General Pharmaceutical Council

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: 25/07/2024

Pharmacy context

This is a community pharmacy located next to a GP surgery in the town of Burnley, Lancashire. Its opening hours are extended. Its main services include dispensing NHS and private prescriptions and selling over-the-counter medicines. The pharmacy supplies some people with their medicines in multi-compartment compliance packs and delivers some medicines to people's homes.

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
1. Governance	Standards not all met	1.1	Standard not met	The pharmacy does not have any formal procedures to support its team members to use its new dispensing software safely. There is evidence some medicines are supplied to people without the appropriate checks being made.
2. Staff	Standards not all met	2.2	Standard not met	The pharmacy employs some team members that are not actively undergoing training appropriate for their role in accordance with GPhC requirements. And so, they carry out tasks for which they are not appropriately qualified or trained.
3. Premises	Standards not all met	3.1	Standard not met	The pharmacy does not keep all areas in a suitable condition for the services it provides. Medicines are stored untidily which creates an increased risk of the team making mistakes. And presents a tripping hazard for team members.
4. Services, including medicines management	Standards not all met	4.3	Standard not met	The pharmacy team doesn't store and manage all its medicines as it should. And so there is a risk some medicines may be supplied that are not fit for purpose.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance **Standards not all met**

Summary findings

The pharmacy does not have formal procedures to support its team members to use its new dispensing software safely. There is evidence some medicines are supplied to people without the appropriate checks being made. Team members implement some changes to the way they work to improve patient safety. The pharmacy keeps the records it needs to by law, and the team is adequately equipped to safeguard vulnerable adults and children.

Inspector's evidence

The pharmacy had a set of written standard operating procedures (SOPs) which were supplied by a third party. Some amendments had been made to reflect the pharmacy's specific ways of working. The SOPs provided the pharmacy's team members with information and instructions on how to complete various tasks. For example, managing controlled drugs (CDs) and dispensing medicines. The SOPs had last been reviewed in January 2024 to ensure they continued to be accurate. Team members signed a document to confirm they had read and understood the SOPs that were relevant to their role. However, one team member who had joined the team around a year ago had not read the SOPs. The pharmacy had implemented a new dispensing software system several months ago. The system was designed to reduce the pharmacy's dispensing workload through the use of quick response (QR) codes which were scanned during the dispensing process. There were no SOPs to support team members in using the new system. A team member demonstrated the process of dispensing a prescription for a larger quantity of a medicine than that of the original pack size. But in doing so, they did not scan the QR code for the pack they had removed tablets from. So, the dispensing system was unable to confirm if the correct medicine had been selected. And the pack was not seen by the RP before being ready for supply to a person. When brought to the attention of the responsible pharmacist (RP), the RP explained team members should be scanning QR codes of all medicines that have been used to dispense the prescription to ensure they were accurate. There was no SOP for team members to confirm the correct process to address this risk.

The pharmacy had a process for recording details of mistakes made during the dispensing process which were identified before a medicine was supplied to a person. These mistakes were known as near misses. The pharmacy used a digital system to record near misses. Team members had not been consistent with recording near misses since the implementation of the new dispensing software system. The system alerted team members if they had selected the incorrect medicine during the dispensing process. The system did not allow them to continue the dispensing process until the correct medicine had been scanned. Team members described how the system had significantly reduced the risk of the incorrect medicine being dispensed to a person. Team members took some additional steps to reduce the risk of near misses being made. These included ensuring medicines that had similar names were appropriately separated. For example, trazadone and tramadol. The team had a process to report and record dispensing incidents, which were dispensing mistakes that had reached people. The team followed a process to investigate the incident to help establish any contributing factors that may have caused the error and then implemented an action plan to reduce the risk of a similar mistake recurring. The pharmacy did not advertise its feedback and complaints procedure clearly to people who used the pharmacy. Team members explained that feedback, complaints, and suggestions were generally received verbally. They knew how to escalate concerns to the attention of the RP.

The pharmacy had current professional indemnity insurance. It was displaying an RP notice, but it had the incorrect name and registration number of the RP on duty. It was located behind the retail counter, but it was not visible from the retail area to people who used the pharmacy. The RP notice was replaced with a correct version when highlighted to the RP and the RP gave assurances that the notice would be relocated to a more suitable location which made it easy for people who used the pharmacy to see. The pharmacy held an RP record which was completed correctly. The pharmacy kept records of supplies against private prescriptions. The pharmacy retained complete CD registers.

Team members completed mandatory learning on the protection of people's confidentiality and data protection when they started employment with the pharmacy. The team placed confidential waste into a separate container to avoid a mix up with general waste. The waste was periodically destroyed via a third-party contractor. The RP had completed mandatory learning on the safeguarding of vulnerable adults and children. The pharmacy did not have a formal procedure to support team members in reporting any concerns identified. They described hypothetical scenarios that they would report. The contact details of the local safeguarding teams were readily available to the team.

