always record why errors have happened. And so, they may miss some learning opportunities. Some of the records it must keep by law, are incomplete.

### Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs). An index was available, which made it easy to find a particular SOP. The SOPs covered procedures such as taking in prescriptions and dispensing. The team members were seen working in accordance with the SOPs. The SOPs documented who was responsible for performing each task. The team members said they would ask the pharmacist if there was a task they were unsure about or felt unable to deal with. And they had all signed the SOPs. Which indicated they had read and understood the contents. The SOPs were prepared in May 2018 and were scheduled to be reviewed every two years to make sure they were always up to date.

A process was in place to report and record near miss errors that were made while dispensing. The pharmacist typically spotted the error and then made the team member aware of it. And then asked them to rectify it. A log was used to record details of the errors. The pharmacy encouraged the team member who made the error to make the entry in the log. The team members recorded the date and nature of the error, but they did not always record why the error happened. The team members did not record every error. They said that this was because they sometimes were too busy to do so. The regular pharmacist analysed the near misses each month. And the findings were discussed with the team. The team demonstrated how they acted on feedback from the pharmacist following a near-miss. For example, action was taken to separate different formulations of the same medicines on the dispensary shelves to reduce the risk of a picking error.

The pharmacy had a process in place to record, report and analyse dispensing errors that had been given out to people. The pharmacist said that no dispensing errors had occurred in the two years he had been working at the pharmacy. And so, no examples were seen. The pharmacists advised that if an error happened, he would ensure that the affected person was apologised to, and an investigation was completed.

The pharmacy detailed how people could complain, in their practice leaflet. This was available in the retail area for people to self-select. The pharmacy obtained feedback from people who used the pharmacy, through a community pharmacy questionnaire. The team felt the feedback they received was generally positive. The team said that people had identified the team did not give much advice on living a healthy lifestyle. The team reported they organised a team meeting and discussed ways they could improve. The team said they now ensured they took time to speak to elderly people and people taking cardiovascular medicines. And to reiterate the importance of regular exercise. The pharmacist advised that all the team members knew how to print extra information on living a healthy lifestyle.

And people could take this away with them.

The pharmacy had up to date professional indemnity insurance.

The responsible pharmacist (RP) notice displayed the correct details of the RP on duty. But the RP register was incomplete. There were no entries between 2 January 2019 and the day of the inspection. This is not in line with requirements. The controlled drug (CD) register entries were being made in chronological order. But some headers were incomplete and there was little evidence of regular auditing. Two random CD items were balance checked and verified with the running balance in the register (Zomorph 10mg X 192 and MST 10mg X 90). The pharmacy recorded the destruction of patient returned CDs. But the pharmacy did not always record the full details of the person returning the CDs. The pharmacy kept records of private prescription supplies. But three examples were incomplete. This is not in line with requirements. The pharmacy correctly maintained records of emergency supplies, including the reason why the supply was made. It kept records of any unlicensed medicines supplied. And included the necessary information in the samples seen.

The pharmacy had an information governance (IG) policy in place. It contained information on how the team should protect people's information and data. The team members were clear of the importance of protecting the confidentiality of the people they provided services to. A privacy policy was on display in the retail area. The pharmacy stored confidential waste in a separate area of the dispensary. It was then destroyed using a shredder. All team members had signed a confidentiality agreement.

All team members had completed training on safeguarding the welfare of vulnerable adults and children. This was via the Centre for Pharmacy Postgraduate Education (CPPE). The team members gave several examples of symptoms that would raise their concerns. A document was available which outlined a formal incident reporting and handling procedure. And the team had read its contents. The team did not have immediate access to the contact details of the local safeguarding board.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy employs people with the right skills and qualifications to undertake the tasks within their roles. The pharmacy has a robust process for its team members to raise professional concerns. The pharmacy supports its team members to complete training. And this helps them improve their knowledge and skills. They tailor their training to their own needs. But the pharmacy does not have a regular training plan for its team members. And so, they may miss out on learning opportunities.

