

Registered pharmacy inspection report

Pharmacy Name: Bierley Pharmacy, 73A Hambledon Avenue, Bierley, Bradford, West Yorkshire, BD4 6AX

Pharmacy reference: 9011010

Type of pharmacy: Community

Date of inspection: 09/09/2021

Pharmacy context

The pharmacy is in a residential area in the suburbs of Bradford. Pharmacy team members dispense NHS prescriptions and sell a range of over-the-counter medicines. They provide medicines to people in multi-compartment compliance packs, including to people in nursing homes. And they deliver medicines to people's homes. The pharmacy provides a substance misuse service. The inspection was completed during the Covid-19 pandemic.

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 properly identify and manage all the risks to its services. It does not have some key documented procedures available. And of the procedures it has available, the team does not follow them all. The pharmacy does not adequately assess the risks when the team changes its ways of working, such as when the fridge thermometer breaks.
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 not all met	4.2	Standard not met	The pharmacy does not manage aspects of dispensing as it should. It does not label its medicines as required by law. And pharmacy team members fail to recognise the impact this may have on how people access important information and support about their medicines from the pharmacy.
		4.3	Standard not met	The pharmacy does not have adequately robust processes for managing the storage of its medicines and for checking expiry dates. And there is evidence of out-of-date and inappropriately stored medicines on the shelves.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy doesn't always adequately identify and manage all the risks associated with its services. The pharmacy's processes are not always robust and written procedures are incomplete for the services provided. And team members do not always follow the written procedures the pharmacy does have. Team members discuss errors they make in the dispensing process, but do not record or fully analyse their mistakes. So, they may miss opportunities to learn and make services safer. Pharmacy team members suitably protect people's confidential information. And they keep the records they must by law.

Inspector's evidence

The pharmacy had some standard operating procedures (SOPs) in place. The responsible pharmacist (RP) said she had read some of the procedures. But there were some procedures that she had not read since they had been reviewed. The pre-registration pharmacist said she had also read the procedures. But no pharmacy team members had signed to confirm they had read and understood the documented procedures. A sample of the procedures showed that some were scheduled to be reviewed in May 2020. The RP explained that a head office team centrally reviewed these procedures. And the review was overdue. Some key procedures were also missing in the pharmacy. For example, the head office held a procedure about how pharmacy team members deliver medicines safely to people. But the procedure was not available in the pharmacy for the team to read. The company's head office provided a copy via email during the inspection. The pharmacy's processes were not all robust such as date checking, fridge temperature monitoring and transferring medicines from the manufacturer's packs. The pharmacy team hadn't considered the risks associated with their ways of working. When the pharmacy ran out of stock of dispensing labels with their name and address printed on, the team didn't consider the risk of dispensing on blank labels.

The pharmacist explained the pharmacy had completed a risk assessment to help manage the risks of the Covid-19 pandemic. The completed risk assessment was not available during the inspection. Pharmacy team members wore face masks while they were working. And they wore gloves while they prepared multi-compartment compliance packs. Each pharmacy team member had completed a personal risk assessment. And these were available to see.

The pharmacy had a procedure for recording and discussing near miss errors made during dispensing. But the RP explained these errors had not been recorded for some time. The last available records were from March 2020. The RP told pharmacy team members when they had made an error. They discussed the error. And tried to identify why the error had happened and what could be changed to prevent it happening again. Examples of recent changes they had made included separating different forms of tamsulosin and separating various look-alike and sound-alike (LASA) medicines to prevent picking errors. The RP had made records of errors before March 2020. There was little detail about the causes of mistakes and any actions they had taken to prevent recurrences. The pharmacy recorded dispensing errors that had been given out to people. Some examples of records were seen which gave details of what had happened. But the records lacked detail about why the errors had happened. Or, what had been changed or improved to prevent them recurring. One recent error involved the pharmacy's delivery service. There was no information recorded about the pharmacy's investigation to establish why the error had happened. Or what had been changed to prevent a recurrence.