Principle 2 - Staffing **Standards not all met**

Summary findings

Some team members are not actively undergoing training appropriate for their role in accordance with GPhC training requirements. And so, they carry out tasks for which they are not appropriately qualified or trained. The pharmacy adequately supports team members enrolled on training courses to complete their courses in a timely manner. Team members can provide feedback to help improve the pharmacy's service delivery.

Inspector's evidence

The RP was the pharmacy's full-time pharmacist and superintendent pharmacist (SI). The pharmacy was open for 100 hours a week. Locum pharmacists worked on days the pharmacist was not working. During the inspection, the RP was being supported by four team members. Two were qualified dispensers and another team member was a trainee dispenser enrolled on an appropriate dispensing training course. The fourth team member present during the inspection was observed completing dispensing activities and sales of Pharmacy (P) medicines. However they did not have any dispensing qualifications and were not enrolled on an appropriate training course for working on the medicines counter or dispensing medication. The team member had been working in this capacity for several months. The RP was absent at the start of the inspection. Team members knew which tasks they could and could not completed in the absence of an RP. The pharmacy also employed an accuracy checking technician, four additional dispensers and two delivery drivers. These team members were absent during the inspection and so their qualifications could not be verified. On the day of the inspection, the team was ahead of its dispensing workload and team members were observed working efficiently and dispensing without any time pressures.

The pharmacy did not provide qualified team members with a structured training programme to support them in updating their learning and development needs. However, they took the time during their working hours to read training material that had been provided to the pharmacy by third-party contractors on an ad-hoc basis. The trainee dispenser described how they had taken some time to gain a better understanding of the conditions some specific medicines were commonly prescribed for. They explained they were well supported by the pharmacy and were expected to complete to course within a timely manner. The team completed some mandatory training as a part of the pharmacy's NHS contractual requirements.

The pharmacy did not have a whistleblowing policy to help support team members raise a concern anonymously. Team members attended regularly held meetings with the RP to discuss workload and any feedback they wished to share. The RP completed annual, informal appraisals with team members. They discussed their progress and development. The team was not set any targets to achieve.

Principle 3 - Premises **Standards not all met**

Summary findings

The pharmacy does not keep all areas in a suitable condition for the services it provides. Medicines are stored untidily which creates an increased risk of the team making mistakes. And presents a tripping hazard for team members. The pharmacy has a suitable consultation room that people can use to have private conversations with team members.

Inspector's evidence

The pharmacy was spread over two floors. The main dispensary was located on the ground floor. It had several benches for team members to use to complete the dispensing process. Benches were small but were generally kept organised during the inspection. There was a separate bench used by the RP to complete clinical checks of prescriptions. Medicines were stored on shelves and in drawers. However, the shelves were cluttered during the inspection. Medicines were not appropriately separated according to their names and strengths. This increased the risk of picking errors being made. The dispensary floor was cluttered with baskets containing medicines that required a final check before being supplied to people. This created a tripping hazard. The baskets were stored in front of shelves containing stock medicines which increased the risk of these medicines falling into the baskets and therefore increased the risk of incorrect medicines being supplied to people. There were two rooms in the basement of the premises. One was used to dispense some medicines and store dispensed medicines that were ready for delivery. Both rooms were cluttered, not well maintained, and did not portray a professional image. The rooms were dusty, plaster was peeling from the walls and there were visible fragments of stone and plaster on the shelves.

The pharmacy had a consultation room where people could speak privately with a team member. The room was kept well organised and appropriately soundproofed. The room was used as access to the GP surgery reception by the GP surgery team. The doors were kept open throughout the inspection when the room was not in use. The doors were kept closed when the room was being used. When the doors were closed, GP surgery team members knocked to ensure the room was unoccupied before entering.

The pharmacy had a clean sink available for hand washing and for the preparation of medicines. There was a toilet, with a sink which provided hot and cold running water and other facilities for hand washing. Team members controlled unauthorised access to restricted areas of the pharmacy. Throughout the inspection, the temperature was comfortable. Lighting was adequate throughout the premises.

Principle 4 - Services **Standards not all met**

Summary findings

The pharmacy team doesn't store and manage all its medicine as it should. And so there is a risk some medicines may be supplied that are not fit for purpose. The pharmacy provides a range of services that are generally accessible to people and support them in managing their health.

Inspector's evidence

People accessed the pharmacy via its main entrance door up a ramp from street level. The pharmacy clearly advertised its opening hours and the services it offered on its main window. The pharmacy had recently started providing the NHS Pharmacy First service. Team members knew the relevant inclusion and exclusion criteria of the service and the pharmacy held all the appropriate documentation to provide the service. These included patient group directions, clinical pathways, and service specifications. The pharmacy provided the NHS blood pressure check service. The RP provided examples of instances where they had identified people with raised blood pressure and referred people for review by their GP.

