

Registered pharmacy inspection report

Pharmacy Name: Riaz Pharmacy, 112 Randal Street, BLACKBURN,
BB1 7LG

Pharmacy reference: 1117846

Type of pharmacy: Community

Date of inspection: 08/09/2021

Pharmacy context

This community pharmacy is in a large residential area close to the centre of Blackburn. The pharmacy's main activities are dispensing NHS prescriptions and selling over-the-counter medicines. The pharmacy supplies some medicines in multi-compartment compliance packs to help people take their medicines and it delivers medicines to people's homes. The GPhC imposed conditions on this pharmacy after failings were identified at a previous inspection. These conditions remain in force at the time of this inspection. The inspection took place during the COVID-19 pandemic.

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 generally identifies and manages the risks associated with its services. The pharmacy team members demonstrate a clear understanding of their role in safeguarding the safety and wellbeing of children and vulnerable adults. And they respond promptly and suitably when concerns arise. The pharmacy team members identify potential risks to the safe dispensing of prescriptions and they mostly act to prevent errors. But they don't keep records of all errors so they can review and improve their practice.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) that provided the team with information to perform tasks supporting the delivery of services. The SOPs described the roles and responsibilities of the team. The pharmacist manager was reviewing and updating the SOPs as the last review was in 2016. The reviewed SOPs included one covering requests for over-the-counter (OTC) products containing codeine and dihydrocodeine. This SOP had been updated following the last inspection when concerns were raised about the volume of OTC codeine linctus supplied. The pharmacy had stopped selling this product and the team members signposted people asking to buy it to their GP. The updated SOPs were in an electronic format which the pharmacist manager had transferred on to USB sticks. All the team members including the regular locum pharmacists were given a USB stick. This enabled the team member to read the SOPs at home or at work and provided the pharmacist with a platform to easily review and amend the SOPs. The pharmacy kept paper versions of the updated SOPs for the team to refer to. The SOP folder included an index to help the team readily locate specific SOPs. The team members were in the process of reading the updated the SOPs and signing the signature sheet. Most team members had read the previous SOPs and signed the signature sheets to show they understood and would follow the SOPs. The team demonstrated a clear understanding of their roles and knew when to refer to the pharmacist.

On most occasions the pharmacist and ACT when checking dispensed prescriptions and spotting an error advised the team member involved and discussed it with them. Common errors were shared amongst the team to learn from and to discuss the actions they could take to prevent similar errors. The team had separated products that were identified as looking or sounding alike to reduce the risk of picking errors. The pharmacy kept records of these errors known as near misses. But the last entry was a few months ago. The near miss records completed did not capture the causative factors and learning outcomes. And the details recorded in the section to describe the actions to prevent the same error happening again were limited to statements that the error was corrected or amended. This meant there was little evidence of individual reflection by the team member involved with the error. The pharmacy had a system to report errors that reached the person, known as dispensing incidents. And it had a procedure for handling complaints raised by people using the pharmacy. The pharmacy displayed information for people to know how to raise a concern.

The pharmacy had up-to-date indemnity insurance. A sample of records required by law such as the Responsible Pharmacist (RP) records and controlled drugs (CD) registers met legal requirements. The pharmacy regularly checked CD stock against the balance in the register to help spot errors such as missed entries. However, the registers were not always marked to indicate a check had been completed. The pharmacy team kept people's private information safe and separated confidential

waste for shredding offsite.

The pharmacy had safeguarding procedures and guidance for the team to follow. The team members had access to contact numbers for local safeguarding teams. And they had completed relevant training on protecting children and vulnerable adults including the Ask for ANI (action needed immediately) initiative. The team responded well when safeguarding concerns arose. The delivery drivers reported to the team any concerns they had about people they delivered to.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a team with an appropriate range of skills and experience to support its services. Team members work well together supporting each other in their day-to-day work. Pharmacy team members receive some informal feedback on their performance to help them improve. And they take opportunities to complete ongoing training to keep their knowledge and skills up to date.

Inspector's evidence

The responsible pharmacist on duty at the time of the inspection worked full-time at the pharmacy as the manager. Regular locum pharmacists covered the remaining opening hours. The pharmacy team comprised of a full-time accuracy checking technician (ACT), 16 qualified dispensers, two pharmacy apprentices and two delivery drivers. Most team members worked part time. At the time of the inspection the ACT and two of the dispensers were on duty.

The pharmacy provided opportunities for team members to undertake extra training and gave them some protected time at work to complete their training. The pharmacist manager added training modules to the USB sticks storing the SOPs for the team to complete. The team members received regular informal feedback on their performance and were given opportunities to develop their skills. Two of the dispensers had asked to enrol on to a pharmacy technician course. The pharmacist manager had agreed and was exploring the suitability of the training courses provided. The team held regular meetings and encouraged team members to share issues and ideas. This helped the team to identify ways of improving the delivery of pharmacy services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. The pharmacy has adequate facilities to meet the needs of people requiring privacy when using the pharmacy services.

