

# Registered pharmacy inspection report

**Pharmacy Name:** Burnley Late Night Pharmacy, 36B Colne Road,  
BURNLEY, Lancashire, BB10 1LG

**Pharmacy reference:** 1106144

**Type of pharmacy:** Community

**Date of inspection:** 25/07/2019

## Pharmacy context

The pharmacy is in a health centre in the suburbs of Burnley. Pharmacy team members mainly dispense NHS prescriptions and sell a range of over-the-counter medicines. They offer services including medicines use reviews (MUR), the NHS New Medicines Service (NMS) and meningitis vaccinations for people travelling to Hajj and Umrah pilgrimage. Pharmacy team members provide medicines in multi-compartmental compliance packs. And, they provide a substance misuse service, including supervised consumption and needle exchange.

## 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 procedures, which team members follow, to help identify and manage risks with its services. It protects people's confidential information. And it ensures some team members complete training, so they know how to safeguard the welfare of children and vulnerable adults. The pharmacy asks people using its services for their views and gives them opportunities to raise concerns. And it listens to these views when considering changes to pharmacy services. The pharmacy mostly keeps the records it must by law. But, it doesn't always identify and rectify discrepancies in some records quickly. The pharmacy team members record, discuss and learn from mistakes that happen. But they don't always fully use the information and so they may miss opportunities to improve.

### Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place. The sample checked were last reviewed in May 2019. And the next review was scheduled for 2021. But, the procedures did not show up to date version control information. Pharmacy team members had read and signed the SOPs after the review in 2019. The pharmacy defined the roles of the pharmacy team members in each procedure.

The pharmacist highlighted and recorded near miss errors made by the pharmacy team when dispensing. But, the pharmacy did not have any recent records available during the inspection. The superintendent pharmacist (SI) said the pre-registration pharmacist had taken them home to carry out an audit. The SI showed an old record book. And, the last record in the book was from July 2018. Pharmacy team members discussed the errors made. But, they did not discuss or record much detail about why a mistake had happened. They usually said rushing or not paying attention had caused the mistakes. And, their most common change after a mistake was to double check or be careful next time. The SI analysed the data collected about mistakes approximately every six months. This was not as often as he would have liked. But, this was what was possible given other time pressures. But, there were no records of any analysis available to see. And, pharmacy team members could not give any examples of any changes made after the SI had analysed the data. The pharmacy had a process for dealing with dispensing errors that had been given out to people. It recorded incidents using the electronic medication records system. The sample of records seen were detailed. And, they recorded some discussions about why the mistake had happened and proposals for preventing a recurrence.

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. The SI said that the pharmacy had considered stopping the delivery service because of lack of funding. But, after feedback from people, he had decided to keep the service after he established how important it was to people.

The pharmacy had up-to-date professional indemnity insurance in place. It had a certificate of insurance displayed. The pharmacy kept controlled drug (CD) registers electronically. And the sample seen were complete. It kept running balances in all registers. And they were audited against the physical stock quantity approximately monthly, including methadone. The pharmacy had started using electronic registers instead of paper ones recently. On further scrutiny, the closing balances in the registers for normal and sugar-free methadone did not match the opening balances in the electronic registers for

both products. The SI had not noticed the discrepancies until the inspector pointed them out. He gave an assurance he would investigate the discrepancies and make the necessary adjustments and notes. 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 on paper. And it was complete and up to date. The pharmacist displayed their responsible pharmacist notice to people. Pharmacy team members monitored and recorded fridge temperatures daily in two fridges. 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 kept sensitive information and materials in restricted areas. And, it collected confidential waste in dedicated bags. The bags were sealed when they were full. And they were collected by a contractor and sent for destruction. The pharmacy team had been trained to protect privacy and confidentiality. The SI had delivered the training verbally. And, pharmacy team members had read a file of information in 2017. But, the file had not been updated or read since the introduction of the General Data Protection Regulations (GDPR) in 2018. Pharmacy team members were clear about how important it was to protect confidentiality.

When asked about safeguarding, the pharmacy technician gave some examples of symptoms that would raise their concerns in both children and vulnerable adults. They explained how they would refer to the pharmacist. The pharmacist said they would assess the concern. And would refer to local safeguarding contacts. The pharmacy had contact details available for the local safeguarding service. The pharmacist and pharmacy technician had trained via the Centre for Pharmacy Postgraduate Education (CPPE) in 2017. Other pharmacy team members had not completed any training. And, there was no documented procedure available to instruct team members about what to do in the event of a concern.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

Pharmacy team members have the right qualifications and skills for their roles and the services they provide. They have regular performance reviews. And complete training ad-hoc to help keep their skills and knowledge up to date. Pharmacy team members discuss mistakes openly together. And they feel comfortable raising concerns or putting forward ideas to improve the delivery of services.

### Inspector's evidence

At the time of the inspection, the pharmacy team members present were a pharmacist, a pre-registration pharmacist and a pharmacy technician. Pharmacy team members completed training ad-hoc by reading various trade press materials. The superintendent pharmacist (SI) said pharmacy funding cuts had been a factor in him reducing his staff levels. And, this meant there was reduced time available during work for pharmacy team members to carry out training. Pharmacy team members received an appraisal every 6 months. They discussed their performance and areas where they could improve. The pharmacy technician said she had set objectives in her appraisals in the past to help achieve goals for improvement. But, she could not give any examples of objectives set recently.

