

Registered pharmacy inspection report

Pharmacy Name: R T Elliot Ltd, Burleigh Medical Centre, Burleigh Street, Barnsley, South Yorkshire, S70 1XY

Pharmacy reference: 9011150

Type of pharmacy: Community

Date of inspection: 18/02/2020

Pharmacy context

The pharmacy is in a medical centre in the centre of Barnsley. Pharmacy team members dispense NHS prescriptions and sell a range of over-the-counter medicines. And they deliver medicines to people's homes. The pharmacy provides a substance misuse service, including supervised consumption.

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 identify and manage all the risks to its services. It doesn't have documented procedures for some key areas of its services. This includes the management of substance misuse services and the management of near miss errors and dispensing incidents. And there is evidence that not all pharmacy team members have read the procedures available.
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	4.3	Standard not met	The pharmacy doesn't manage all its medicines appropriately. Pharmacy team members do not follow the pharmacy's procedures to regularly check the expiry dates of medicines. And there is evidence of out-of-date medicines on the shelves. So, there is a risk people may receive medicines 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 identifies and manages some of the risks with its services. It doesn't have up-to-date written procedures covering all its professional services. There is evidence they do not complete all tasks in the safest and most effective way. Pharmacy team members mostly protect people's confidential information. And they generally keep the records they must by law. Pharmacy team members know how to safeguard the welfare of children and vulnerable adults. They record and learn from mistakes that happen whilst dispensing. But they don't always analyse the causes of these mistakes. And they don't have a written procedure to follow. So, they may miss opportunities to improve.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place. The sample checked were last reviewed in May 2018. And the next review was scheduled for May 2020. The pharmacy relocated to its current premises in May 2019. The pharmacy had not reviewed its procedures since it had moved. There were records that pharmacy team members had last read and understood the documented procedures in 2015. They confirmed they had not read the procedures since then. One pharmacy team member had started working at the pharmacy in October 2019. She confirmed she had not read the documented procedures. The pharmacy defined the roles of the pharmacy team members in each procedure. And they further defined tasks by discussions throughout the day.

The pharmacy team supervised the consumption of methadone and buprenorphine to several people each day. Pharmacy team members prepared doses of medicines for supervision a week in advance. The pharmacist supervised people's consumption of their medicines. He checked their name and date of birth before giving each person their daily dose. A pharmacy team member explained the local substance misuse service notified the pharmacy by telephone of any changes or suspensions of prescriptions. And they sent any relevant new prescriptions if required. The pharmacy's system for highlighting a prescription that had been changed or suspended was to attach a sticky note to the prescription. But the prescription, and any prepared doses, were not usually segregated from other prepared doses for the day. A pharmacy team member explained there had been occasions in the past where a sticky note had become detached from the prescription. And this had resulted in the dose being given to someone when the prescription had been suspended. The pharmacy had not changed their system to prevent the same error happening again. This was discussed. And the pharmacist agreed it would reduce the risk of errors to segregate changed or suspended prescriptions and doses made up until any queries had been resolved. There was no documented procedure covering the systems for supervision described above. Or to manage prescriptions when the pharmacy were notified of suspensions or changes.

The pharmacist highlighted near miss errors made by the pharmacy team when dispensing. Pharmacy team members recorded their own mistakes. The pharmacy team discussed the errors made. But they did not discuss or record much detail about why a mistake had happened. They usually said rushing or misreading the prescription had caused the mistakes. And, their most common change after a mistake was to double check and be more careful next time. Pharmacy team members gave some examples of separating and highlighting different formulations of olanzapine. And different strengths of vitamin D preparations after they had picked the wrong items. The pharmacy had not analysed the data collected

about near miss errors for patterns since July 2019. The pharmacy did not have a documented procedure for dealing with near miss errors. Or for dispensing errors that had been given out to people. The superintendent pharmacist (SI) said he would record dispensing errors using the near miss log. And he would make a note of the error on the patient's electronic medication record (PMR). There were no records available of any dispensing errors. The SI said the pharmacy had not made any dispensing errors since moving to their new premises.

