

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: 24/09/2020

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. This inspection was completed 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 has appropriate procedures in place to help manage the risks in the pharmacy. It keeps the records required by law. Pharmacy team members record the mistakes they make during dispensing. They discuss these mistakes and make some changes to prevent similar mistakes from happening again. They understand their responsibilities in protecting people's private information and they keep this information safe. Pharmacy team members know how to help protect the welfare of children and vulnerable adults. The pharmacy informally assesses the risks associated with the coronavirus pandemic and team members make adequate changes to the way they work.

Inspector's evidence

The pharmacy had not documented a risk assessment to help them manage the risks of the coronavirus pandemic. It had introduced some infection control measures, such as installing screens at the retail counter to help protect pharmacy team members and the public. Pharmacy team members were not restricting the number of people accessing the pharmacy at one time. But they were asking people to wear face coverings while they were in the pharmacy. They explained that if someone did not have a face covering, or did not want to wear one, they asked them to wait outside. Pharmacy team members had access to personal protective equipment (PPE) such as gloves and masks. They wore masks when speaking to someone at the pharmacy counter. And they sometimes wore masks while they were working in other areas of the pharmacy. Pharmacy team members were sometimes able to maintain appropriate social distancing while they worked. But this was not always possible. And pharmacy team members were seen on occasions coming closer than one metre to each other. Public Health England guidance was discussed with pharmacy team members. They agreed that the pharmacy could do more to help prevent all pharmacy team members being asked to isolate if the pharmacy was contacted by NHS Test and Trace. The superintendent pharmacist gave an assurance that a documented risk assessment would be completed as soon as possible.

The pharmacy had a set of standard operating procedures (SOPs) in place. The sample checked were last reviewed in January 2020. And the next review was scheduled for May 2022. Pharmacy team members had read the procedures in January 2020 and signed to confirm they understood them. The pharmacy defined the roles of pharmacy team members in each procedure. And they defined tasks further by discussions throughout the day.

The responsible pharmacist (RP) highlighted near miss errors made by the pharmacy team when dispensing. Pharmacy team members recorded their own mistakes. Pharmacy team members discussed the errors they made. But they did not discuss or record much detail about why a mistake had happened. A dispenser gave an example of a recent error they made involving atenolol and amitriptyline. They explained they had previously separated these medicines on the shelves because they looked similar and had similar sounding names. And they had done this for other medicines that looked and sounded alike. But they explained they had still made a mistake despite the medicine being separated. They had not discussed the causes of the latest error further, or many any more changes to try and prevent a future mistake. The superintendent pharmacist (SI) analysed the data collected about mistakes every month. And he discussed any patterns he found with the rest of the team. The SI was not available during the inspection. And other pharmacy team members could not give any examples of any changes they had made to reduce the risk of mistakes happening after discussing patterns of error.

There were also no records of the analysis available during the inspection. The pharmacy had a clear process for dealing with dispensing errors that had been given out to people. It recorded incidents using a template reporting form. There were no records available of dispensing errors pharmacy team members had made. Pharmacy team members explained that errors were recorded. But they did not know where the SI kept the completed records. So, the inspector could not assess the quality of dispensing error handling and reporting.

The pharmacy had a procedure to deal with complaints handling and reporting. It 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 pharmacy team members audited these 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 in two fridges every day. They kept private prescription records in a paper register, which was complete and in order. They also recorded emergency supplies of medicines in the private prescription register.

The pharmacy kept sensitive information and materials in restricted areas. It collected confidential waste in bags. These bags were collected for secure destruction by a waste disposal contractor. Pharmacy team members 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 gave some examples of signs 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 did not have a documented procedure about safeguarding in the SOP file. But it 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. Since the last inspection, they had arranged to visit a local training provider to complete safeguarding training. But the training had been delayed by the coronavirus pandemic. Pharmacy team members explained they intended to attend the training as soon as they could. And they agreed it might be useful to access some online safeguarding training in the meantime. Pharmacy team members were clear about their safeguarding responsibilities, particularly in the context of people who accessed their substance misuse services.

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 ongoing training suitable for their roles. 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 a locum pharmacist, five dispensers and a delivery driver. Pharmacy team members completed training informally by reading various trade press materials. And by having regular discussions with the superintendent pharmacist (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.

A 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. 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 substance misuse doses that had not been collected, and instalment doses that had been changed. This had made the medicines easier to access, especially when the pharmacy was busy. And to help prevent instalments being given out by mistake if the doses had changed or if a prescription had been suspended. 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 well maintained. It provides a suitable space for the services provided. And it has suitable facilities so 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 passageways 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. But pharmacy team members were restricting the use of the room during the coronavirus pandemic to emergencies only. The room was signposted by a sign on the door. The pharmacy had other suitable areas in the retail area where people could have discreet discussions with pharmacy team members, while maintaining proper social distancing. The pharmacy had installed clear screens at the retail counter to help prevent the spread of coronavirus.

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. The pharmacy provided team members with hand sanitiser in various locations to help them regularly maintain good hand hygiene. 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 met

Summary findings

The pharmacy is easily accessible to people. It sources, stores and manages its medicines appropriately. The pharmacy provides its services safely and effectively. And it keeps good records to help pharmacy team members achieve this. The team members know how to support people taking higher risk medicines and they provide them with advice to help them take their medicines correctly.

Inspector's evidence

The pharmacy had level access from the medical centre car park through automatic doors. 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 helped to maintain an audit trail of which team members were involved in the dispensing process. They used dispensing baskets throughout the dispensing process to help prevent prescriptions being mixed up. The pharmacy supplied medicines to people in multi-compartment compliance packs when requested. It attached labels to the packs, so people had written instructions of how to take their medicines. Pharmacy team members added descriptions of what the medicines looked like, so they could be identified in the pack. And they provided people with information leaflets about their medicines each month. Pharmacy team members changed people's master record sheets to reflect any changes to their medicines. And they kept an audit trail of changes by recording the information on a change record card. The responsible pharmacist (RP) 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. Pharmacy team members said they would use the internet to download and print the necessary information. The pharmacy delivered medicines to people. It recorded the deliveries made. But the delivery driver was not currently asking people to sign for their deliveries to help prevent the spread of coronavirus. 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 checked medicine expiry dates every 12 weeks. And records were seen. They highlighted any short-dated items with a sticker on the pack three to six months in advance of its expiry. And they removed expiring items during the month before their expiry. The pharmacy responded to drug alerts and recalls. Pharmacy team members quarantined any affected stock found for destruction or return to the wholesaler. They recorded any action they had taken. And their records included details of any affected products removed.

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). The SI had updated the pharmacy's procedures to incorporate the requirements of FMD. But the pharmacy did not have any software or equipment to be able to comply with the requirements. And pharmacy team members had not received training. Pharmacy team

members explained that the implementation of FMD had been delayed by the coronavirus pandemic. 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. Pharmacy team members also clearly segregated instalment doses of CDs that had been changed or not collected to help prevent them being supplied to people by mistake. 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 the necessary equipment it needs. 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. Its resources included the British National Formulary (BNF), the BNF for Children, various pharmacy reference texts and use of the internet. 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.