

Registered pharmacy inspection report

Pharmacy Name: St Peter's Pharmacy, 28 Keirby Walk, Burnley,
Lancashire, BB11 2DE

Pharmacy reference: 9011726

Type of pharmacy: Community

Date of inspection: 09/08/2023

Pharmacy context

This is a community pharmacy in the centre of the town of Burnley. It dispenses NHS and private prescriptions and sells a range of over-the-counter medicines. The pharmacy provides a home delivery service, a substance misuse service and dispenses some medicines in multi-compartment compliance packs to people who need support in taking their medicine correctly.

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 team has a set of written procedures to help them manage the pharmacy's services. The pharmacy keeps most of the records it needs to by law. Several team members are trained to support the safeguarding of vulnerable adults and children and they help protect people's private information. Team members record mistakes made during the dispensing process. They discuss these mistakes together to support learning and they make changes to the way they work to help improve patient safety.

Inspector's evidence

The pharmacy had a set of written standard operating procedures (SOPs). These were instructions designed to support the team in safely undertaking various processes. For example, the dispensing of prescriptions and complying with responsible pharmacist (RP) legislation. Team members were required to sign a sheet to confirm they had read and understood the SOPs which were relevant to their role and each team member had signed the sheet. Team members were generally following the SOPs. The SOP for dispensing prescriptions described a process to number multiple prescriptions for the same person. This procedure was designed to ensure the prescriptions were dispensed together. However, team members were not following this process. The team had recently received a set of updated SOPs to replace the current versions. Team members were expected to read the new versions over the next few months.

The pharmacy used a log to record details of mistakes made during the dispensing process but were spotted during the final checking stage. These mistakes were known as near misses. Team members made regular records. They recorded the date and time the near miss happened, any contributory factors and the category of the near miss. This helped them identify any trends or patterns. The RP completed an analysis of the near miss logs and created a comprehensive report which was retained in the pharmacy for team members to access. However, the RP had not completed the report over the last few months. Team members discussed the near misses as soon as they happened. This helped encourage them to learn from each other and they discussed ways they could make changes to the way they worked to improve patient safety. For example, recently team members decided to separate some medicines that had similar names or were packaged similarly. The pharmacy had a process to record and report dispensing incidents that had reached people. Following any incidents, the RP completed a report form which was retained in the pharmacy. The pharmacy's area manager and superintendent pharmacist's (SI) office were informed of such incidents.

The pharmacy had a formal complaints procedure that was displayed via a notice in the retail area. Team members typically received verbal feedback from people who used the pharmacy. Team members explained how they would always look to resolve complaints themselves but if they were unable to do so, they would refer the complaint to the RP or the pharmacy's area manager.

The pharmacy had professional indemnity insurance. It was displaying an RP notice. The RP record was mostly completed correctly but, on some occasions, the RP had not recorded the time their RP duties had ended. The importance of completing the record each day was discussed with the RP. The team completed a balance check of controlled drugs (CDs) regularly. The inspector checked the balances of four randomly selected CDs which all balanced correctly. The pharmacy kept records of CDs that people

had returned to it for destruction. It kept records of private prescriptions dispensed, and they were mostly completed correctly. The pharmacy kept records of supplies of special medicines. The records were mostly completed correctly but on some occasions the team had not recorded the details of the prescriber who authorised the associated prescription.

The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. The team separated confidential waste from general waste, and it was periodically destroyed using a shredder. Team members understood the importance of securing people's private information. The team was aware of its responsibilities in raising safeguarding concerns about vulnerable adults and children. The RP and three other team members had completed a training course on safeguarding via the Centre for Pharmacy Postgraduate Education. There was a written procedure to help team members manage any concerns. The procedure contained the contact details of the local safeguarding team. The main telephone number for the team was also displayed on a notice affixed to a wall in the consultation room.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team possesses the appropriate skills and experience to manage the pharmacy's services safely and effectively. Pharmacy team members work well together and manage the pharmacy's workload well. The pharmacy supports its team members in updating their knowledge and skills.

Inspector's evidence

The RP was the pharmacy's full-time resident pharmacist. The RP was supported by two qualified pharmacy assistants, a trainee pharmacy assistant, and a qualified pharmacy technician. The technician was also the pharmacy's manager. One of the pharmacy assistants was a locum who had been supporting the pharmacy since May 2023. The pharmacy employed another two qualified pharmacy assistants and a delivery driver. They were not present during the inspection. A locum pharmacist covered the days the RP didn't work. Team members occasionally worked additional hours to cover each other's absences. They felt they had enough team members to manage the dispensing workload. Team members were observed working well together and helping each other to complete various tasks. They were observed involving the RP when selling Pharmacy medicines (P). Team members explained they felt comfortable working with the RP and the pharmacy benefited from good leadership. Team members demonstrated a positive rapport with people who used the pharmacy, many of whom, had used the pharmacy for several years.

Team members were required to complete mandatory training courses periodically. Recently, two team members had completed training to help them better support people who suffered from dementia. The pharmacy didn't have a process to help team members complete training based on an identified learning need. The pharmacy had an appraisal process for its team members. Team members completed a pre-appraisal form onto which they recorded aspects of their role they were enjoying and how they could improve the pharmacy's services.

