

# 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:** 12/03/2020

## 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. They offer services including medicines use reviews (MUR) and the NHS New Medicines Service (NMS). They supply medicines in multi-compartment compliance packs. And they deliver medicines to people's homes. The pharmacy provides a substance misuse service, including supervised consumption.

## 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	2.2	Good practice	The pharmacy provides access to comprehensive training materials. Pharmacy team members complete training regularly, in various ways, to improve their knowledge and skills.
<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 procedures to manage the risks to its services. It keeps the records required by law. 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. 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. Pharmacy team members had read the NHS SOP about Coronavirus. The pharmacy was displaying the most recent posters to people about how to protect themselves from the virus. And about what to do if they suspected they had the virus. It displayed these posters on the pharmacy door so people could see them from outside. Pharmacy team members had identified a suitable isolation space for someone with the symptoms of Coronavirus in the pharmacy. They were also placing a slip of paper in bags of dispensed prescriptions. The slip asked people to contact the pharmacy and update their contact details so pharmacy team members could contact them in the event of an emergency.

Pharmacy team members completed a compliance checklist sent by the superintendent pharmacist each month. They used the checklist to confirm they had completed various key tasks. For example, that they had completed controlled drug (CD) balance audits and medicine expiry date checks. And they had reviewed the near miss error data collected. Pharmacy team members documented when each task had been completed. And returned their completed checklists to the SI. The SI monitored any tasks that had not been completed properly.

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. The pharmacist analysed the data collected about mistakes every month. And they recorded their analysis. Examples of changes made in response to near miss error and patterns included separating and highlighting some common look-alike and sound-alike (LASA) medicines on the shelves to help prevent picking errors. For example, carbimazole and carbamazepine. The had also clearly marked 'Bi' on packs of quinine bisulphate to prevent them being mixed up with quinine sulphate. The pharmacy had a process for dealing with dispensing errors that had been given out to people. It recorded incidents using a template reporting form. And pharmacy team members submitted completed report forms to the SI. 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. The pharmacy did not have any records of dispensing errors. Then pharmacist said this was because they had not made any dispensing errors. So, the inspector could not fully 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. The pharmacy had feedback available from the last set of questionnaires analysed. But pharmacy team members did not know details of the feedback. And they could not give any examples of any changes they had made to improve services after receiving feedback.

The pharmacy had up-to-date professional indemnity insurance in place. 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. The pharmacy kept and maintained a register of CDs returned by people for destruction. And it was complete and up to date. The pharmacy maintained a responsible pharmacist record electronically. 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 in two fridges. They kept private prescription records electronically. The sample seen were complete and in order. They also 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. 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 secure 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 January 2020. 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, a dispenser gave some examples of symptoms that would raise her concerns in both children and vulnerable adults. 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 she would assess the concern. And would refer to local safeguarding teams for advice. The pharmacist had completed training in November 2019. And other pharmacy team members had refreshed their knowledge of safeguarding in 2019.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

Pharmacy team members are suitably qualified and have the right skills for their roles and the services they provide. The pharmacy provides access to comprehensive training materials. Pharmacy team members complete training regularly to improve their knowledge and skills. They reflect on their own performance, discussing any training needs with the pharmacist and other team members. And they support each other to reach their learning goals. Pharmacy team members feel able to raise concerns and use their professional judgement.

### Inspector's evidence

At the time of the inspection, the pharmacy team members present were a pharmacist, a dispenser, an apprentice dispenser and a pharmacy student. Pharmacy team members completed training via an online training platform. They completed a training module at least once a month. The pharmacist chose the topics for the team to learn. She said these were usually aligned to be relevant to the pharmacy's work or services. And to seasonal health conditions. Pharmacy team members recorded the modules they had completed. Recent examples included sepsis, the General Data Protection Regulations (GDPR) and dry January. Pharmacy team members also read trade press magazines and professional bulletins ad-hoc. They were provided with protected time during work to complete their training. 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 multi-compartment compliance packs. The dispenser said the pharmacist and colleagues had given her more opportunities to practice dispensing and assembling packs. And provided her with support when she felt unsure. She now felt more confident to prepare and dispense packs.

