

Registered pharmacy inspection report

Pharmacy Name: Bilton Pharmacy, 120 City Road, BRADFORD, West Yorkshire, BD8 8JT

Pharmacy reference: 1111785

Type of pharmacy: Community

Date of inspection: 11/09/2023

Pharmacy context

The pharmacy is in the suburbs of Bradford city centre. Pharmacy team members dispense NHS prescriptions and sell a range of over-the-counter medicines. They provide some medicines for people in multi-compartment compliance packs. And they deliver medicines to people's homes.

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
1. Governance	Standards met	N/A	N/A	N/A
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	N/A	N/A	N/A
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy adequately identifies and manages risks associated with its services. It has documented procedures to help make sure the team provides services effectively. Pharmacy team members understand their role in helping to protect vulnerable people. And they suitably protect people's private information. They record and discuss the mistakes they make so that they can learn from them. But they do not regularly analyse errors for patterns and trends. So, they may miss additional opportunities to learn and make effective changes to help make services safer.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) in place to help pharmacy team members manage the risks to its services. The superintendent pharmacist (SI) had reviewed the sample of SOPs seen in 2022, and these were due to be reviewed again in 2024. Pharmacy team members had signed to confirm they had read and understood the procedures. Pharmacy team members' roles were defined in a document kept with the SOPs, detailing the names of each team member and their level of qualification.

Pharmacy team members highlighted and recorded near miss and dispensing errors. There were documented procedures to help team members do this effectively. They discussed any errors and why they might have happened, and they recorded some information about each error. Pharmacy team members did not always record enough information about why the mistakes had been made or the changes they had made to prevent a recurrence to help aid future learning. But they gave their assurance that these details were always discussed. The responsible pharmacist explained that they looked at the data collected about near miss errors to establish any patterns. But they did not do this regularly or record their findings. This was discussed and they gave their assurance that they would record more regular analyses to help inform the changes they made in response to errors.

The pharmacy had a documented procedure to deal with complaints handling and reporting. It collected feedback from people verbally. The pharmacy did not have any records of any feedback received. Team members gave some examples of adjusting people's delivery times following feedback, to help make sure they were at home when the pharmacy delivered their medicines.

The pharmacy had up-to-date professional indemnity insurance in place. It maintained a responsible pharmacist record electronically, which was complete and up to date. The pharmacy's controlled drug (CD) registers were complete and in order. It kept running balances in all registers. These were audited against the physical stock quantity approximately monthly, including methadone. The inspector checked the running balances against the physical stock for three products, and these were correct. The pharmacy kept accurate private prescription and emergency supply records. The pharmacy also kept a register of CDs returned by people for destruction.

The pharmacy kept sensitive information and materials in restricted areas. Pharmacy team members shredded confidential waste. They explained how they protected people's privacy and confidentiality. And the pharmacy had a documented procedure about confidentiality and data protection available to help the team achieve this. Pharmacy team members gave some examples of signs that would raise their concerns about vulnerable children and adults. They explained how they would refer their

concerns to the pharmacist and would use the internet to find contact details for local safeguarding teams to report their concerns to. Some pharmacy team members had completed training on safeguarding in 2021. But some newer members of the team had not completed any formal training.

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 complete some additional training to keep their knowledge up to date. Pharmacy team members feel comfortable discussing ideas and issues. And they sometimes make effective changes to improve their environment and the way they work.

Inspector's evidence

At the time of the inspection, the pharmacy team members present were a locum pharmacist who worked at the pharmacy regularly, two dispensers, a trainee dispenser, and a delivery driver. Team members had the right qualifications for their roles or were enrolled on appropriate training courses. And they managed the workload well during the inspection. Pharmacy team members completed training ad hoc by reading various materials and discussing topics suggested by the superintendent pharmacist (SI). But they could not give any examples of any training that they had completed recently. The pharmacy did not have an appraisal or performance review process for team members. Team members explained they would raise any learning needs informally with the pharmacist or SI, who would teach them or signpost them to appropriate resources.