The pharmacy had a procedure to deal with complaints handling and reporting. It did not advertise the procedure to people in the retail area. The pharmacy collected feedback from people by using questionnaires. And from verbal feedback from people. Pharmacy team members were not aware of any feedback received by the pharmacy. And they could not give any examples of any changes that had been made in response to people's feedback to improve the pharmacy's services

The pharmacy had up-to-date professional indemnity insurance in place. It displayed a certificate of insurance. 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 monthly. Pharmacy team members audited the methadone registers approximately weekly. The pharmacy kept and maintained a register of CDs returned by people for destruction. And this was complete and up to date. The pharmacy maintained a responsible pharmacist record on paper. And it was complete and up to date. The pharmacist displayed their responsible pharmacist notice to people. Pharmacy team members monitored and recorded fridge temperatures daily in two fridges. They kept private prescription records in a paper register. Some records in the sample seen did not record both the date on the prescriptions and the date the medicines were supplied. Pharmacy team members recorded emergency supplies of medicines in the private prescription register. They recorded any unlicensed medicines supplied, which included the necessary information in the samples seen.

The pharmacy kept sensitive information and materials in restricted areas. It collected confidential waste in bags. Pharmacy team members explained that their shredder had broken in November 2019 and had not been replaced. They were currently storing bags of confidential waste rather than disposing of it in a timely manner. And they were exploring contracts with secure waste disposal companies to find a long-term solution. Pharmacy team had been trained to protect privacy and confidentiality. The pharmacy owner had delivered the training verbally. Pharmacy team members were clear about how important it was to protect confidentiality. And there was a procedure in place detailing requirements under the General Data Protection Regulations (GDPR). Some pharmacy team members had signed confidentiality agreements in 2015. Pharmacy team members that had started working at the pharmacy since then had not signed an agreement.

A dispenser explained some symptoms that would raise their concerns in both children and vulnerable adults. They explained how they would refer any concerns to the pharmacist. The SI said he would assess any concerns. And explained how he would seek advice from local safeguarding teams. The pharmacy had a documented procedure about safeguarding in the SOP file that had last been reviewed in 2015. The procedure was accompanied by out-of-date guidance information from 2007. But the pharmacy had a clear display of up-to-date information and local protocols on a notice board in the staff area for team members to refer to. The SI had completed training associated with safeguarding in 2019. Other pharmacy team members had not received 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 ad-hoc training. They learn from the pharmacist and each other to keep their knowledge and skills up to date. Pharmacy team members feel comfortable making suggestions to help improve pharmacy services.

Inspector's evidence

At the time of the inspection, the pharmacy team members present were the superintendent pharmacist (SI), five dispensers, a delivery driver and a work experience student. Pharmacy team members completed training ad-hoc by reading various trade press materials. And by having regular discussions with the SI and colleagues about current topics. The pharmacy did not have an appraisal or performance review process for pharmacy team members. Pharmacy team members raised any issues or learning needs informally with the SI. And he supported them to address their needs with teaching and signposting to relevant resources.

The dispenser explained she would raise professional concerns with a senior colleague or the SI. She felt comfortable raising a concern. And confident that her concerns would be considered, and changes would be made where they were needed. The pharmacy had a whistleblowing policy in place. But pharmacy team members were not aware of the procedure. Pharmacy team members communicated with an open working dialogue during the inspection. They explained that after identifying areas for improvement, they had rearranged the storage of various medicines in the pharmacy. This had made the medicines easier to access, especially when the pharmacy was busy. The said they were still getting used to working in the new pharmacy premises as efficiently as possible. The pharmacy owners and SI did not ask the team to achieve any targets.

Principle 3 - Premises ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy was clean and well maintained. All areas of the pharmacy were tidy and well organised. And the floors and passage ways were free from clutter and obstruction. There was a safe and effective workflow in operation. And clearly defined dispensing and checking areas. It kept equipment and stock on shelves throughout the premises. The pharmacy had a separate entrance and waiting room for people accessing substance misuse services. The pharmacy had a private consultation room available. The pharmacy team used the room to have private conversations with people. The room was signposted by a sign on the door.