The pharmacy had a process in place to support team members in supplying medicines that were of higher risk. Team members were aware of their responsibilities when selling codeine-based painkillers over the counter. Team members knew of the requirements of the valproate Pregnancy Prevention Programmes (PPPs). They were aware of the importance of ensuring they did not cover up any warnings on the packaging of these medicines when attaching dispensing labels. And they were aware of the requirement to supply valproate in the manufacturers original packaging.

Throughout the dispensing process team members used baskets to help keep people's prescriptions and medicines together and reduce the risk of them being mixed up which could lead to errors being made. The baskets were of differing colours to help segregate the workload. Team members logged into the dispensing software system when they commenced the dispensing process. This helped maintain an audit trail of which team member had completed aspects of the dispensing and clinical check phases of the dispensing process. The team used a handheld device to log bags containing dispensed medicines onto a specific place within the prescription retrieval area of the dispensary. When handing out these medicines, team members scanned the QR code on the bags using the handheld device. The device displayed a warning if the incorrect bag had been scanned. This helped reduce the risk of the incorrect medicines being supplied to a person. The pharmacy had owing slips to give to people when the pharmacy could not supply the full quantity prescribed. The pharmacy offered a daily delivery service. Bags containing medicines for delivery were kept separately from those for collection. The QR codes of the bags were scanned immediately prior to the dispenser leaving the pharmacy to deliver. This created an audit trail of when medicines had left the pharmacy. People were not required to sign on receipt of their medicines. And so, the team may find it difficult to resolve a discrepancy.

The pharmacy supplied several people living in their own homes with medicines dispensed in multi-compartment compliance packs. These packs were designed to help people take their medicines at the correct times. The packs were dispensed by team members in the basement of the premises to help reduce distractions from the retail area. Team members had implemented some steps to help them manage the process safely and effectively. These steps included spreading the workload evenly over four weeks. Prescriptions and 'master sheets' for each person that received a pack were stored in

individual, clear wallets. The master sheets had a list of each medicine that was to be dispensed into the packs and times of administration. Team members annotated the master sheets when any changes were authorised by a prescriber. For example, if a medicines strength was increased or decreased. However, they did not record full details of the change. For example, the date the change was authorised, and the identity of the person authoring the change. The packs were not labelled with descriptions of the medicines inside. And the pharmacy did not routinely supply patient information leaflets. So people did not receive the full information about their medicines.

The team had a process to follow to check the expiry dates of the pharmacy's medicines on an ad-hoc basis. However, the pharmacy did not keep records of when this process was completed, and so an audit trail was not in place. No out-of-date medicines were found following a check of approximately 20 randomly selected medicines. The dispensing software system displayed a warning if an expired medicine was scanned for dispensing. This helped reduce the risk of an expired medicine being supplied to a person. The team marked bulk, liquid medicines with details of their opening dates to ensure they remained fit to supply.

The pharmacy used two clinical-grade fridges to store medicines that required cold storage. The operating temperature ranges of the fridge was checked by the inspector. Both fridges were operating within the accepted range of 2 to 8 degrees Celsius. However, both fridges showed maximum temperatures which exceeded the correct range. Team members had not routinely checked the temperatures of the fridges since January 2023. And so, were unable to recognise if the fridges were operating incorrectly. Medicines stored in the fridges and CD cabinets were kept well organised. The pharmacy received drug alerts and medicine recalls via email. Team members actioned the alerts as soon as possible and but did not keep a record of the action taken to maintain an audit trail.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

Pharmacy team members have access to appropriate equipment for the services they provide. The equipment is fit for purpose and safe to use. Team members generally use equipment and facilities appropriately to protect people's confidentiality. But the pharmacy stores some confidential material in an area of the pharmacy premises where there is a risk of unauthorised access.

Inspector's evidence

The pharmacy used a range of CE marked measuring cylinders for preparing liquid medicines. There was suitable equipment to support the team to manage the NHS Pharmacy First service and to measure people's blood pressure. This included an otoscope and a digital blood pressure monitor.

The pharmacy stored most dispensed medicines in a way that prevented members of the public seeing people's confidential information. However, several bags containing dispensed medicines were stored in cupboards in the consultation room. The room was used as access by GP surgery team members to access the GP surgery reception area without supervision by a pharmacy team member. So, there was a risk of confidential information being seen by people who did not work in the pharmacy. The RP confirmed many people who used the pharmacy were not registered with the adjacent GP surgery. The pharmacy suitably positioned the computer screen in the consultation room to ensure people could not see any confidential information. The computers were password protected to prevent any unauthorised access. The pharmacy had cordless phones, so that team members working in the dispensary could have conversations with people without being overheard by people in the waiting area.

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.