Pharmacy team members felt comfortable sharing ideas to improve the pharmacy's services. Following a discussion where team members had identified areas for improvement, the pharmacy had changed the way they planned and organised the preparation of multi-compartment compliance packs. And this was to help prevent delays ordering prescriptions for packs and to ensure that packs were prepared on time for delivery to people. Pharmacy team members explained they would raise professional concerns with the pharmacist or SI. They felt comfortable raising concerns. And confident that concerns would be considered, and changes would be made where they were needed. The pharmacy did not have a whistleblowing policy, and team members were unsure about how to raise concerns anonymously. This was discussed, including where team members could raise their concerns outside their organisation, such as the GPhC or the NHS.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and properly maintained. And it has a consultation room where people can speak to pharmacy team members privately. It provides a suitable space for the services it offers.

Inspector's evidence

The pharmacy was clean and well maintained, and it was tidy and well organised. The pharmacy's floors and passageways were free from clutter and obstruction. It mostly kept equipment and stock on shelves throughout the premises. The pharmacy had a private consultation room available. Pharmacy team members used the room to have private conversations with people.

The pharmacy had a clean, well-maintained sink in the dispensary used for medicines preparation. There was a toilet, with a sink which provided hot and cold running water and other facilities for hand washing. The pharmacy kept its heating and lighting to acceptable levels. Its overall appearance was professional and suitable for the services it provided.

Principle 4 - Services ✓ Standards met

Summary findings

Pharmacy team members manage and provide the pharmacy's services safely and effectively. The pharmacy suitably sources its medicines. And it generally stores and manages its medicines appropriately. The pharmacy's services are easy for people to access. And it has processes in place to help people understand and manage the risks of taking higher-risk medicines.

Inspector's evidence

The pharmacy had ramped access from the street. Pharmacy team members explained how they would support people who may have difficulty accessing the pharmacy's services. They explained how they would communicate in writing or use hand signals and visual aids to communicate with people with a hearing impairment. And provide large-print labels to help people with a visual impairment. Pharmacy team members were also able to speak several languages spoken locally, including Urdu and Punjabi as well as English. They explained they had also used an online translation tool to help communicate with people who spoke other European languages, such as Polish.

The pharmacist counselled people receiving prescriptions for valproate if appropriate. And they checked if the person was aware of the risks if they became pregnant while taking the medicine. They also checked if the person was on a Pregnancy Prevention Programme. The pharmacy had printed materials available to provide to people to help them manage the risks of taking valproate. But the pharmacy had not completed any audits to establish whether advice had been provided to everyone who it provided with valproate.

The pharmacy supplied medicines to people in multi-compartment compliance packs when requested. It attached backing sheets to the packs, so people had written instructions of how to take their medicines. Pharmacy team members included descriptions on the backing sheets of what the medicines looked like, so they could be identified in the pack. The pharmacy provided people with patient information leaflets about their medicines each month. Pharmacy team members documented any changes to medicines provided in packs on the person's master record sheet, which was a record of all their medicines and where they were placed in the packs. And they also documented this information on their electronic patient medication record (PMR).

Pharmacy team members signed the 'dispensed by' and 'checked by' boxes on dispensing labels during dispensing. This was to maintain an audit trail of the people involved in the dispensing process. They used dispensing baskets throughout the dispensing process to help prevent prescriptions being mixed up. The pharmacy delivered some medicines to people. It recorded the deliveries it made. 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.

The pharmacy obtained medicines from licensed wholesalers. It had disposal facilities available for unwanted medicines, including CDs. Team members monitored the minimum and maximum temperatures in the pharmacy's fridge each day and recorded their findings. The temperature records were within acceptable limits. Pharmacy team members checked medicine expiry dates every three months. And up-to-date records were available. Team members highlighted and recorded any short-dated items up to six months before their expiry. And they removed expiring items at the

beginning of their month of expiry. Pharmacy team members responded to manufacturers alerts and recalls. They kept records of the recalls they had received and any action they had taken to remove affected medicines.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy mostly has the necessary equipment available, which it properly maintains. And the team 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 it had available included the British National Formulary (BNF), the BNF for Children, various pharmacy reference texts and use of the internet. It had access to a shredder to destroy its confidential waste. It kept its computer terminals in the secure areas of the pharmacy, away from public view, and these were password protected. And bags of medicines waiting to be collected were kept in the secure areas of the pharmacy, away from public view, so people's private information was protected. The pharmacy restricted access to its equipment. It had a set of clean, well-maintained measures available for medicines preparation. It had a separate set of measures exclusively to prepare methadone.

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.