Inspector's evidence

The pharmacy was clean, tidy and hygienic and had an infection control SOP. The team regularly cleaned the pharmacy throughout the day to reduce the risk of infection. The pharmacy had a clear plastic screen across part of the pharmacy counter to provide the team with protection. Most people presenting at the pharmacy during the inspection were not wearing face coverings. The pharmacy had recently had new flooring fitted. The team had used the opportunity of moving storage units whilst the flooring was being fitted to tidy the shelves and remove unwanted paperwork.

The pharmacy had separate sinks for the preparation of medicines and hand washing. The pharmacy had space available for the team to have private conversations with people. The premises were secure and the pharmacy restricted access to the dispensary during the opening hours. The pharmacy had a defined professional area and items for sale in this area were healthcare related.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides services which are easily accessible to people. And it mostly manages its services to help people receive appropriate care. The pharmacy doesn't always fully assess the risk when providing a new service. The pharmacy gets its medicines from reputable sources and it stores them properly. The team carries out checks to make sure medicines are in good condition and suitable to supply.

Inspector's evidence

People could access the pharmacy via two entrances, one had a ramp with a handrail. People using the pharmacy were mostly from the local area and were predominantly people from South Asia. Team members spoke various South Asian languages which helped people receive the correct information, advice and medical treatments. The pharmacy provided testing kits for people to use to complete the day two PCR test after returning to the UK. The kits were provided by a company listed on the HM Government website which had declared it met the minimum standards for these tests. There was no indication the pharmacy had completed a full risk assessment of the service.

Since the last inspection the pharmacy had stopped selling codeine linctus. The pharmacist had produced a notice for the team to refer to when people requested codeine linctus. But had taken it down as all team members knew how to respond to requests for codeine linctus. The pharmacy had destroyed the stock of OTC codeine linctus using appropriate medicinal waste bins. And it only held a large bottle for dispensing against the one NHS prescription regularly presented at the pharmacy. The team reported that other OTC codeine products were not frequently requested but the pharmacy had seen an increase in NHS prescriptions for co-codamol products. The pharmacy usually supplied some medicines as supervised and unsupervised doses to people accessing the substance misuse service. Due to the COVID-19 pandemic and the risk of infection most people had moved to collection only doses. The team prepared the doses in advance to reduce the pressure of preparing at the time the person presented.

The pharmacy provided multi-compartment compliance packs to help around 200 people take their medicines correctly and to people living in five residential support settings. The pharmacist manager reviewed requests for the service to ensure it was suitable for the person. And to offer alternative support to help the person take their medication if needed. To manage the workload the team worked three weeks in advance of supply. This allowed time to deal with issues such as missing prescriptions and dispensing the medication into the packs. The team worked from a dedicated section of the dispensary when dispensing the medication into the packs. And used coloured baskets to prioritise the dispensing and checking of the packs. The team members recorded the descriptions of the products within the packs to help people identify their medicines. But they didn't always supply the manufacturer's information leaflets. The team reported when the leaflets were regularly supplied some people would throw them back at the team stating they didn't need them.

The pharmacy provided separate areas for labelling, dispensing and checking of prescriptions. The team used baskets to hold stock, prescriptions and dispensing labels. This prevented the loss of items and stock for one prescription mixing with another. The pharmacy had checked by and dispensed by boxes on dispensing labels which recorded who in the team had dispensed and checked the prescription. A

sample found that the team completed both boxes. The pharmacy kept a record of the delivery of medicines to people for the team to refer to when queries arose.

The pharmacy obtained medication from reputable sources. The team members checked the expiry dates on medicines and attached coloured dots to medicines with short expiry dates to prompt them to check the medicine was still in date. No out-of-date stock was found during the inspection. The team checked and recorded fridge temperatures each day. A sample of these records found they were within the correct range. The pharmacy had medicinal waste bins to store out-of-date stock and patient returned medication. The pharmacy had a procedure for managing alerts about medicines and medical devices received from the Medicines and Healthcare products Regulatory Agency (MHRA). The pharmacist manager updated the team with the MHRA alerts to ensure appropriate action was taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide safe services and it uses its facilities to suitably protect people's private information.

Inspector's evidence

The pharmacy had references sources and access to the internet to provide the team with up-to-date clinical information. The pharmacy used a range of CE equipment to accurately measure liquid medication and had two fridges to store medicines kept at these temperatures.

The computers were password protected and access to people's records restricted by the NHS smart card system. The pharmacy was open plan with the dispensary leading directly from the retail area. The team positioned the dispensary computers in a way to prevent the disclosure of confidential information. The pharmacy stored completed prescriptions away from public view and it held other private information in the dispensary and rear areas, which had restricted access.

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.