

Registered pharmacy inspection report

Pharmacy Name: Birchill & Watson Pharmacy, 46 Eccleshall Road,
Walton, STONE, Staffordshire, ST15 0HN

Pharmacy reference: 1037093

Type of pharmacy: Community

Date of inspection: 18/06/2019

Pharmacy context

This is a busy community pharmacy located in a parade of local shops and services on the outskirts of Stone in Staffordshire. People using the pharmacy are from the local community. The pharmacy dispenses NHS prescriptions and provides some other NHS funded services such as Medicines Use Reviews (MURs), New Medicine Service (NMS) and a minor ailment scheme.

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	1.1	Good practice	Procedures are regularly reviewed and updated. The pharmacy team and head office learn when things go wrong and make improvements to their practice. The company regularly shares learning and includes information obtained from external sources.
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	Good practice	4.2	Good practice	There are several mechanisms in place to support the safe and effective delivery of pharmacy services. These include offsite dispensing of multi-compartment compliance aids, counselling for high risk medicines and robust audit trails for the prescription collection service.
		4.3	Good practice	The pharmacy checks its stock regularly and systematically to ensure it is fit for purpose and barcode scanning for the Falsified Medicines Directive (FMD) is routinely used.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy effectively manages the risks associated with the services to make sure it keeps people safe. People can give feedback and make a complaint about the services. Members of the pharmacy team are clear about their responsibilities and follow written procedures to make sure they work safely. They record their mistakes so that they can learn from them. And, they make changes to stop the same sort of mistakes from happening again.

Inspector's evidence

A range of standard operating procedures (SOPs) were in place which covered the operational activities of the pharmacy and the services provided. The SOPs had been prepared and approved by the superintendent and updated when there were any changes to company procedures or legislation. SOPs had been updated due to the Falsified Medicines Directive (FMD) and a new chapter of SOPs had been included for hub and spoke dispensing. Signature sheets were used to record staff training. Roles and responsibilities of pharmacy staff were highlighted within the SOPs.

A near miss log spreadsheet was used and team members were responsible for recording and correcting their own error to ensure they learnt from the mistake. Near misses were discussed at the time to see if there were any reasons for the near miss and it was used as a learning opportunity. The pharmacy team reviewed the near miss logs for patterns and trends at the end of the month before submitting the information to the superintendent. The team gave examples of various products that were LASA (look alike, sound alike) medicines and those that had been separated or highlighted to prevent selection mistakes when dispensing.

The head office team reviewed the near miss logs to produce a report for the NHS Quality Payment Scheme (QPS). One of the head office team (i.e. superintendent, assistant superintendent or area manager) visited the branch monthly and supplied them with a patient safety pack which included information on common mistakes, so they could be used as a learning tool. The National Pharmacy Association (NPA) Medicine Safety Officer (MSO) quarterly update was included in the patient safety pack as further reading on common errors.

Dispensing incidents were recorded using a template form and sent to the superintendent. The dispensing incident was reviewed in branch and discussed with the team to identify if there were any contributing factors that could be addressed.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A member of staff answered questions related to medicine sales and responsible pharmacist absence correctly. Pharmacy staff were wearing uniforms and name badges which stated their job role.

A complaints procedure was displayed on a poster and in the patient leaflet. The branch manager explained the process for handling a complaint or concern. He explained that he would speak to the person first and would try to resolve the issue but would refer to the head office if the complaint was

unresolved. The pharmacy gathered customer feedback by completing an annual customer survey and the results of the previous survey were on display to customers. Examples of how customer feedback had been used to make improvements were given. The pharmacy had up to date professional insurance arrangements in place.

The responsible pharmacist (RP) notice was prominently displayed and the RP log complied with requirements. Controlled drug (CD) registers also complied with requirements. A CD balance check was completed monthly. Two random balance checks matched the balances recorded in the register. A patient returned CD register was in place. Patient returned CDs were destroyed regularly. Private prescriptions were recorded in a record book and records were in order. Specials records were maintained with an audit trail from source to supply. MUR forms consent forms were signed by the patient. Home delivery records were signed by the recipient as proof of delivery.

