

# Registered pharmacy inspection report

**Pharmacy Name:** Whites Pharmacy, 788 Alcester Road South,  
BIRMINGHAM, West Midlands, B14 5EZ

**Pharmacy reference:** 1037877

**Type of pharmacy:** Community

**Date of inspection:** 05/12/2019

## Pharmacy context

This is an independent community pharmacy in a parade of shops on a busy road in Birmingham. It sells a range of over-the-counter medicines and dispenses prescriptions. It offers Medicines Use Reviews (MURs), New Medicine Service (NMS) checks, a needle exchange scheme, smoking cessation service, emergency hormonal contraception and a prescription delivery service. It supplies medicines in multi-compartment compliance packs to quite a few people living in their own homes who need help in managing their medicines. The pharmacy also administers flu vaccinations in the winter season and has some people receiving instalment medicines for substance misuse treatment.

## 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	2.1	Good practice	The pharmacy has good staffing arrangements and these ensure services are delivered safely and effectively. And its team members are well supported by their superintendent pharmacist and the pharmacy manager.
		2.2	Good practice	Members of the pharmacy team are well supported with ongoing training to help keep their skills and knowledge up to date.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	4.1	Good practice	The pharmacy offers a good range of services which are aligned with the needs of its local population. And its team members actively participate in health promotions to positively influence the health and well-being of people who use its services.
		4.2	Good practice	The pharmacy carries out clinical audits of people on higher-risk medicines and it keeps records of interventions showing how it helps achieve positive health outcomes for people who use its services.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy has safe and effective working practices. Its team members record and review their mistakes so that they can learn from them. And they keep the records they need to by law to ensure medicines are supplied safely and legally. The pharmacy asks people for their views and uses their feedback to improve services where possible. It keeps people's private information safe. And it has safeguarding procedures and its team members understand how they can help protect vulnerable people.

### Inspector's evidence

The pharmacy had a range of up-to-date standard operating procedures (SOPs) for the services it offered. Members of the pharmacy team had read and signed the SOPs relevant to their roles and responsibilities. A correct responsible pharmacist (RP) notice was prominently displayed. The roles and responsibilities of team members were set out in the SOPs and they were aware of the tasks that could not be undertaken in the absence of a pharmacist.

Members of the pharmacy team were responsible for making records of their own mistakes. But the records of near misses often did not include the possible causes for the mistakes or actions taken to prevent recurrence. The pharmacy manager completed monthly safety review reports and identified any emerging trends in the pharmacy. The pharmacy had recently implemented a policy of storing fridge lines in clear bags following an incident involving an incorrect supply of insulin. This assisted members of the pharmacy team to verify medicines with people at handout. The pharmacy manager said that members of the pharmacy team routinely tidied shelves in the dispensary and kept medicines in an organised manner. This helped to minimise picking errors during the dispensing process. 'Select with care' stickers were used on 'look-alike' and 'sound-alike' medicines such as atenolol, allopurinol, carbimazole and carbamazepine. Dispensing errors were reported online and records were submitted to the National Patient Safety Agency.

A complaints procedure was in place and advertised in the pharmacy. Members of the pharmacy team said that they would normally refer any complaints to the pharmacy manager or to the superintendent pharmacist (SI) who was present most days in the pharmacy. The pharmacy's practice leaflet was available and it gave information about how people could provide feedback about the quality of pharmacy services provided. Members of the pharmacy team undertook an annual survey of people who used the pharmacy and the results of the most recent survey were on display in the pharmacy. 100% of the respondents had rated the pharmacy as very good or excellent. The pharmacy had also displayed the survey results from the previous six years which were all very positive and people were very complimentary of the staff and the service they received from the pharmacy.

Members of the pharmacy team had all signed confidentiality agreements and had completed training about the General Data Protection Regulation (GDPR). Confidential waste was separated and disposed of securely. Prescriptions awaiting collection were stored securely and the pharmacy's computers were password protected. And they were positioned away from public view. Members of the pharmacy team used their own NHS smartcards to access electronic prescriptions. The pharmacy's privacy notice was not on display. But the superintendent pharmacist said that the policy was available on the website and he would ensure this was displayed in the pharmacy.

