

# Registered pharmacy inspection report

**Pharmacy Name:** Birstall Pharmacy, 8 Market Place, Birstall, BATLEY,  
West Yorkshire, WF17 9EL

**Pharmacy reference:** 1039400

**Type of pharmacy:** Community

**Date of inspection:** 10/07/2019

## Pharmacy context

The pharmacy is in the centre of Birstall. Pharmacy team members dispense NHS prescriptions and sell a range of over-the-counter medicines. And offer services including medicines use reviews (MUR) and the NHS New Medicines Service (NMS). They provide a substance misuse service, including supervised consumption, and they supply medicines in multi-compartmental compliance packs.

## 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
<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 not all met	4.3	Standard not met	Pharmacy team members have not followed procedures to remove short-dated or expired medicines from the shelves, even after receiving feedback. And the pharmacy has expired medicines on its shelves. So, there is a risk that people may receive medicines that are not fit for purpose.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy has procedures to manage the risks to its services. And, pharmacy team members are clear about how to carry out their roles safely. They discuss and record mistakes they make. And they make changes to prevent the same or similar mistakes happening again. The pharmacy generally keeps the records required by law. Pharmacy team members understand their responsibility to protect people's private information. And, they know what to do if they have a concern about the welfare of a child or vulnerable adult.

### Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) to help manage the risks to its services. And, they were held electronically. The sample checked were last reviewed in April 2019. And the next review was scheduled for April 2021. Pharmacy team members had read the SOPs. And they had recorded this on a signed checklist. The pharmacy defined the roles of the pharmacy team members in each procedure.

The pharmacist highlighted near miss errors made by the pharmacy team when dispensing. Pharmacy team members recorded their own mistakes. The pharmacist and the dispenser discussed the errors made. And, they discussed and recorded some information about why a mistake had happened. They then made changes to prevent a mistake happening again. For example, they attached alert stickers to the edges of shelves in front of medicine involved in an error. And, they separated similarly named or packaged medicines. Pharmacy team members said the pharmacist analysed the data collected about mistakes every month. But, the pharmacist manager was not present during the inspection. And, records of the analysis could not be found. Pharmacy team members said they discussed the analysis individually with the pharmacist if they had made several errors of the same type. And, the pharmacist often held a team briefing about the findings. The pharmacy had a clear process for dealing with dispensing errors that had been given out to people. It recorded incidents using a template reporting form. Pharmacy team members said if they were made aware of a dispensing error, they would apologise, resolve the mistake and make sure the patient was safe, with the pharmacist's help. But, they could not find any records of errors during the inspection. So, the inspector could not assess the quality of dispensing error handling and reporting.

The pharmacy had a procedure to manage complaints from people. It had a poster available for customers in the retail area which clearly explained the company's complaints procedure. It collected feedback from people by using questionnaires. And, the latest results from the questionnaires were available. One improvement point was for the team to provide more advice about physical exercise. A dispenser said the previous pre-registration pharmacist had been to a local library and spoken to a group about healthy living. There were no other examples of any changes made after feedback.

The pharmacy had up to date professional indemnity insurance. And, it displayed its certificate of insurance. The pharmacy kept controlled drug (CD) registers complete and in order. It kept running balances in all registers. And these were audited against the physical stock quantity approximately monthly, including methadone. Pharmacy team members said they kept and maintained a register of CDs returned by people for destruction. But, they could not find the register during the inspection. The pharmacy maintained a responsible pharmacist record on paper. And it was complete and up to date.

The pharmacist displayed their responsible pharmacist notice to people. The pharmacy team monitored and recorded fridge temperatures daily. They kept private prescription records in a paper register, which was complete and in order. And, they recorded emergency supplies of medicines electronically. They recorded any unlicensed medicines supplied, which included the necessary information in the samples seen.

The pharmacy kept sensitive information and materials in restricted areas. And, it collected confidential waste in separate bags. The bags were sealed when they were full. And they were collected by a contractor and sent for destruction. Pharmacy team members had been trained to protect privacy and confidentiality. The pharmacist had delivered some training verbally. And, pharmacy team members had completed a training course on the General Data Protection Regulations (GDPR) in 2018 and 2019. Pharmacy team members were clear about how important it was to protect confidentiality. And there was a procedure in place detailing requirements under the General Data Protection Regulations (GDPR). Pharmacy team members had read and signed a code of conduct and confidentiality and a confidentiality agreement. They said they read and signed these documents each year.