The technician explained that she would raise professional concerns with the SI. 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. But pharmacy team members did not know how to access the procedure. So, they may not know how to appropriately raise a concern anonymously. Pharmacy team members communicated with an open dialogue during the inspection. The technician said she was told by the pharmacist when she had made a mistake. The discussion that followed did not fully explore why she had made the mistake. And, pharmacy team members did not always make changes to prevent a mistake happening again. The pharmacy owners and SI did not ask the team to achieve any targets.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is generally maintained to the required standards. But, some shelves are cluttered and untidy. The pharmacy provides a suitable space for the health services provided. And, it has a room where people can speak to pharmacy team members privately.

### Inspector's evidence

The pharmacy was clean and well maintained. It was generally tidy, but the shelves where medicines were stored were cluttered and untidy. There were several areas on the shelves where stacks of medicine boxes had fallen over and become mixed together. The floors and passage ways were free from clutter and obstruction. But, the area where medicines were prepared was small and did not provide much bench space for the volume of work being carried out. The pharmacy had a dispensary in the cellar, which the used to prepare multi-compartmental compliance packs. This helped to reduce the pressure on the workspace in the ground floor dispensary. There was a safe and effective workflow in operation. And clearly defined dispensing and checking areas.

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, which provided 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 and it generally manages its services safely and effectively. It sources its medicines from licenced suppliers. And it mostly stores and manages its medicines appropriately. But, pharmacy team members don't always keep medicines in the original packs or label these stock medicines correctly. So, they may not know if these medicines expire or are recalled. Pharmacy team members dispense medicines into devices to help people remember to take them correctly. They provide information with these devices to help people know when to take their medicines and to identify what they look like. Pharmacy team members take some steps to identify people taking high-risk medicines. And, they provide them with some advice. But, they don't always have written information for people to take away. So, people may not have all the information they need to help them take their medicines.

### Inspector's evidence

The pharmacy had ramped access from street. And, it had an entrance from the health centre reception area. Pharmacy team members said they would make sure that people with a hearing impairment could see their lips for them to lip read. And, they would use written communication with them if necessary. They said they could provide large print labels to people with a visual impairment. And, some pharmacy team members could speak other languages spoken by the local community, such as Punjabi and Urdu. Pharmacy team members said they had recently been invited to a "Conversation Café" in the next-door surgery. The café was an event where people could come and ask questions and give feedback about the surgery and the services provided. The superintendent pharmacist (SI) said he attended and gave a short presentation about the pharmacy and the services it provided. Then people were given the opportunity to ask questions and give feedback about pharmacy services. The SI said the process was useful to help educate and engage with people to help avoid unnecessary GP appointments and to help people get more from the pharmacy service.

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 supplied medicines 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. Pharmacy team members provided people with patient information leaflets about their medicines each month. The pharmacy team documented any changes to medicines provided in packs on the patient's master record sheet. And, the GP informed them about changes in writing.

Pharmacy team members checked medicine expiry dates every 12 weeks. And records were seen. The records available showed all stock had been checked in June 2019. But there were no records available of any previous checks. They highlighted any short-dated items with a sticker on the pack up to six months in advance of its expiry. And, pharmacy team members said that anything expiring before the next date check would be removed. After a search of the shelves, no out-of-date medicines were found. 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.

The pharmacy obtained medicines from eight licensed wholesalers via a buying group. It stored medicines on shelves. But the shelves were cluttered and untidy. Several packs on the shelves were found to contain mixed batches of medicines that did not match the batch number and expiry date printed on the pack. The pharmacy also stored some medicines in amber bottles when they had been removed from their original packaging by mistake. Several of the bottles seen did not include the batch number, expiry date or manufacturer of the medicine on the label attached to the bottle. This increased the risk of supplying a medicine that was not fit for purpose. Either because it had been subject to a recall or due to the expiry date. The pharmacy kept stock 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. Two were found to be incorrect. The SI gave an assurance that the discrepancies would be investigated and rectified as soon as possible. Shortly after the inspection, he contacted the inspector to confirm that all discrepancies had been investigated and resolved. 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 SI said he would counsel and provide information to people presenting a prescription for valproate that could become pregnant. He said he would, check if they were enrolled on a pregnancy prevention programme. But, the pharmacy did not have any printed material to provide to people to help them manage the risks. The SI gave an assurance that a supply of materials would be obtained. Pharmacy team members were aware of the requirements of the Falsified Medicines Directive. But, the pharmacy did not have the required scanners, software or procured to implement the requirements. Pharmacy team members had also not completed any training. The SI said he was developing new SOPs to incorporate scanning into the dispensing process. And, he planned to implement the process in the next three months.

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. The team highlighted bags containing CDs with a sticker on the bag and on the driver's delivery sheet.



## 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 pharmacy positioned computer terminals away from public view. And, these were password protected. It stored medicines waiting to be collected in the dispensary, also away from public view. The dispensary fridge was in good working order. And the team used it to store medicines only. Access to all equipment was restricted and all items were stored 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.