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. And pharmacy team members could not give any examples of changes made in response to people's feedback.

The pharmacy had up-to-date professional indemnity insurance in place. It maintained a responsible pharmacist record on paper, which was complete. The pharmacy kept controlled drug (CD) registers complete and in order. It kept running balances in all registers. And these were audited against the physical stock quantity approximately monthly. The inspector checked the running balances against the physical stock for three products. And these were correct. The pharmacy kept private prescription and emergency supply records. And these records were complete.

The pharmacy kept sensitive information and materials in restricted areas. It shredded confidential waste. The pharmacy did not have a documented procedure in place to help pharmacy team members manage sensitive information. Pharmacy team members explained how important it was to protect people's privacy and how they would protect confidentiality.

A pharmacy team member gave some examples of symptoms that would raise their concerns about vulnerable children and adults. They explained how they would refer to the pharmacist. The pharmacy did not have a documented procedure for dealing with concerns about children and vulnerable adults. The RP had completed training in November 2019. But the pharmacy had not provided any training to other team members about how to properly handle a safeguarding 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 complete some appropriate training ad-hoc to keep their knowledge up to date. Pharmacy team members feel comfortable discussing ideas and issues.

Inspector's evidence

At the time of the inspection, the pharmacy team members present were the pharmacist manager and a pre-registration pharmacist.

And they were managing the workload. Pharmacy team members completed training ad-hoc by reading various materials. And by completing training modules provided by the NHS e-learning for healthcare platform when available. They had recently completed modules about antimicrobial stewardship and infection prevention and control as part of the requirements of the Pharmacy Quality Scheme.

Pharmacy team members felt comfortable sharing ideas to improve the pharmacy's services. Following a discussion, the pharmacy had introduced a record sheet for each person receiving their medicines in a multi-compartment compliance pack. Pharmacy team members used the sheets to record queries about prescriptions and conversations they had with staff at the GP surgery. This helped them to keep a log of queries, query progress and how these had been resolved. Pharmacy team members explained they would raise professional concerns with the pharmacy manager or the pharmacy's owners. They felt comfortable raising concerns. And confident that concerns would be considered, and changes would be made where they were needed. They explained that if they had a concern they could not raise internally, they would contact the GPhC for advice. There was no whistleblowing policy available during the inspection. Pharmacy team members said they were aware the company had a whistleblowing procedure. But they did not know how to access the process.

Principle 3 - Premises ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy was clean and well maintained. It was tidy and well organised. The pharmacy's floors and passageways were free from clutter and obstruction. It kept equipment and stock on shelves throughout the premises. The pharmacy had a first floor which pharmacy team members used for storage. The pharmacy had a private consultation room available. Pharmacy team members used the room to have private conversations with people. They were currently restricting the use of the room to emergencies or to supervise people taking their medicines to help manage the risk of spreading Covid-19. There was 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 maintained heat and light to acceptable levels. Its overall appearance was professional, including the pharmacy's exterior which portrayed a professional healthcare setting. The pharmacy's professional areas were well defined by the layout and were well signposted from the retail area. Pharmacy team members prevented access to the restricted areas of the pharmacy.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy does not manage all aspects of its dispensing service as it should. It does not include its name and address on dispensing labels, as required by law. So, people may not know where to raise a query or seek advice about their medicines. The pharmacy does not manage and store all its medicines appropriately. And it does not have robust processes for checking expiry dates of its medicines and monitoring the temperature of medicines it keeps in the fridge. So, some of its medicines may not be fit to use. The pharmacy team helps people to access its services. And it provides suitable advice to people about their medicines.

Inspector's evidence

The pharmacy had access from the street via a ramp. People knocked on the door to attract attention if they needed help. Pharmacy team members could use the prescription medication records (PMR) system to produce large-print labels to help people with visual impairment. And they ensured if needed the braille on the packaging was clearly available for people to use. They explained how they would use written communication with to help communicate with people with hearing impairment. And they would lower their masks to enable people to lip read, while standing behind a plastic screen to manage the coronavirus infection risks. Pharmacy team members spoke Urdu, Hindi and Creole, as well as English, to help communicate with people in the local community.

