

Registered pharmacy inspection report

Pharmacy Name: Birches Head Pharmacy, 12 Diana Road, Birches Head, STOKE-ON-TRENT, Staffordshire, ST1 6RS

Pharmacy reference: 1037016

Type of pharmacy: Community

Date of inspection: 17/01/2023

Pharmacy context

This is a community pharmacy located on a small parade of shops, next to a medical centre. It is situated in the residential area of Birches Head, north-west of Stoke-on-Trent. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including seasonal flu vaccinations and a minor ailment service. The pharmacy supplies medicines in multi-compartment compliance aids for some people to help them take the medicines at the right time.

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	1.6	Standard not met	The responsible pharmacist (RP) records are incomplete. So the pharmacy may not be able to demonstrate who the RP was at a particular point in time.
2. Staff	Standards not all met	2.2	Standard not met	A member of the team has not completed, or been enrolled onto, appropriate accredited training for their job role.
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 not all met

Summary findings

The pharmacy has written procedures, to help maintain the safety and effectiveness of its services. But it cannot demonstrate whether all members of the team have read the procedures. So they may not fully understand what is expected of them. Errors and near miss incidents are discussed so that the team can learn from them. But near miss incidents are not always recorded, so some learning opportunities may be missed. The pharmacy keeps responsible pharmacist records, but they are incomplete. So it is not able to show who was acting as responsible pharmacist some points in time.

Inspector's evidence

There was a set of standard operating procedures (SOPs). There were signature sheets attached to each SOP for staff to sign as confirmation that they had read and understood it. But some of the procedures had not been signed by the pharmacy team, such as the SOP for working in the absence of the responsible pharmacist. And the regular pharmacist had not signed any of the procedures. So the pharmacy was not able to show whether all members of the team fully understood what was expected of them.

The pharmacy used online software to record any near miss incidents, but only a few had been recorded in the last few weeks. The pharmacist said some incidents had not been recorded due to absences and vacancies in the pharmacy team. He said when he came across an error, he would discuss any learning points with members of the team. But this was not recorded, and the team could not give examples of anything they had learnt from their discussions. Dispensing errors were recorded, and the records contained details of the investigation, and any actions taken.

Roles and responsibilities of the pharmacy team were documented on a matrix in the SOPs. A counter assistant was able to explain what her responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. The responsible pharmacist (RP) had their notice displayed prominently. The pharmacy had a complaints procedure. A notice in the retail area advised people they could discuss any concerns or feedback with the pharmacy team. Any complaints would be recorded and followed up. A current certificate of professional indemnity insurance was available.

RP records were incomplete, and fewer than 15 entries had been made since the 1st November 2022. The pharmacist and the pharmacy manager confirmed that a lot of entries had been missed. Controlled drugs (CDs) registers were maintained with running balances recorded. Three random balances were checked and only one was correct. After the inspection, the pharmacy confirmed a full balance had been carried out and any erroneous balances had been rectified. Patient returned CDs were recorded in a separate register. Records for private prescriptions and unlicensed specials appeared to be in order.

An information governance (IG) policy was available. When questioned, a dispenser said she had read the data protection procedures and was able to correctly describe how confidential information was destroyed using the on-site shredder. A notice in the retail area described how people's information was handled by the pharmacy. Safeguarding procedures were included in the SOPs. The pharmacist and pharmacy technician had completed level 2 safeguarding training. A dispenser said she would initially report any concerns to the pharmacist on duty. But contact details for the local safeguarding board

were not available, which may delay any concerns being raised.

Principle 2 - Staffing Standards not all met

Summary findings

There are enough members of the team to manage the pharmacy's workload. But one member of the team is not appropriately trained for their role, so may not be able to work safely and effectively. Team members complete some ongoing training. But it is not structured, so learning and development needs may not always be fully addressed.

Inspector's evidence

The pharmacy team included a pharmacist, a pharmacy technician, who was also trained to accuracy check (ACT) and was the pharmacy manager, four dispensers and two medicine counter assistants (MCA). A customer-service apprentice had been employed by the pharmacy as an MCA for the past 14 months. She had not completed or been enrolled onto any pharmacy training related to her role. And part of her day-to-day duties included sales of medicines and handing out dispensed medicines. There was usually a pharmacist, an ACT, two to three dispensers and two MCAs. The volume of work appeared to be managed. Staffing levels were maintained by part-time staff and a staggered holiday system.

Members of the pharmacy team completed some additional training, for example they had recently completed a training pack about how to dispose of inhalers. Some training records and certificates were available, but not all training had been recorded. And further training was not provided in a structured or consistent manner. So learning needs may not always be fully addressed. An MCA gave examples of how she would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales of medicines she felt were inappropriate, and refer people to the pharmacist if needed.

