General Pharmaceutical Council

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: 15/08/2023

Pharmacy context

This community pharmacy is located within a small parade of shops in a residential area of Stoke-on-Trent. Most people who use the pharmacy are from the local area and there is a GP surgery close-by. The pharmacy dispenses prescriptions and sells medicines over the counter. It offers additional services including the New Medicine Service (NMS), the Community Pharmacy Consultation Service (CPCS), blood pressure testing and travel vaccinations. A substance misuse service is also available. The pharmacy supplies some medicines in multi-compartment compliance aid packs, to help make sure that people take their medicines at the right time.

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 identifies and manages risks adequately. Its team members understand how to keep people's private information safe and raise concerns to protect the wellbeing of vulnerable people. But the pharmacy's written procedures sometimes contain outdated information, so team members may not always work effectively. And they do not record their mistakes, so they may miss opportunities to learn and improve. The pharmacy keeps the records it needs to by law, but the records are sometimes inaccurate or incomplete, which means team members may not always be able to show what has happened if a query arises.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) covering operational activities, but some of the procedures were outdated and contained inaccurate information. This means pharmacy team members may not always work as effectively as they could. Other procedures did not contain version control details, so it was not possible to identify when they were last updated. There was a training log at the end of each procedure which staff signed to confirm their acknowledgement and understanding. Some newer team members had not yet signed the procedures. Through discussion team members were generally aware of their roles and responsibilities, and a job roles matrix had been completed. However, one team member was unclear about the activities which could and could not take place in the absence of a responsible pharmacist (RP). The pharmacist confirmed that he did not routinely leave the premises during working hours and agreed to review RP regulations with the team. The pharmacy had professional indemnity insurance and a certificate displayed was valid until May 2024.

The pharmacy had a near miss log, but not all team members were familiar with how to use the online reporting system. As a result, not all near misses were recorded, and no entries had been documented since April 2023. This meant that underlying patterns and trends may not be detected. The pharmacy had an incident reporting system, and an example was seen of a previous incident which had been recorded.

The pharmacy had a complaint procedure, and any concerns were referred to the pharmacist in charge, or company management if necessary. People using pharmacy services were able to provide feedback verbally and through online reviews.

The correct RP notice was displayed near to the medicine counter. The RP log contained two missing entries, so it was not technically compliant. Controlled drug (CD) registers kept a running balance but some record keeping issues were identified. And private prescription records sometimes stated the incorrect details of the prescriber. Records for the procurement of unlicensed specials were in order.

The pharmacy had an information governance policy and team members had an understanding of confidentiality. Confidential waste was shredded on the premises and most team members held their own NHS smartcards. Those team members who did not were in the process of applying for cards. The pharmacy had a privacy notice displayed in the dispensary, but it stated the contact details for an individual who had left the pharmacy earlier in the year. This meant people may not know who to

contact in the event of a query.

The pharmacist had completed safeguarding training and discussed some of the types of concerns that might be identified. The contact details of local safeguarding agencies were accessible if needed. Following a previous safeguarding concern, the pharmacy had introduced a new policy for some patients under the age of 18 when presenting to collect their medicines.

Principle 2 - Staffing ✔ Standards met

Summary findings

Pharmacy team members work together effectively, and they can raise concerns and provide feedback. Pharmacy team members have the right qualifications for their roles. But the pharmacy does not provide many opportunities for team members to undertake ongoing learning and development. So, the pharmacy may not always be able to show how its team members keep their knowledge and skills up to date.

Inspector's evidence

The pharmacy team comprised of the regular pharmacist, an accredited accuracy checking pharmacy technician (ACT), two NVQ2 dispensers and a medicine counter assistant (MCA). The pharmacy employed two additional dispensers and two further MCAs who were absent due to a combination of planned leave and regular days off. Pharmacy team members usually worked with a reduced staffing level in cases of planned leave. There were restrictions on the number of team members who could take leave at any one time, to help ensure the workload remained manageable. Occasionally team members would increase their hours to provide extra cover, or team members from nearby branches were contacted for assistance. The workload in the pharmacy was busy, but team members were up to date with dispensing.

A pharmacy team member discussed the sale of over-the-counter medicines. She explained the questions that she would ask to help make sure sales were safe and appropriate, and showed an awareness of some medicines which may be liable to abuse and misuse. Any queries were referred to the pharmacist.

The pharmacy did not provide any resources to support ongoing learning after team members had completed their accredited courses. The pharmacist said that any issues would be discussed with team members during an informal one-to-one meeting, but records were not kept as an audit trail. Pharmacy team members worked well together, and they were happy to approach the pharmacist with any concerns. Members of company management were also contactable, if needed.