The pharmacy had appropriate indemnity insurance arrangements and a certificate was on display in the pharmacy. Records about controlled drugs (CDs), RP, private prescriptions and supplies of unlicensed specials were maintained in line with requirements. Running balances of CDs were kept and audited at regular intervals. A random CD check showed that the amount of stock in the cabinet matched the running balance in the register. CDs returned by people for disposal were recorded in a separate register when these were received and denaturing kits were used for their safe disposal.

There were SOPs about protecting vulnerable people and these had been signed by the members of the pharmacy team. The SI and the pharmacy manager had completed Level 2 safeguarding training. Contact details for local safeguarding agencies were available for staff to escalate any safeguarding concerns. The pharmacy had not had any safeguarding concerns to report.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has good staffing arrangements to provide its services safely and effectively. Members of the pharmacy team work well together, and they have access to ongoing training to help keep their skills and knowledge up to date. And they feel comfortable about raising any concerns or offering suggestions to help improve the pharmacy's services.

### Inspector's evidence

The pharmacy manager, SI, a trainee technician, a dispenser, a pre-registration trainee and an apprentice were working at the time of the inspection. The team was managing the workload comfortably and appeared to work very well together. The pharmacy manager said that she gave regular feedback to team members about their performance and staff appraisals were undertaken informally to identify any skill or knowledge gaps. The pre-registration trainee said his training was progressing well and he was very well supported by the pharmacy manager and SI. He attended clinical days and was given protected training time each week. The apprentice said she followed the WWHAM protocol when selling over-the-counter medicines and was aware of the restrictions on sales of pseudoephedrine-containing medicines and codeine products. She said that she would refer to the pharmacist if a person regularly requested to purchase these medicines.

Members of the pharmacy team had access to ongoing training which was provided by an external training provider. And they were required to keep their own training records. The pharmacy manager said that members of the pharmacy team were given time to complete their training. And they had recently completed sepsis training, children's oral health, data security awareness and GDPR training. Certificates of completed training were available in the pharmacy.

A whistleblowing policy was in place and it had been signed by all staff. A dispenser said that she had worked for the pharmacy for seven years and would have no hesitation in raising any concerns she may have with the SI or pharmacy manager. The SI was present in the pharmacy most days.

The pharmacy manager said she was empowered to exercise her professional judgement when delivering services such as MURs. There were no specific targets or incentives set.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are safe, secure and suitable for the services it provides. And it has facilities to protect people's privacy when using the pharmacy's services.

### Inspector's evidence

The pharmacy was clean and tidy. And its entrance had a ramp to assist people with mobility difficulties to access the pharmacy. The retail area of the pharmacy was bright and spacious. There was some seating for waiting customers. The carpet in the retail area was worn out and stained in places. This somewhat detracted from the pharmacy's professional image. The dispensary was small and it had just about enough space to undertake the workload safely. The pharmacy manager said she made sure bench spaces were kept clutter free. A separate area was used for the assembly of multi-compartment compliance packs. The area was adequate and dispensing of packs was undertaken in an organised fashion. The sink in the dispensary for preparation of medicines was clean and it had a supply of hot and cold running water.

The pharmacy's consultation room was suitable for private counselling and conversations. The dispensary was separated from the retail area and afforded some privacy for the dispensing operation and any associated conversations and telephone calls. The premises were lockable and could be secured against unauthorised access.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides its services safely and effectively. It offers a good range of services and these are accessible to people. And people receive the advice and support they need to help them take their medicines safely. The pharmacy obtains its medicines from reputable suppliers and it manages them properly. It takes the right action in response to drug recalls and safety alerts, so that people receive medicines that are fit for purpose.