The pharmacy was providing dispensing labels on medicines that did not comply with current legal requirements. The labels they were providing during the inspection did not include the name and address of the pharmacy. So, people may not be able to identify where their medicines came from or where to go to seek help and advice. The responsible pharmacist (RP) explained they had run out of their usual labels which had the pharmacy's name and address pre-printed on them. But they had struggled to obtain new stock of labels. She explained they had run out of labels approximately six weeks ago. And in the meantime, had been using plain blank labels. The pharmacy had not recognised the need for a contingency plan in the meantime to ensure their labels provided all the necessary information required by law. Or that people might need to access help and information from the pharmacy. The RP explained that the superintendent pharmacist was aware of the issue.

The pharmacy did not have a robust process in place to make sure the fridge was maintaining the appropriate storage conditions for medicines. Pharmacy team members did not regularly monitor or record fridge temperatures. The RP showed a thermometer in the fridge that she had used previously to monitor temperatures. She explained the thermometer had stopped working some time ago. And she had not monitored the fridge's temperatures since. The fridge had a built-in thermometer that was working. But the RP said she did not know how to use it. The temperature of the fridge during the inspection was within acceptable limits. The pharmacy obtained medicines from licensed wholesalers. It stored medicines on shelves. And it kept medicines 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 cabinets tidy and well organised. And out-of-date and patient-returned CDs were segregated.

The pharmacy had a documented procedure for checking stock for short-dated and expired medicines. But this did not match the process being carried out by pharmacy team members. The procedure stated

that team members should check for expired medicines every three months. And highlight short-dated medicines up to twelve months before their expiry. The RP said pharmacy team members checked medicines every month. And highlighted medicines that were due to expire in the next three months by marking the pack with a highlighter pen. The pharmacy did not have any records available of any expiry date checking being completed. There was also evidence of some short-dated packs not being highlighted which would help pharmacy team members remove them before they expired. The inspector found twelve medicines that were out of date from a sample checked. The pharmacy stored amber bottles on the shelves containing medicines that had been removed from their original packaging. Some bottles were labelled with the name and strength of the contents. But the label did not contain information about the expiry date or the batch number of the medicine. And there was no information on the label about when they had been removed from their original blister. So, there was a risk these medicines could remain on the shelves after they had expired or if the manufacturer had recalled them.

The pharmacy supplied medicines in multi-compartment compliance packs when requested to nursing homes and to people in their own homes. It attached labels to the packs, so people had written instructions of how to take their medicines. Pharmacy team members included some descriptions of what the medicines looked like, so they could be identified in the packs. But they did not routinely provide people with patient information leaflets about their medicines each month. They routinely provided one nursing home with leaflets regularly at their request. But the other home refused to accept any leaflets. Pharmacy team members documented any changes to medicines provided in packs on the patient's electronic medication record.

Pharmacy team members signed the dispensing labels for medicines that were dispensed in the pharmacy. This was to maintain an audit trail of the people involved in the dispensing process. And they used dispensing baskets throughout the dispensing process to help prevent prescriptions being mixed up. The RP counselled people receiving prescriptions for valproate if appropriate. And she checked if the person was aware of the risks if they became pregnant while taking the medicine. She also checked if they were on a pregnancy prevention programme. The pharmacy provided the patient card attached to each original pack of valproate to people. And made sure they did not obscure important safety information with dispensing labels. But it did not have stock of some of the other printed information material available to give to people to help them manage the risks. This was discussed and the RP gave her assurance that she would obtain the outstanding materials as soon as possible. The pharmacy delivered medicines to people. It recorded the deliveries 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 to arrange a redelivery.

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 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. The pharmacy had some equipment available to help prevent the transmission of Covid-19. These included hand sanitiser and plastic screens. The pharmacy had a set of clean, well maintained measures available for medicines preparation. It had a suitable shredder available 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. The pharmacy restricted access to all equipment.

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.