The branch had an information governance (IG) policy and staff had completed e-Learning training. Confidential waste was stored separately from general waste and destroyed offsite. Two team members NHS Smart cards had the passcode written on, which could increase the risk of unauthorised use. The passcodes were removed during the inspection.

The pharmacy had a safeguarding SOP and a list of local safeguarding contacts were available. The pharmacist and accuracy checking technician (ACT) had completed a Centre for Pharmacy Postgraduate Education (CPPE) training package on safeguarding children and vulnerable adults and would seek guidance from the superintendent before making a referral. The team gave several examples of different safeguarding concerns.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage the current workload and the services that it provides. The team members plan absences, so they always have enough cover to provide the services. They work well together in a supportive environment and can raise concerns and make suggestions.

Inspector's evidence

The pharmacy team comprised of the branch manager (pharmacist), a pre-registration trainee, an accuracy checking pharmacy technician, three dispensing assistants, a trainee dispensing assistant, two medicine counter assistants and a home delivery driver.

Staffing levels were reviewed by head office and the RP felt that the current staffing level met the workload. Pharmacy staff managed the workload well throughout the inspection. Annual leave was booked in advance and only one medicine counter assistant and one dispenser was allowed annual leave at any one time. The pharmacy staff covered each other's holiday and support from other branches was available if required. A locum agency could provide dispensers in an emergency.

Pharmacy staff had access to various training modules and were enrolled with Alphega for e-Learning training. Training certificates were stored in a training folder as evidence of training; some members of staff were more proactive with finding time to complete training as regular training time was not planned into the rotas. Pharmacy staff had ongoing conversations with the branch manager about their performance, such as the number of near misses they made, but there was no formal appraisal process.

The team worked well together during the inspection and were observed helping each other and moving onto the healthcare counter when there was a queue. The team had regular discussions within the dispensary to communicate messages. People from head office visited regularly and pharmacy staff said that they welcomed feedback and suggestions during the visits. The pharmacy staff said that they could discuss any ideas, concerns or suggestions with the pharmacy manager and would speak to the branch manager, area manager or superintendent if they had any concerns.

The RP was observed making himself available to discuss queries with people and giving advice when he handed out prescriptions. Targets were in place for services; the RP explained that he would use his professional judgment to offer services e.g. MURs when he felt that they were appropriate.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. The pharmacy team uses a consultation room for services and if people want to have a conversation in private.

Inspector's evidence

The pharmacy was smart in appearance and appeared to be well maintained. Any maintenance issues were reported to head office.

The dispensary was compact, but an efficient workflow was seen to be in place. Dispensing and checking activities took place on separate areas of the worktops. Weekly compliance aids were now dispensed at another branch which had created additional space.

There was a private consultation room which was advertised to people. The consultation room was professional in appearance. The door to the consultation room remained closed when not in use.

The pharmacy was clean and tidy with no slip or trip hazards evident. It was cleaned by pharmacy staff. The sinks in the dispensary and staff areas had running water, hand towels and hand soap were available. The pharmacy had air conditioning and the temperature in the dispensary felt comfortable during the inspection. Lighting was adequate for the services provided.

Prepared medicines were held securely within the pharmacy premises and pharmacy medicines were stored behind the medicines counter.

Principle 4 - Services ✓ Good practice

Summary findings

The pharmacy manages its services and supplies medicines safely. The pharmacy team supports members of the public that may forget to take their medicines by providing them in weekly compliance aids and it has well managed system in place to dispense these. People are actively given advice about their medicines when collecting their prescriptions. The pharmacy gets its medicines from licensed suppliers, and the team members store medicines securely and at the right temperature, and they make regular checks to make they are safe to use.

Inspector's evidence

The pharmacy was situated within a row of local shops and there was free parking outside. Staff assisted people with the door when required and there was always a member of staff working on the front counter. A home delivery service was available for people that could not access the pharmacy.

