

Registered pharmacy inspection report

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

Pharmacy reference: 9011010

Type of pharmacy: Community

Date of inspection: 09/05/2022

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 people with blood pressure monitoring as part of the NHS National Hypertension Case Finding service. The inspection was completed during the Covid-19 pandemic.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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 to its services. And it has the documented procedures it needs relevant to its services. Pharmacy team members understand their role to help protect vulnerable people. And they suitably protect people's private information. Pharmacy team members record and discuss the mistakes they make to learn from them. They don't always identify why mistakes happen and so they may miss opportunities to make improvements to the pharmacy's services.

Inspector's evidence

The pharmacy had a set 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 SOPs in 2022. And they intended to review them again in 2024. Most pharmacy team members had signed to confirm they had read and understood the procedures since the latest review. One team member had been working at the pharmacy for approximately two weeks. And they had not read the SOPs. This was discussed. And the responsible pharmacist (RP) gave their assurance that the new team member would read the procedures as soon as possible. The pharmacy had recently started to offer people blood pressure monitoring as part of the NHS National Hypertension Case Finding service. The RP explained the service was not popular with people. And they had not provided many people with monitoring since the service had started. The pharmacy had a file of information available for team members delivering the service. The file included an SOP and a flowchart to help people manage the service safely. The RP had completed training to deliver the service in 2021. They had completed a visual risk assessment of the pharmacy to help make sure the service was safe for people. But they had not documented their assessment. And there were no examples of any changes they had made as a result.

Pharmacy team members highlighted and recorded near miss and dispensing errors they made when dispensing. There were documented procedures to help them do this effectively. They discussed their errors and why they might have happened. And they used this information to make changes to help prevent the same or similar mistakes from happening again. One example of changes they had made was separating look-alike and sound-alike (LASA) medicines, such as different strengths of lansoprazole, to help prevent the wrong medicines being selected. But the records available contained little or no information about why mistakes had been made. Or the changes team members had made to prevent them happening again. The pharmacy did not analyse the data collected for patterns. This meant team members might miss out on opportunities to learn and make improvements to the pharmacy's services. 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 pharmacy team members had changed or improved to prevent them recurring.

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 electronically, which was mostly complete. The pharmacy kept controlled drug (CD) registers complete and in order. It kept running balances in all registers. These were audited against the physical stock quantity monthly. And the RP audited the register for

methadone each week. 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, a trainee pharmacist, and a new pharmacy team member, working as a dispenser, who had worked at the pharmacy for approximately two weeks. 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 changed the times during the month when they completed various administration tasks. And this had been to prevent these tasks coinciding with times when the team were busiest preparing medicines for their nursing homes. Team members explained their changes had worked well. And they now felt more organised and able to complete all the necessary administration tasks each month. 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. And where the pharmacy carried out wholesale activities. The pharmacy had a private consultation room available. Pharmacy team members used the room to have private conversations with people. 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 met

Summary findings

The pharmacy's services are accessible to people, including for some people that don't speak English as their first language. The pharmacy has systems in place to help provide its services safely and effectively. It sources its medicines appropriately. And it stores and manages its medicines properly.

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. Pharmacy team members spoke Urdu, Gujrati and Punjabi, as well as English, to help communicate with people in the local community.

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 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 did not currently have any female patients receiving valproate. The responsible pharmacist (RP) asked people receiving warfarin for their latest blood test results each time they received a prescription for warfarin. This was to check that their results were within the expected safe range.

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 of what the medicines looked like, so they could be identified in the pack. And they 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 on their electronic patient medication record (PMR). The pharmacy also provided medicines in packs to people living in care and nursing homes in the local community. The care home teams ordered their own prescriptions directly with GP surgeries. They sent a copy of their order to the pharmacy. Pharmacy team members reconciled the prescriptions they received against the orders. And resolved any queries. 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. The pharmacy had a standard operating procedure (SOP) in place for the delivery service. But the procedure had not been signed by the delivery drivers. The responsible pharmacist gave their assurance that the drivers had read the procedure. And confirmed they would ask them to sign the document as soon as possible.

The pharmacy obtained medicines from licensed wholesalers. It stored medicines on shelves. It kept all stock in restricted areas of the premises where necessary. The pharmacy had adequate disposal facilities available for unwanted medicines, including CDs. Pharmacy team members monitored the

minimum and maximum temperatures in the fridge where medicines were stored each day. And they recorded their findings. The temperature records seen were within acceptable limits. Pharmacy team members checked medicine expiry dates every month. And up-to-date records were seen. They highlighted any short-dated items up to three months before their expiry. And they removed expiring items during the check carried out the month before the product was due to expire.

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.