

# Registered pharmacy inspection report

**Pharmacy Name:** BSA Pharmacy, Suite 4002, Backstone Business Centre, Blenwood Court, 451 Clekheaton Road, Low Moor, Bradford, West Yorkshire, BD12 0NY

**Pharmacy reference:** 9012055

**Type of pharmacy:** Internet / distance selling

**Date of inspection:** 15/11/2023

## Pharmacy context

The pharmacy is in a business centre in the suburbs of Bradford city centre. It has a distance selling NHS contract. Pharmacy team members dispense NHS prescriptions and deliver them to people's homes. They provide medicines to some people in multi-compartment compliance packs. And they provide medicines to people to living in care homes and nursing homes.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy adequately identifies and manages risks. It mostly has the written procedures it needs that are relevant to its services. Pharmacy team members understand their role to help protect vulnerable people. And they suitably protect people's private information. Team members record and appropriately discuss the mistakes they make so that they can learn from them. But they don't always capture key information or analyse these records, so they may miss some opportunities to learn and improve.

### Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) to help pharmacy team members manage the risks associated with its services. The superintendent pharmacist (SI) had implemented the SOPs when it opened in 2022. Pharmacy team members had signed to confirm they had read and understood the procedures. The SOPs did not contain any version, or information about when they had been implemented and when they were due for review. So, team members may be unclear about whether they were using the most up-to-date SOP. The pharmacy delivered the NHS Discharge Medicines Service (DMS) to people to help manage their medicines after discharge from hospital. Pharmacy team members explained the service was most often delivered for people who lived in care or nursing homes and for people who received their medicines in multi-compartment compliance packs. The pharmacy had an SOP in place to help team members deliver the service effectively. And the pharmacist kept comprehensive records of each consultation to help refer to later.

Pharmacy team members highlighted and recorded near miss errors. There was an SOP to help team members do this effectively. Team members discussed any errors and why they might have happened, and they recorded some information about each error. Pharmacy team members did not always record much information about why the mistakes had been made or the changes they had made to prevent a recurrence to help aid future learning. But they gave their assurance that these details were always discussed, and changes made. For example, by separating different strengths of lansoprazole to help prevent picking errors. The SI explained that they looked at the data collected about near miss errors each month to establish any patterns. But they did not record their findings. This was discussed and they gave their assurance that they would record more regular analyses to help inform the changes they made in response to errors. The pharmacy had a system in place to manage and record dispensing errors, which were errors identified after the person had received their medicines. But they did not have a documented SOP to help team members manage dispensing errors effectively. The SI explained they had not made dispensing errors since the pharmacy had opened. This meant the inspector was unable to assess the quality of the pharmacy's response to dispensing errors at this inspection. But the SI gave a clear explanation about how they would manage and record an error if it occurred.

The pharmacy had a documented procedure to deal with complaints handling and reporting. It advertised a complaint's procedure to people on its website. And the information provided about who to contact and how was accurate and up to date. The pharmacy had up-to-date professional indemnity insurance in place. It maintained a responsible pharmacist record which was complete and up to date. Controlled drug (CD) registers were generally in order. The pharmacy kept running balances in all registers. These were audited against the physical stock quantity each week. But several registers consistently did not have completed page headers. This increased the risk of entries being made in the

wrong register. The pharmacy kept accurate private prescription and emergency supply records. And the pharmacy also kept a register of CDs returned by people for destruction.

The pharmacy kept sensitive information and materials securely in the pharmacy. Team members used a shredder to destroy confidential. The pharmacy had a documented procedure to help pharmacy team members manage sensitive information correctly. Team members explained how important it was to protect people's privacy and how they would protect confidentiality. The pharmacy had a documented procedure for dealing with concerns about children and vulnerable adults. A pharmacy team member gave some examples of signs that would raise their concerns about vulnerable children and adults. And they explained how they would refer any concerns to the pharmacist. The team also explained how they would use the internet to find the most up-to-date local safeguarding contacts to refer their concerns to. The SI had completed safeguarding training in 2019. But other pharmacy team members had not completed any formal safeguarding 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. And they keep their knowledge up to date. Team members effectively discuss and implement changes to improve their services and the way they work. And they feel comfortable raising concerns with the right people if necessary.

### Inspector's evidence

During the inspection, the pharmacy team members present were the superintendent pharmacist and two qualified dispensers. The pharmacy also employed two part-time delivery drivers. All team members had completed appropriate training for their roles. And they also completed ad hoc ongoing learning, which included reading various materials, and team members also regularly discussed learning topics informally with each other. The pharmacist provided information or signposted them to relevant materials and resources to help answer their questions. The pharmacy did not have a formal appraisal process. But team members had an informal discussion with the pharmacist at least once a year to discuss their progress. They explained they would raise any learning needs with the pharmacist informally. And they were confident the pharmacist would support them to find the information they needed.