### Inspector's evidence

At the time of the inspection, the team members present were the full-time resident pharmacist, a trainee pharmacy assistant and an NVQ2 qualified pharmacy assistant. Other team members who were not present included a pharmacy assistant and the delivery driver. The team members often worked overtime to cover both planned and unplanned absences. They were not permitted to take time off in December, as this was the pharmacy's busiest period.

The pharmacist supervised the team members. And they involved the pharmacist in offering advice to people who were purchasing over-the-counter products for various minor ailments. They carried out tasks and managed their workload in a competent manner. And they asked appropriate questions when selling medicines that could only be sold under the supervision of a pharmacist. The team was aware of what could and could not happen in the pharmacist's absence.

The pharmacy did not provide its team members with a structured process for ongoing learning. But it supported the team members to undertake training by giving them time to read trade press material sent to the pharmacy. The team members could tailor their learning to their needs. The trainee pharmacy assistant was given 90 minutes of protected training time. A team member said that she had recently asked for support in using the British National Formulary. The team member received a one-to-one training session with the pharmacist.

The team members attended a team meeting which was held ad-hoc. The meetings were held when all team members were present. The meetings were an opportunity for the team to give feedback and suggest ways they could improve the service. They discussed patient safety and talked about any errors openly and honestly. They could suggest ways to make improvements to the service provided. But the team did not provide any examples.

The team members confirmed that they were able to discuss any professional concerns with the pharmacist. And they were aware of how they could raise concerns externally if they required. A whistleblowing policy was in place. It contained the details of the NHS whistleblowing helpline and public concern at work.

The pharmacy asked the team to achieve targets. Targets included the number of patients who nominated the pharmacy to receive their electronic prescriptions and the number of prescription items dispensed. But the team said that there was no pressure to achieve the targets.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and properly maintained. It provides a suitable space for the health services provided. And the pharmacy has a room where people can speak to pharmacy team members privately.

### Inspector's evidence

The pharmacy was generally clean, hygienic and well maintained. Floor spaces were mostly clear, with no obvious trip hazards. There was a clean, well maintained sink in the dispensary used for medicines preparation and staff use. There was a WC and a sink with hot and cold running water and other facilities for hand washing. The area was free of clutter.

The pharmacy had a sound proofed consultation room which contained adequate seating facilities. The room was smart and professional in appearance. But it was not signposted. And so, people may not be aware that they could use the room for private conversations.

The lighting was bright, and the temperature was comfortable throughout inspection. The overall appearance of the premises, including the exterior, was professional and portrayed a suitable healthcare setting.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy is accessible to people and it provides services to support people's health needs. The pharmacy has robust procedures for dispensing medicines into multi-compartmental compliance packs. And pharmacy team members follow these. They provide information with these packs to help people know when to take their medicines and to identify what they look like. But they don't always get signatures to confirm receipt, when they make deliveries to people's homes. So, it may be difficult to resolve queries or identify mistakes. The pharmacy sources its medicines from licenced suppliers. And it stores and manages its medicines appropriately.

### Inspector's evidence

The pharmacy entrance door could be accessed via a ramp or steps from the street. The pharmacy advertised the services it offered via a display in the front window. It provided seating for people waiting for prescriptions. Large print labels were provided on request. The team members had access to the internet. Which they used to signpost people requiring a service that the team did not offer. Several healthcare related posters were displayed in the retail area.

The team members attached stickers to the prescriptions during the dispensing process to alert the pharmacist during checking of any issues, interactions or new medicines. And this also alerted team members during the hand out process, for example to the presence of a controlled drug or fridge line. But the pharmacy did not have a system to prevent CDs being handed out to people after the prescription had expired. The pharmacy had an audit trail for dispensed medication. The team achieved this by using dispensed by and checked by signatures on dispensing labels. The team members used separate areas to undertake the dispensing and checking parts of the dispensing process. They used baskets to keep prescriptions and medicines together. This helped prevent people's prescriptions from getting mixed up.