There was a clean, well maintained sink in the dispensary used for medicines preparation. There was a toilet, which provided a sink with hot and cold running water and other facilities for hand washing. Heat and light in the pharmacy was maintained to acceptable levels. The overall appearance of the premises was professional, including the exterior which portrayed a professional healthcare setting. The professional areas of the premises were well defined by the layout and well signposted from the retail area.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy doesn't always adequately manage its medicines. There is evidence of out-of-date medicines on the shelves. So, there is a risk people may receive medicines that are not fit for purpose. The pharmacy manages and delivers most of its services safely and effectively. But it doesn't always provide people with written information they may need to take their medicines effectively. The pharmacy's services are easily accessible to people.

Inspector's evidence

The pharmacy had level access from the medical centre car park through automatic doors. It also had open-plan access from the surgery reception area. It advertised its opening hours in the retail area. Pharmacy team members explained how they would use written communication to help someone with a hearing impairment. They were unsure about how they would help someone with visual impairment.

Pharmacy team members signed the dispensed by and checked by boxes on dispensing labels. This was to maintain an audit trail of staff involved in the dispensing process. They used dispensing baskets throughout the dispensing process to help prevent prescriptions being mixed up. The pharmacy supplied medicines in multi-compartment compliance packs when requested. It attached labels to the packs, so people had written instructions of how to take the medicines. Pharmacy team members did not add descriptions of what the medicines looked like, so they could not be identified in the pack. And they did not provide people with information leaflets about their medicines, as required by law. Pharmacy team members documented any changes to medicines provided in packs on the patient's master record sheet. The SI 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, giving them appropriate advice and counselling. But the pharmacy did not have a supply of printed information material to give to people to help them understand the risks. The SI gave an assurance that materials would be obtained as soon as possible. The pharmacy delivered medicines to people. It recorded the deliveries made and asked people to sign for their deliveries. 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. Pharmacy team members highlighted bags containing controlled drugs (CDs) with a note on the driver's delivery sheet.

Pharmacy team members were required to check medicine expiry dates every 12 weeks. Records were seen. And the last documented check had been completed in July 2019. Pharmacy team members said a check had been done in October 2019. But it had not been documented. And no checks had been completed since. They explained that any short-dated items were highlighted with a sticker on the pack up to six months in advance of its expiry. Removal of expiring medicines relied on pharmacy team members noticing a sticker and removing the medicines from the shelf if it expired before the next scheduled date check. After a search of the shelves, the inspector found six items that were out of date. The items had expired at various times in the last 12 months. Two had expired in January 2019, one in November 2019, one in December 2019 and two in January 2020. None of the items had a short-dated sticker attached to the packaging.

The pharmacy stored medicines tidily on shelves. And all stock was kept in restricted areas of the premises where necessary. Pharmacy team members were aware of the new requirements under the

Falsified Medicines Directive (FMD). They did not know if they were going to receive training on the subject. And the pharmacy did not have any software, equipment or procedures to be able to comply with the requirements. The SI said he planned to have a discussion with the pharmacy owners about implementing a system to comply with FMD. The pharmacy had adequate disposal facilities available for unwanted medicines, including CDs. Pharmacy team members kept the CD cabinets tidy and well organised. And, out of date and patient returned CDs were segregated. The inspector checked the physical stock against the register running balance for three products. And they were found to be correct. Pharmacy team kept the contents of the pharmacy fridges tidy and well organised. They monitored minimum and maximum temperatures in each fridge every day. And they recorded their findings. The temperature records seen were within acceptable limits.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has most of the necessary equipment it needs. And it mostly 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 available included the British National Formulary (BNF), the BNF for Children, various pharmacy reference texts and use of the internet. It didn't have a shredder or an alternative to dispose of confidential information. The pharmacy had a set of clean, well maintained measures available for medicines preparation. It had a pump for the preparation of methadone. Pharmacy team members calibrated the pump each day. And they cleaned and sterilised the pump at the end of every day. The pharmacy positioned computer terminals away from public view. And, these were password protected. The pharmacy stored medicines waiting to be collected in the dispensary, also away from public view. It had two dispensary fridges that were in good working order. And pharmacy team members used them to store medicines only. They restricted access to all equipment. And they stored all items securely.

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.