The range of services provided by the pharmacy were displayed. The pharmacy had a selection of health promotion leaflets available to people to select. The pharmacy staff used the internet and local knowledge to refer people to other providers for services the pharmacy did not offer.

Prescriptions were dispensed in baskets with different colours used for different prescription types e.g. red baskets for waiting prescriptions, so work could be prioritised. Dispensing baskets were also used to keep medication separate. Staff signed the dispensed and checked boxes on medicine labels, so there was a dispensing audit trail for prescriptions.

Any prescriptions that were for the accuracy checking technician (ACT) to check were clinically checked by a pharmacist and the pharmacist initialled the prescription once the clinical check had been completed. The ACT reported that she could not perform an accuracy check of the prescription if they she been involved in the dispensing process or the prescription had not been clinically checked by a pharmacist.

A prescription collection service was in operation. The pharmacy offered different services dependent on what the person preferred. The pharmacy had audit trails in place for the prescription collection service and prescriptions collected were routinely checked against requests and discrepancies followed up.

Medicines were supplied in weekly compliance aids for a large number of people, on a weekly or monthly basis. Prescriptions were assembled using a 'robot' in another of the Birchill and Watson branches. The pharmacy team managed the administration process for the compliance aids. Every person had their own file which contained a list of the medicines to be packed into the compliance aid, details of which slot they should be packed into and what external items the person required. Prescriptions were ordered in advance to allow for any missing items to be queried with the surgery ahead of time. Prescriptions to be sent to the hub were ordered, put onto the computer and clinically checked in branch and then transmitted electronically to the hub for assembly. They were then

assembled and accuracy checked at the hub before being returned to the branch in sealed bags for handing out. External items were dispensed in branch. The pharmacy was given a cut-off time to transmit their prescriptions to the hub. This helped the hub manage their workload and ensure prescriptions were returned to the branch prior to the date they were due to be supplied. Descriptions of medication were written onto the compliance aid inserts so that people could identify and differentiate between the medicines in the compliance aids. Patient information leaflets were routinely supplied with any compliance aids. SOPs had been provided to the branch which explained the hub and spoke process.

Stickers were attached to completed prescriptions to highlight people suitable for certain services or that needed fridge or CD items adding. The team were aware of additional counselling for people who may become pregnant prescribed valproate and there were leaflets and stickers available to support the counselling.

Date checking was carried out in accordance with a plan from head office and there was evidence of regular date checking. Medicines were obtained from a range of licensed wholesalers and a specials manufacturer. Medicines were stored in an organised manner on the dispensary shelves. All medicines were observed being stored in their original packaging. Split liquid medicines were marked with the date of opening. The barcodes that were compliant with the Falsified Medicines Directive (FMD) were scanned at the point of the accuracy check to produce an aggregated barcode and the barcode scanned during handout to decommission the medicines. So it was compliant with FMD.

The CD cabinets were secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. Secure procedures for storing the CD keys during the day and overnight were in place.

There were three fridges to hold stock medicines and assembled medicines. The medicines in the fridges were stored in an organised manner. Fridge temperature records were maintained and records showed that the pharmacy fridges were working within the required temperature range of two and eight degrees Celsius.

Patient returned medicines were stored separately from stock medicines in designated bins. The pharmacy was alerted to drug recalls via emails from head office. A record of recalls was seen and the team replied to head office to confirm that the recall had been actioned.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide services safely.

Inspector's evidence

The pharmacy had a range of up to date reference sources, including BNF and BNF for Children. Internet access was available. Patient records were stored electronically and there were enough terminals for the workload currently undertaken.

A range of clean, crown stamped measures were available. Separate measures were available for preparation of CDs. Counting triangles were available. There was a separate, marked triangle used for cytotoxic medicines.

Screens were not visible to the public as members of the public were excluded from the pharmacy premises. Cordless telephones were in use and staff were observed taking phone calls in the back part of the dispensary to prevent people using the pharmacy from overhearing.

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.