Principle 3 - Premises ✔ Standards met

Summary findings

Overall, the pharmacy is suitably maintained and appropriate for the services it provides. But some areas are cluttered which detracts from the overall professional appearance. The pharmacy has a consultation room, so people can speak in private with members of the pharmacy team, but it is not easily accessible to people with mobility issues.

Inspector's evidence

The pharmacy was in an appropriate state of repair, but there were areas in the retail space which were cluttered and unorganised. This detracted from the overall appearance. The ambient temperature was suitably controlled and there was appropriate lighting throughout.

The retail space stocks goods and gifts which were generally suitable for a healthcare-based business and there were chairs available for use by people waiting for their medicines. Pharmacy restricted medicines were stored behind the medicine counter. The dispensary was adequately sized and there were separate defined work areas to help manage the workload. A separate area was used to assemble multi-compartment compliance aid packs. Staff had access to a WC and appropriate handwashing facilities.

The pharmacy had an office, which was also used as the consultation room. This was accessed through the dispensary, which may at times pose a risk to security and there was also a single step to access the room, so it may not be accessible to people with mobility issues. The room contained a large amount of paperwork and other files, which impacted on the space available.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are suitably managed so that people receive appropriate care. But the pharmacy does not identify prescriptions for high-risk medications so team members may miss opportunities for further counselling and monitoring. The pharmacy gets its medicines from reputable suppliers and team members complete some checks to help make sure medicines are fit for supply. But they do not always record checks, so the pharmacy may not always be able to show it manages and stores medicines appropriately.

Inspector's evidence

There was a single step from the main street into the pharmacy. The entrance was visible from the medicine counter, so people who needed assistance could be identified.

Prescriptions were dispensed using baskets in order to keep them separate and reduce the risk of medicines being mixed up. Pharmacy team members signed 'dispensed' and 'checked' boxes as an audit trail. The ACT checked a range of repeat prescriptions and compliance aid packs. The pharmacist clinically checked each prescription first and placed them in separate baskets to identify those suitable for a final check by the ACT. There was no formal audit trail on the prescription, which increased the risk that a prescription could be checked without being clinically reviewed by the pharmacist. The pharmacy had stickers to help identify prescriptions for high-risk medicines, but they were not being used, so opportunities to provide further counselling and monitoring may be missed. The pharmacist was aware of the risk of valproate-based medicines being supplied to people who may become pregnant. A recent audit had identified one patient within the 'at-risk' criteria and the actions that the pharmacy had taken were recorded on the patient medication record (PMR) system. Valproate warning materials were available to supply with relevant prescriptions.

The pharmacy ordered repeat prescriptions and kept an audit trail to help identify unreturned prescription forms. Some medicines were supplied in multi-compartment compliance aid packs. A master record of medicines was held for each patient and completed compliance aid packs had descriptions of individual medicines. Patient leaflets were not routinely supplied, so people may not always have the most up to date information about their medicines.

The pharmacist had completed training for the CPCS service. This included tier two training, which permitted the pharmacy to supply treatment for conditions such as uncomplicated urinary tract infections. The patient group directives (PGDs) for these supplies were available for reference and supplies were recorded. The pharmacist had also completed training for the administration of travel vaccines. The relevant PGDs were available and equipment including a sharps bin and adrenaline were also present.

Stock medicines were sourced from a variety of reputable wholesalers and unlicensed specials from a specials manufacturer. Medicines were stored on large shelving units but were unorganised in some places. Pharmacy team members completed ad hoc date checking, but records of this were not kept. No expired medicines were identified during random checks of the dispensary shelves. Expired and returned medicines were stored in medicines waste bins. Alerts for the recall of faulty medicines and

medical devices were received via email. But no audit trail was kept demonstrating that alerts were being appropriately actioned.

The pharmacy refrigerators were fitted with maximum and minimum thermometers, and both were within the recommended temperature range. But there were gaps in the temperature record logs, so the pharmacy may not always be able to show that medicines are suitably stored. The pharmacy CD cabinets were secure, but some storage issues were identified.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs for the services it provides. Team members suitably maintain the equipment and use it in a way that protects people's privacy.

Inspector's evidence

The pharmacy had access to reference materials including the British National Formulary (BNF). Internet access was also available to support further research. There was a range of Crown stamped liquid measures available, with separate measures clearly marked for use with methadone. Counting tablets were also available and equipment appeared to be clean and suitably maintained.

Electrical equipment was in working order. Computer systems were password protected and faced away from public view. A cordless phone was available to enable conversations to take place in private.

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.