When asked about safeguarding, the pre-registration pharmacist gave some examples of symptoms that would raise her concerns in both children and vulnerable adults. And, she discussed some more unusual situations where she might find a safeguarding concern, such as evidence of a carer misusing a medicine belonging to someone they were caring for. She explained how she would refer to the pharmacist. And, she showed a list of local safeguarding contacts she would use to get advice and support. The pharmacist said he would assess the concern. And would refer to local safeguarding teams for advice. He had completed level 2 safeguarding training in 2018. The pharmacist managers had verbally trained other pharmacy team members. But, they had not completed any formal training. The pharmacy had a documented procedure in place explaining what to do in the event of a concern.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

Pharmacy team members have the right skills and qualifications for their roles and the services they provide. They complete training ad-hoc. And, they discuss any learning needs with their manager. Pharmacy team members talk together openly to manage the workload and improve ways of working. And they have group discussions about why mistakes happen, to help inform the changes they make to help prevent mistakes happening again.

### Inspector's evidence

At the time of the inspection, the pharmacy team members present were a locum pharmacist, a pre-registration pharmacist, a dispenser and two dispensing apprentices. Pharmacy team members completed training ad-hoc by reading various trade press materials. And by having regular discussions with the pharmacists about current topics. A dispenser said the company also provided some training modules, but she did not have time to complete them. Pharmacy team members received a yearly appraisal with the manager. They discussed their performance and identified any learning needs. And, they set objectives to address any needs they had. One example of an objective was to get more experience of dispensing, labelling and managing methadone instalment prescriptions using the computer. The dispenser said she had been trained by the pharmacist. But, she felt she still needed more opportunity to practice before she felt confident.

A dispenser explained that she would raise professional concerns with the pharmacist or superintendent pharmacist (SI). She said she felt comfortable raising a concern. And confident that her concerns would be considered, and changes would be made where they were needed. Pharmacy team members did not know if the pharmacy had a whistleblowing procedure. And, a procedure could not be found.

The pharmacy team communicated with an open working dialogue during the inspection. A pharmacy team member said she was told by the pharmacist when she had made a mistake. And, the discussion that followed often explored why she had made the mistake. Pharmacy team members learned from each other's mistakes by discussing things when they happened. Or, at the team meeting after the pharmacist had analysed the data collected. Pharmacy team members explained a change they had made after they had identified areas for improvement. When pharmacy team members picked stock to dispense in to a multi-compartmental compliance pack, they had their stock checked by another member of the team before removing medicines from their packaging. They explained that they did this to quickly identify any picking errors and to help reduce wastage. The pharmacy owners and superintendent pharmacist (SI) did not ask the team to achieve any 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, it has a suitable room where people can speak to pharmacy team members privately.

### Inspector's evidence

The pharmacy was clean and well maintained. All areas of the pharmacy were tidy and well organised. And the floors and passage ways were free from clutter and obstruction. The space available for dispensing was limited. But, there was a safe and effective workflow in operation. And clearly defined dispensing and checking areas. Pharmacy team members kept equipment and stock on shelves throughout the premises. The pharmacy also had a cellar. The cellar was used for storage. And it was kept tidy and organised. The pharmacy had a private consultation room available. The pharmacy team used the room to have private conversations with people. The room was signposted by a sign on the door.

There was a clean, well maintained sink in the dispensary used for medicines preparation. There was a toilet with a sink providing hot and cold running water and other facilities for hand washing. Heat and light in the pharmacy was maintained to acceptable levels. The overall appearance of the premises was professional, including the exterior which portrayed a professional healthcare setting. The professional areas of the premises were well defined by the layout and well signposted from the retail area.

## Principle 4 - Services Standards not all met

### Summary findings

The pharmacy is mostly accessible to people. And it generally provides its services safely and effectively. It sources its medicines from licensed suppliers. The pharmacy has a process to check the expiry dates of its medicines. And, to remove short-dated and expired stock. But, pharmacy team members do not follow the process, even after they receive feedback. And the pharmacy has some expired stock on its shelves. So, there is a risk the pharmacy team may supply these medicines in error. Pharmacy team members dispense medicines into devices to help people remember to take them correctly. And, they provide information with these devices to help people take their medicines safely. The team takes some steps to identify people taking high-risk medicines. And it provides them with some advice.

### Inspector's evidence

The pharmacy had level access from the street in to a large retail area. There was a bell at the door. But, the bell did not work and there was no other information available to tell people how to get a pharmacy team member's attention if they needed help. Prescriptions were prepared in the dispensary at the back of the pharmacy. Pharmacy team members said they could provide large print label for people with visual impairment. And, they would use written communication with someone with a hearing impairment.