The team identified people who were prescribed high-risk medication such as warfarin. And they were given additional verbal counselling by the pharmacist, if the pharmacist felt there was a need to do so. But details of these conversations were not recorded on people's medication records. So, the pharmacy could not demonstrate how often these checks took place. The pharmacy did not always assess the INR level. The team knew about the pregnancy prevention programme for people who were prescribed valproate. The team said that they knew about the risks. And they demonstrated the advice they would give people in a hypothetical situation. The team had access to information cards about the programme that they could provide to people. The team had completed an audit to identify people they regularly supplied valproate to. And found no persons who met the criteria of the programme. The pharmacy used clear bags to store dispensed fridge and CD items. This allowed the team to do another visual check before the handed the medicine to the person. And they asked the person collecting to also check the item to ensure they were receiving the medicine they were expecting.

People could request for their medicines to be dispensed in multi-compartmental compliance packs. The team dispensed the packs on a rear bench that was away from the retail area. They said that this was to prevent them having to break off from dispensing to serve people who were waiting in the retail area. The team were responsible for ordering the person's prescription. And then the prescription was cross-referenced with a master sheet to ensure it was accurate. The team queried any discrepancies

with the person's prescriber. The team recorded details of any changes, such as dosage increases and decreases, on the master sheets. The team supplied the packs with backing sheets which contained dispensing labels and information which would help people visually identify the medicines. The team supplied patient information leaflets to people each month, as required by law.

The pharmacy kept basic records of the delivery of medicines from the pharmacy to people. The records did not include a signature of receipt. So, there was no audit trail for most deliveries. The pharmacy supplied people with a note when a delivery could not be completed. The note advised them to contact the pharmacy.

The pharmacy gave people owing slips when it could not supply the full quantity prescribed. One slip was given to the person and one kept with the original prescription for reference when dispensing and checking the remaining quantity. The team attempted to complete the owing the next day.

The pharmacy stored pharmacy only medicines behind the retail counter. These medicines could only be sold in a pharmacy, and under the supervision of a pharmacist. The storage arrangement prevented people from self-selecting these medicines.

The team checked the expiry dates of stock every three months and the team kept a record of the activity. The records were complete. No out of date medicines were found following a random check of the dispensary stock. The team used alert stickers to highlight any stock that was expiring in the next 6 months. The date of opening was recorded on liquid medication that had a short-shelf life once opened. The team were not currently scanning products or undertaking manual checks of tamper evident seals on packs, as required under the Falsified Medicines Directive (FMD). The pharmacy did not have any software installed to assist the team to comply with the directive. The team had not received any training on how to follow the directive.

The team used digital thermometers to record fridge temperatures each day. A sample of the records evidenced temperatures were within the correct range. The pharmacy obtained medicines from several reputable sources. It received drug alerts via email and the team actioned them. The pharmacy did not keep records of the action taken after the alert. And so, an audit trail was not available.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The equipment and facilities the pharmacy uses in the delivery of services are clean, safe and protect people's confidentiality.

### Inspector's evidence

The pharmacy had several reference sources available. And the team had access to the internet as an additional resource. The resources included hard copies of the British National Formulary (BNF) and the BNF for Children. The pharmacy used a range of CE quality marked measuring cylinders. And it had tweezers and rollers available to assist in the dispensing of multi-compartmental compliance packs. The medical fridges were of an appropriate size. The medicines inside were well organised.

All electrical equipment had been subjected to portable appliance testing in May 2019. The computers were password protected and access to people's records were restricted by the NHS smart card system. And computer screens were adequately positioned to ensure confidential information wasn't on view to the public. The computers were password protected. Cordless phones assisted in undertaking confidential conversations. Some bags containing assembled medicines were stored close to the retail area. The bags were sealed with people's address labels. The team ensured the labels always faced away from the retail area to protect people's privacy.

### 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.