

# Registered pharmacy inspection report

**Pharmacy Name:** Read and Simonstone Pharmacy, 90 Whalley Road,  
Read, BURNLEY, Lancashire, BB12 7PN

**Pharmacy reference:** 1087013

**Type of pharmacy:** Community

**Date of inspection:** 11/06/2019

## Pharmacy context

The pharmacy is on a main road in the village of Read. Pharmacy team members mainly dispense NHS prescriptions and sell a range of over-the-counter medicines. They offer medicines use reviews (MUR), the NHS New Medicines Service (NMS) and emergency contraception. They provide a substance misuse service, including supervised consumption and they supply medicines to people in multi-compartmental compliance packs.

## Overall inspection outcome

✓ **Standards 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 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 generally identifies and manages the risks to its services. And it keeps the records required by law. The pharmacy team knows how to keep people's information secure. And what to do if there is a concern about the welfare of a child or vulnerable adult. The team has few team members, and as such they informally discuss the mistakes they make at the time, instead of making a record of these mistakes to review at a later date. This means they may miss opportunities to learn. The pharmacy has suitable written procedures to manage the risks to its services. But, the dispenser has not read the procedures since they changed their role. So, they may not fully understand the agreed ways of working in the pharmacy.

### Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place. The superintendent pharmacist had reviewed the procedures in October 2017. And had scheduled the next review of the procedures for October 2019. The pharmacist had read and signed the SOPs in 2018. But, the trainee dispenser had not signed any of the procedures to confirm she understood them. She said she had read them when she first started working at the pharmacy in 2017 as a medicines counter assistant. But, said she had not read any dispensing SOPs since she had started to train as a dispenser. The pharmacy defined the roles of the pharmacy team members in each SOP. And, daily tasks were allocated verbally.

The pharmacist highlighted near miss errors made by the dispenser. They discussed the mistakes made, but they did not make any records of mistakes. The dispenser said that when she made a mistake, the pharmacist passed the prescription back to her and asked her to identify the mistake herself. She gave a recent example where she had picked ramipril 10mg capsules instead of ramipril 5mg capsules. She said the mistake had been caused by her rushing and so she was trying to be more careful when dispensing. The pharmacy team had not done anything else to prevent the same or similar mistake. And, they had not discussed the causes of the mistake any further. Because there were no records of near miss errors made, the pharmacy team did not further analyse the mistakes for patterns. The pharmacy had a procedure in place for dealing with dispensing errors. Errors were reported using a template reporting form. But, the last error record available was from 2014. The pharmacist said there had been dispensing errors since. But they had not been recorded. Pharmacy team members could not give any examples of any changes made in response to a dispensing error.

The pharmacy had a procedure to deal with complaints handling and reporting. 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. But, the pharmacist could not give any examples of any changes made in response to feedback received.

The pharmacy had up to date professional indemnity insurance in place.

The pharmacy kept controlled drug (CD) registers complete and in order. It kept running balances in all registers. And they were audited against the physical stock quantity approximately weekly. It 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 on paper. And it was complete and up to

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

The pharmacy shredded its confidential waste. The pharmacy team had been trained to protect people's privacy and confidentiality. The superintendent pharmacist (SI) had delivered the training verbally. And, they had completed training about the General Data Protection Regulations (GDPR) in 2018. Pharmacy team members were clear about how important it was to protect confidentiality. And, they had read and signed confidentiality agreements in 2018. There was no evidence that the pharmacy had been assessed for GDPR compliance.

When asked about safeguarding, a dispenser gave some brief examples of symptoms that would raise their concerns in both children and vulnerable adults. But, she was generally unsure. She explained how she would refer her concerns to the pharmacist. The pharmacist said they would assess the concern. And, would refer to local safeguarding contacts for advice. The pharmacy had contact details available for the local safeguarding service. The dispenser had been trained verbally by the pharmacist and had read guidance in 2016 after receiving advice at their last inspection. They had not completed further training. The SI had last trained in 2016 via distance learning provided by The Centre for Pharmacy Postgraduate Education. A discussion took place about the advantages of providing the whole team with regular training.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy team members have the right qualifications and skills for their roles and the services they provide. The dispenser completes training ad-hoc. And, pharmacy team members talk together openly to manage the workload and improve ways of working. Pharmacy team members do not always establish and discuss specific causes of mistakes. This means they may miss chances to learn from errors and make changes to reduce the risk of errors.

### Inspector's evidence

At the time of the inspection, the pharmacy team members present were a pharmacist and a dispenser. The superintendent pharmacist (SI) was also present for part of the inspection. She said that they would cover absences by borrowing staff from their other pharmacy nearby. Pharmacy team members completed training ad-hoc by reading various trade press materials. And by having regular discussions with the pharmacists about current topics. The pharmacy did not have an appraisal or performance review process. The dispenser said that any needs she had would be discussed with the pharmacist informally and they would support her to achieve her goals.