Team members explained how they would raise professional concerns with their superintendent pharmacist (SI). They felt comfortable raising concerns. Team members also felt comfortable making suggestions to help improve the pharmacy's ways of working. They were confident that their concerns and suggestions would be considered, and changes would be made where they were needed. One recent example following discussions had been reorganising how team members stored multi-compartment compliance packs to provide more room as the pharmacy's workload increased. This helped prevent prescriptions and medicines being mixed up. The pharmacy did not have a formal whistleblowing policy. Pharmacy team members said they would raise any concerns anonymously with GPhC or the NHS.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and properly maintained. It provides a suitable space for the services it offers. And pharmacy team members properly secure the pharmacy to prevent unauthorised access.

### Inspector's evidence

The pharmacy was in a shared business unit, and it could not be directly accessed by the public. It was properly secured, and pharmacy team members controlled access to the pharmacy to help prevent unauthorised access during working hours. The pharmacy had various rooms that team members used for varying purposes including office space and storage.

The pharmacy was tidy and well maintained. It had defined areas for dispensing and checking and there was a defined workflow in operation. The pharmacy's floors and passageways were free from clutter and obstruction. It had a clean, well-maintained sink used for medicines preparation. There was a toilet, a sink with hot and cold running water and other facilities for hand washing. And it had a separate kitchen area where team members could prepare food and drinks. Heat and light in the pharmacy was maintained to acceptable levels. The overall appearance of the premises was professional and suitable for the services being provided.

## Principle 4 - Services ✓ Standards met

### Summary findings

Pharmacy team members manage and provide the pharmacy's services safely and effectively. The pharmacy suitably sources its medicines. And it stores and manages its medicines properly. The pharmacy delivers medicines safely to people. And it has processes for team members to follow to help people understand and manage the risks of taking higher-risk medicines.

### Inspector's evidence

People did not visit the pharmacy. They communicated with the pharmacy by telephone and email. The pharmacy had a website, [bsapharmacy.co.uk](http://bsapharmacy.co.uk), where it provided its contact details and information about its services. Pharmacy team members could provide large print labels for people with visual impairment. They said they would communicate in writing with people with a hearing impairment. Pharmacy team members were also able to speak other languages spoken locally as well as English, including Punjabi, Urdu, Hindi and Mirpuri. They explained they also occasionally used online translation tools to help people who spoke other languages.

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 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 advised they would also check if they were on a pregnancy prevention programme and taking regular effective contraception. The pharmacy had stock of some information materials to give to people to help them manage the risks of taking valproate, and team members were aware of the need to dispense valproate in their original manufacturer's packs. The SI had completed an audit of people who the pharmacy provided valproate to, to ensure people had received the correct advice.

The pharmacy supplied medicines for people in multi-compartment compliance packs when requested. And this included people living in care and nursing homes and people living in their own homes. It attached backing sheets to the packs, so people had written instructions of how to take their medicines. Team members included descriptions on the packs 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 regularly. 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 the times of administration. They also recorded this on their electronic patient medication record (PMR). The pharmacy had systems in place to make sure prescriptions for medicines provided to homes were ordered and received from GPs in time to be able to prepare the medicines before they were needed.

The pharmacy delivered medicines to people, and it recorded the deliveries it 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 delivery driver also collected signed documents from staff at care and nursing homes to confirm the homes had received the required medicines for each person. The pharmacy obtained medicines from licensed wholesalers. It had disposal facilities available for unwanted medicines, including CDs. Team members monitored the minimum and maximum temperatures in the pharmacy's fridge each day and recorded their findings. The temperature records

seen were within acceptable limits. Pharmacy team members checked medicine expiry dates every three months. They highlighted any short-dated items up to six months before their expiry, and they recorded expiring items on monthly stock expiry sheets. They removed expiring items during their month of expiring, but they did not always record when expired items had been removed to help prevent sections of the pharmacy being missed. Pharmacy team members responded to manufacturers alerts and recalls. They kept records of the recalls they had received and any action they had taken to remove affected medicines.



## Principle 5 - Equipment and facilities ✔ Standards met

### Summary findings

The pharmacy has the necessary equipment available for the services it provides. It manages and uses its equipment in ways that protect people's confidentiality.

### Inspector's evidence

The pharmacy had the necessary equipment to restrict access to the premises. And it 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. It had facilities to securely destroy its confidential waste. It kept its computer terminals in the secure pharmacy, and these were password protected. It had a set of clean, well-maintained measures available for medicines preparation.

### What do the summary findings for each principle mean?

Finding	Meaning
<span style="color: green;">✔</span> <b>Excellent practice</b>	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.
<span style="color: green;">✔</span> <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✔</span> <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.