The pharmacy had a procedure instructing pharmacy team members to check for expiring medicines every 12 weeks. It had records to show the pharmacy team members were carrying out checks. And, the last recorded checks were in April 2019. Pharmacy team members highlighted short-dated packs with a sticker on the pack. And, they recorded the items on a stock expiry spreadsheet, which could be seen by all the company's pharmacies. Other pharmacies could request the medicines if they thought they could use them before their expiry. But, after selecting a random sample of medicines from the shelves, two medicines were found that expired in May 2019 and four that expired in July 2019. Pharmacy team members said they were carrying out checks. But, they said they were not using the stock expiry spreadsheet to share information about expiring stock or to identify medicines expiring before the next check was due. A member of the public had also complained to the GPhC in December 2018 about receiving medicines from the pharmacy that expired part way through their course of treatment. The pharmacy's date checking process still wasn't robust as it didn't prevent expired stock from being stored on the shelves.

Pharmacy team members signed the dispensed by and checked by boxes on dispensing labels. This was to maintain an audit trail of staff involved in the dispensing process. They used dispensing baskets throughout the dispensing process to help prevent prescriptions being mixed up. The pharmacy responded to drug alerts and recalls. And, pharmacy team members quarantined any affected stock found so it could be destroyed or returned to the wholesaler. They recorded any action taken. And, records included details of any affected products removed.

The pharmacy supplied medicines in multi-compartmental compliance packs when requested. Pharmacy team members attached backing sheets to the packs, so people had written instructions of how to take the medicines. And, they included the descriptions of what the medicines looked like, so they could be identified in the pack. Pharmacy team members provided people with patient information leaflets about their medicines each month. They documented any changes to medicines

provided in packs on the patient's electronic record. And, on a change history sheet, kept with the patient's master record.

The pharmacy obtained medicines from four licensed wholesalers. It stored medicines tidily on shelves. And all stock was kept in restricted areas of the premises where necessary. It had adequate disposal facilities available for unwanted medicines, including controlled drugs (CDs). Pharmacy team members kept the CD cabinet(s) tidy and well organised. And, out of date and patient returned CDs were segregated. The inspector checked the physical stock against the register running balance for three products. And they were found to be correct. The pharmacy team kept the contents of the pharmacy fridge tidy and well organised. They monitored minimum and maximum temperatures in the fridge every day. And they recorded their findings. The temperature records seen were within acceptable limits.

The pharmacist provided information and counselling to women receiving prescriptions for valproate who could become pregnant. He said he would inform them of the risks of taking the medicine. And he would provide them with printed information to take away. The pharmacy had a stock of information material available. Pharmacy team members were aware of the requirements of the Falsified Medicines Directive (FMD). But, there was no equipment or software available. Pharmacy team members had not been trained about the new requirements and there was no updated procedure available to incorporate checks for falsified medicines. Pharmacy team members said they did not know the company's plans for further implementation of the FMD requirements.

The pharmacy delivered medicines to people. It recorded the deliveries made. But, it did not ask people to sign for their deliveries. So, there was no complete audit trail to help deal with future queries. But, people did sign for any CDs delivered, by using a separate itemised delivery docket. Pharmacy team members highlighted bags containing CDs with a sticker on the bag and on the driver's delivery sheet. The delivery driver left a card through the letterbox if someone was not at home when they delivered. The card asked people to contact the pharmacy to arrange a re-delivery. Pharmacy team members also tried to contact people to arrange for their medicines to re-delivered.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the necessary equipment available, which it properly maintains. And it manages and uses the equipment in ways that protect confidentiality.

### Inspector's evidence

The pharmacy had the equipment it needed to provide the services offered. The resources available included the British National Formulary (BNF), the BNF for Children, various pharmacy reference texts and use of the internet. The pharmacy obtained equipment from the licensed wholesalers used. And, it had a set of clean, well maintained measures available for medicines preparation. Pharmacy team members used a separate set of measures to dispense methadone. The dispensary fridge was in good working order. And, pharmacy team members used it to store medicines only. They restricted access to all equipment and they stored all items securely.

The pharmacy positioned computer terminals away from public view. And they were password protected. It stored medicines waiting to be collected in the dispensary, also away from public view.

### What do the summary findings for each principle mean?

Finding	Meaning
<span>✓ Excellent practice</span>	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.
<span>✓ Good practice</span>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span>✓ Standards met</span>	The pharmacy meets all the standards.
<span>Standards not all met</span>	The pharmacy has not met one or more standards.