The 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. The pharmacy had a whistleblowing policy and pharmacy team members were aware of the procedure. But, the dispenser was unsure about what the procedure was for. This was discussed during the inspection.

The pharmacy team communicated with an open working dialogue during the inspection. The dispenser said she was told by the pharmacist when she had made a mistake. And, she was asked to identify the mistake herself, instead of being told by the pharmacist. The discussion that followed did not usually explore why she had made the mistake.

Pharmacy team members explained a change they had made after they had identified areas for improvement. They had changed how the stock in the dispensary was organised. Previously, shelves had been untidy. And items ran out and were not replaced quickly. So, the team had reorganised how shelves were organised and how medicines were stored. The dispenser said she checked the shelves each morning to tidy the stock. And, ordered items where stock had run out. She explained this made sure stock was available to fulfil prescriptions. And, helped to prevent picking errors.

The pharmacy owners and 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 the pharmacy has a 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. There was a safe and effective workflow in operation. And clearly defined dispensing and checking areas. It kept equipment and stock on shelves throughout the premises. The pharmacy used rooms on the first floor for storage.

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 WC a sink with 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 is accessible to people. It stores, sources and manages medicines safely. The pharmacy team members dispense medicines into devices to help people remember to take them correctly. They sometimes provide information with these devices to help people identify what their medicines look like. The pharmacy team members take steps to identify people taking high-risk medicines. And they provide these people with some advice to help them take their medicines safely. But they do not regularly provide people with information leaflets.

### Inspector's evidence

The pharmacy was accessed via steps at the front of the building. And, it had level access at the back of the premises. But, it didn't have a sign at the front to tell people that level access was available. Or, to tell people how to get the staff's attention if they needed help. Pharmacy team members were able to provide large print labels for people with visual impairment. And, they said they would communicate in writing with someone with hearing impairment.

The pharmacy supplied medicines to people in multi-compartmental compliance packs when requested. It attached labels to the pack, so people had written instructions of how to take the medicines. And it added the descriptions of what the medicines looked like, so they could be identified in the pack. But, they did not do this for every pack supplied. So, some packs were supplied without descriptions of the medicines in them. Pharmacy team members did not regularly provide people with patient information leaflets about their medicines. The superintendent pharmacist (SI) said people were supplied with a leaflet when a medicine was new, but not regularly after that. The pharmacy team documented any changes to medicines provided in packs on the patient's master records sheet.

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 people's prescriptions being mixed up. The pharmacy obtained medicines from five 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 controlled drugs (CD) cabinet 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.

Pharmacy team members checked medicine expiry dates every six months. 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 in a monthly stock expiry book, for removal during their month of expiry. Pharmacy team members also checked stock received and added any short-dated items to the list when they put them away on the shelves. They responded to drug alerts and recalls. And, they quarantined any affected items found for destruction or return to the wholesaler. They recorded any action they took. And, records included details of any affected products removed.

The pharmacy team kept the contents of the pharmacy fridge tidy and well organised. They monitored minimum and maximum temperatures in the fridge. And they recorded their findings. But,

temperatures were not checked every day. Some records seen were not within the expected acceptable limits. After discussion, it was established that the dispenser was not resetting the thermometer after each reading. So, the temperatures outside of normal ranges were historic and because of the fridge door being opened for tasks like expiry date checking. The temperature in the fridge during the inspection was acceptable. Pharmacy team members kept diabetic medicines separately on shelves to help prevent them being picked by mistake. The pharmacist said she was aware of the risks of sodium valproate to pregnant women and women of childbearing age. She said she would provide information about the risks to people. And would ask them about a pregnancy prevention programme. But, the pharmacy did not have any printed information material to give to people with their prescriptions. So, it couldn't meet the requirements of the valproate pregnancy prevention programme.

Pharmacy team members were aware of the requirement of the Falsified Medicines Directive. But, the pharmacy did not have the required equipment or software. Pharmacy team members had not been trained. So, the pharmacy was not complying with current law.

The pharmacy delivered medicines to people. It recorded the deliveries made and asked people to sign for their deliveries. 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.



## 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. Pharmacy team members obtained equipment from the licensed wholesalers used. And they had a set of clean, well maintained measures available for medicines preparation. They used a separate set of measures to dispense methadone. The dispensary fridge was in good working order. And the team only used it to store medicines. Access to all equipment was restricted and all items were stored securely. The pharmacy kept sensitive information and materials in restricted areas. It 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.