The pharmacist said he felt able to exercise his professional judgement and this was respected by members of the team and the superintendent pharmacist (SI). The dispenser said she felt members of the team worked well together, and she felt she received a good level of support from the pharmacist and pharmacy manager. But there was no formal appraisal programme, so learning and development needs may be missed. Team members were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the manager or SI. There were no service-based targets in place.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available to enable private conversations. But it is accessed via the dispensary and is also used as an office. So it does not present a professional appearance and may cause a security risk.

Inspector's evidence

The pharmacy premises was located inside a retail business unit. It comprised of a retail area and dispensary. It was clean and tidy, and appeared adequately maintained. The dispensary had limited space to dispense medicines. The team members managed the workload to make best use of the space they had available. The temperature was controlled using electronic heaters and lighting was sufficient. Team members had access to a kettle, kitchen sink and WC facilities.

The pharmacy office was used as the consultation room. But access to it was through a corner of the dispensary, which may present a security risk. The space was routinely used as an office, and it was cluttered with paperwork and folders. This detracted from the professional appearance.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are generally well managed and provided safely. It gets its medicines from recognised sources and stores them appropriately. But members of the pharmacy team do not always know when they are handing out higher-risk medicines. So they might not always be able to check that the medicines are still suitable, or give people advice about taking them.

Inspector's evidence

Access to the pharmacy was level via a single door and was suitable for wheelchair users. But the consultation room was not level or wheelchair friendly. So this may prevent some people being able to access some of the services offered. Various posters gave information about the services provided. The pharmacy had a delivery service. Delivery records were kept showing what had been delivered. And there was a separate record when CD medicines were delivered.

The pharmacy team initialled dispensed by and checked by boxes on dispensing labels to provide an audit trail. They used dispensing baskets to separate individual patients' prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing. The pharmacist performed a clinical check of all prescriptions and then signed the prescription form to indicate this had been completed. When this had been done an accuracy checker was able to perform the final accuracy check.

Dispensed medicines awaiting collection were kept on a shelf using an alphabetical retrieval system. Stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Team members were seen to confirm the patient's name and address when medicines were handed out. But the pharmacy did not have a process to routinely highlight high-risk medicines (such as warfarin, lithium, and methotrexate) so that they could counsel the people who were taking them. Team members were aware of the risks associated with the use of valproate during pregnancy. Educational material was available to hand out when the medicines were supplied. The pharmacist had spoken to patients who were at risk to make sure they were aware of the pregnancy prevention programme.

Some medicines were dispensed in multi-compartment compliance aids. Before a person was started on a compliance aid the pharmacy would ask questions to assess their suitability. But this was not recorded, so the pharmacy was not able to demonstrate whether assessments had been appropriate. A record sheet was kept for each patient, containing details about their current medication. Any medication changes were confirmed with the GP surgery before the record sheet was amended. Hospital discharge sheets were sought, and previous records were retained for future reference. Disposable equipment was used to provide the service, and the compliance aids were labelled with medication descriptions and a dispensing check audit trail. But patient information leaflets (PILs) were not routinely supplied. So people may not always have access to up-to-date information about their medicines.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. A date checking record was on display in the dispensary and indicated medicines should be checked every 3-months. But the pharmacy team had fallen behind with this process and some of the sections had not been completed when they were last due in December. So

there was a risk that expired medicines could be present which could lead to them accidentally being supplied. A spot check of medicines did not find out of date stock, but there was some stock due to expire within the next month. Short-dated stock was normally highlighted using a sticker. Liquid medication did not always have the date of opening written on, including a bottle of melatonin oral solution which expired 2 months after opening. So team members may not be able to check if the medicines remain fit for purpose.

Controlled drugs were stored appropriately in the CD cabinet, with clear segregation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. There were clean medicines fridges, each equipped with a thermometer. There were some gaps in the fridge records. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received through an electronic system, which had a record of who action the alert and when.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have the equipment they need for the services they provide. And they maintain the equipment so that it is safe to use.

Inspector's evidence

The pharmacy team had access to the internet for general information. This included access to the BNF, BNFc and Drug Tariff resources. All electrical equipment appeared to be in working order. There was a selection of liquid measures with British Standard and Crown marks. Separate measures were designated and used for methadone. The pharmacy also had counting triangles for counting loose tablets including a designated tablet triangle for cytotoxic medication. Equipment was kept clean.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed team members to move to a private area if the phone call warranted privacy.

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.