A dispenser explained that she would raise professional concerns with the pharmacist or superintendent pharmacist (SI). 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.

Pharmacy team members communicated with an open working dialogue during the inspection. They 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-compartment compliance pack, they had their stock checked by another member of the team before removing medicines from their packaging. They explained 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 met

### Summary findings

The pharmacy's services are generally accessible to people, including people using wheelchairs. And the pharmacy has systems in place to help provide its services safely and effectively. It stores, sources and manages its medicines appropriately. Pharmacy team members dispense medicines into devices to help people remember to take them correctly. They manage this service well. And they provide these people with the information they need to identify their medicines in the devices in case of queries. They take steps to identify people taking high-risk medicines. And they provide these people with suitable advice to help them take their medicines safely.

### 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 could provide large print labels to help people with a visual impairment. And they used written communication to help people with a hearing impairment.

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 pharmacist counselled people receiving prescriptions for valproate if appropriate. And she said she would check if the person was aware of the risks if they became pregnant while taking the medicine. She advised she would also check if they were on a pregnancy prevention programme. The pharmacy had a stock of printed information material to give to people and to help them manage the risks. The pharmacy supplied medicines in multi-compartment compliance packs when requested. It attached backing sheets to the packs, so people had written instructions of how to take the medicines. Pharmacy team members included descriptions of what the medicines looked like, so they could be identified in the pack. And they provided people with patient information leaflets about their medicines each month. Pharmacy team members documented any changes to medicines provided in packs on a change history sheet, kept with the patient's master record. The pharmacy delivered medicines to people. It recorded the deliveries made. And it generally asked people to sign to confirm they had received their medicines. People signed to confirm they had received a controlled drug (CD) 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. Pharmacy team members also tried to contact people to arrange for their medicines to re-delivered.

The pharmacy obtained medicines from licensed wholesalers. It stored medicines tidily on shelves. And it kept all stock in restricted areas of the premises where necessary. Pharmacy team members were aware of the requirements of the Falsified Medicines Directive (FMD). But the pharmacy did not have any equipment or software available to scan compliance packs of medicines. Pharmacy team members had not been trained about the new requirements. And the pharmacy did not have any updated procedures available to incorporate the requirements of FMD in to the dispensing process. Pharmacy team members said they did not know the company's plans for further implementation of FMD. The pharmacy had adequate disposal facilities available for unwanted medicines, including CDs. Pharmacy

team members kept the CD cabinet tidy and well organised. And they segregated out of date and patient returned CDs. The inspector checked the physical stock against the register running balance for three products. And these were correct. Pharmacy team members kept the contents of two pharmacy fridges tidy and well organised. They monitored the minimum and maximum temperatures in the fridges every day. And they recorded their findings. The temperature records seen were within acceptable limits.

Pharmacy team members checked medicine expiry dates every 12 weeks. And records were seen. They highlighted any short-dated items with a sticker on the pack up to six months in advance of its expiry. And they recorded expiring items on a monthly stock expiry sheet, for removal at the beginning of their month of expiry. They kept the stock expiry sheet electronically. And the list could also be seen by other pharmacies in the company. This meant that other pharmacies could request expiring medicines if they could use them before they expired, to help prevent wastage. The pharmacy responded to drug alerts and recalls. And, any affected stock found was quarantined for destruction or return to the wholesaler. It recorded any action taken. And, records included details of any affected products removed.

## 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 people's 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 had a set of clean, well maintained measures available for medicines preparation. It positioned computer terminals away from public view. And, these were password protected. The pharmacy stored medicines waiting to be collected in the dispensary, also away from public view. It had two dispensary fridges that were in good working order. And pharmacy team members used them to store medicines only. They restricted access to all equipment. And they stored all items securely.

### 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.