Team members attended team meetings where they could give feedback on ways the pharmacy could improve. They discussed how they could better manage the workload and talked about improving patient safety. Recently the team had improved dispensing accuracy by reorganising the dispensary shelves to ensure medicines were better organised. Team members explained they were making fewer mistakes during the dispensing process because of this change. They could raise any concerns with the RP, the manager, the area manager, or the SI. They felt their concerns would be listened to and actioned. The pharmacy had a whistleblowing policy, but it was not designed to allow team members to report concerns anonymously. Team members were set some targets to achieve. They explained they were sometimes difficult to achieve. They explained they were focused on providing an efficient and effective service for the local community.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is hygienic and kept tidy and organised. It has a suitable consultation room to support people in having private conversations with team members about their health.

Inspector's evidence

The pharmacy premises were spread over two floors. They were hygienic and well maintained. The dispensary was located on the ground floor. It was spacious with ample room for team members to dispense medicines in an organised manner. Dispensing benches were kept organised throughout the inspection. Floor spaces were kept clear to prevent a trip hazard. The retail area was located on the first floor. The pharmacy had a suitably sized, soundproofed, consultation room for people to use to have private conversations with team members.

The pharmacy had separate sinks available for hand washing and for preparing medicines. There was a toilet, with a sink which provided hot and cold running water and other facilities for hand washing. Team members controlled unauthorised access to restricted areas of the pharmacy. Throughout the inspection, the temperature was comfortable. Lighting was bright throughout the premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides a range of services that it makes accessible to people. The pharmacy largely stores its medicines correctly and the pharmacy team checks the expiry dates of its medicines to reduce the risk of expired medicines being supplied to people.

Inspector's evidence

The pharmacy had level access from the street to the entrance door. This made the pharmacy accessible to people who used wheelchairs or had prams. The pharmacy had a small selection of healthcare-related information leaflets for people to take away with them. The pharmacy had a facility to supply large-print labels to people with a visual impairment. The RP spoke Urdu and Punjabi and helped some people who felt more comfortable communicating in these languages than English. Team members had knowledge of the Pregnancy Prevention Programme for people in the at-risk group who were prescribed valproate, and of the associated risks. The team had completed an audit to check if any people who used the pharmacy regularly were eligible to be enrolled in the programme.

Team members used dispensing baskets to safely store medicines and prescriptions throughout the dispensing process. This helped manage the risk of medicines becoming mixed-up. The baskets were of different colours to help the team identify various work streams. For example, green coloured baskets were used for people who had their medicines delivered. Team members attached alert stickers to bags containing people's dispensed medicines. They used these as a prompt before they handed out medicines to people. For example, to highlight interactions between medicines or the presence of a fridge line or a CD that needed handing out at the same time. The pharmacy provided a substance misuse service to several people. The team dispensed instalments at the beginning of each working day and stored them in a separate section of a CD cabinet.

The pharmacy supplied some people with their medicines dispensed into multi-compartment compliance packs. These packs were designed to help people take their medicines at the right times. There were 'master-sheets' which team members used to cross-reference with prescriptions to make sure prescriptions were accurate before the dispensing process began. If they spotted a discrepancy, for example, if a medicine was missing from the prescription, they made enquires with the prescriber. Team members recorded details of authorised changes to people's treatment on their electronic medical record. The packs were annotated with descriptions of the medicines supplied.

The pharmacy stored P medicines directly behind the pharmacy counter. Some prescription-only versions of Zovirax were stored in the retail area for people to purchase. The team explained these had been placed in the retail area in error. These medicines were brought to the attention of the team and immediately removed, and it was discussed with the team during the inspection. The RP was able to supervise sales of P medicines over the counter.

Team members followed the pharmacy's process to check the expiry dates of its medicines every three months. But they didn't keep completed records of the process. So, they could not confirm when the process had been last completed. Medicines that were short dated were highlighted using coloured dot stickers. The pharmacy had a fridge to store medicines that required cold storage. And the team kept keep records of the fridge's minimum and maximum temperature ranges. The team marked most liquid

medicines with details of their opening dates to ensure they remained safe and fit to supply. The pharmacy had medicine waste bags and bins, sharps bins and CD denaturing kits available to support the safe disposal of medicine waste. The pharmacy received medicine alerts through email. The team actioned alerts and kept a record of the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the correct equipment that it needs to provide its services. And it uses its equipment appropriately to help protect people's confidentiality.

Inspector's evidence

Team members had access to reference sources including electronic and hard copies of the British National Formulary (BNF) and the BNF for children. The pharmacy used a range of measuring cylinders. There were separate cylinders to be used only for dispensing water. This helped reduce the risk of contamination. The pharmacy stored dispensed medicines in a way that prevented members of the public seeing people's confidential information. It suitably positioned computer screens to ensure people couldn't see any confidential information. The computers were password protected to prevent any unauthorised access. The pharmacy had cordless phones, so that team members could have conversations with people in a more private area.

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.