### Inspector's evidence

The pharmacy's opening hours and a list of the services available were advertised in the store. Members of the pharmacy team used local knowledge to signpost people to other providers when a service required was not offered at the pharmacy. A range of healthcare leaflets and posters were on available in the pharmacy. Members of the pharmacy team routinely participated in Healthy Living campaigns and were currently raising awareness about flu vaccination. The health promotion zone was very prominent and bright. It was tidy and well-stocked with leaflets. Posters had been suitably displayed. The SI said that members of the pharmacy team were very enthusiastic about health promotions and took part in all healthy living campaigns. Photographic evidence of previous campaigns was shared with the inspector.

The pharmacy offered a prescription collection and delivery service. Signatures were obtained from recipient to ensure medicines had reached the right person and an additional signature was obtained when CDs were delivered. A note was left if nobody was available to receive the delivery and medicines were returned to the pharmacy.

The pharmacy manager said that the pharmacy had completed clinical audits on lithium and a diabetes foot and eye audit. Records of any interventions and recommendations made were sent to the person's GP. And evidence of all the interventions made to date was provided during the inspection. The pharmacy manager said that the audit had highlighted one person who was being prescribed lithium was not aware about its toxicity. And they were appropriately counselled.

The workflow in the dispensary was organised and baskets were used during the dispensing process to prioritise workload and minimise the risk of prescriptions getting mixed up. 'Owing' notes were issued to keep an audit trail when a prescription could not be fully supplied. Members of the pharmacy team initialled 'dispensed by' and 'checked by' boxes on the dispensing labels. This was to keep an audit trail of staff involved in each stage of the dispensing process.

The uptake for the pharmacy's needle exchange scheme was moderate and the rate of return of used needles was comparatively low. The pharmacy manager said that people using the scheme were routinely reminded to return used needles to the pharmacy for safe disposal. The pharmacy had prominently displayed a poster highlighting key messages of the Birmingham's needle syringe program. And it had also displayed information about the availability of Naloxone injections and how it could save lives in the event of an opioid overdose. People accessing the scheme were routinely reminded about the availability of Naloxone injections.

The pharmacy supplied medicines in multi-compartment compliance packs to quite a few people living at home. Assembled compliance packs checked during the inspection included a dispensing audit trail. But descriptions of the medicine contained within them were only added when requested by patients or their carers. Patient information leaflets were routinely supplied with the compliance packs. The pharmacy had a tracking system to prompt members of the pharmacy team when people's prescriptions were to be ordered and processed so that medicines were supplied in a timely manner. Records were kept for each person using the service and these records included the current medication the person was on and the time of day it should be taken. Members of the pharmacy team kept records of any communication about medication changes, which helped make sure people received the correct medicines in their compliance packs. A trainee technician and a dispenser oversaw the running of the service and it was well managed.

The pharmacy manager said that the uptake of the pharmacy's seasonal flu vaccinations service higher than last year. And people have been requesting the vaccinations a lot earlier than last year. It had an in-date patient group direction in place and the pharmacists had received appropriate training to deliver the service. The vaccines were stored in accordance with the manufacturer's instructions. And the anaphylaxis kit was in-date. Each person requiring the vaccination was required to complete a consent form before being administered the vaccine. And the copy of the consent form was sent to the person's GP where appropriate. A needle stick injury procedure, a chaperone policy and protocol to follow in the event of fainting or seizure were not displayed in the consultation room. The SI said that the protocols were available in the folder, and he would ensure these are displayed in the consultation room.

Members of the pharmacy team were aware of the valproate pregnancy prevention programme (PPP) and knew which people needed to be provided with additional advice about its contraindications and precautions. The pharmacy did not currently have anyone in the at-risk group who was taking valproate. The pharmacy had a small number of people taking warfarin and the team routinely enquired about people's latest blood test results. And there was evidence to show that these had been recorded on the patient medication records. The pharmacy highlighted CD prescriptions to ensure these were handed out within the 28-day validity period.

Medicines were obtained from licensed wholesalers and unlicensed specials were obtained from specials manufacturers. No extemporaneous dispensing was carried out. Pharmacy-only medicines were stored out of reach of the public. The pharmacy was compliant with the Falsified Medicines Directive (FMD). But members of the pharmacy team had not yet signed the relevant SOPs. The SI said that majority of stock medicines did not have the 2D barcodes required to decommission the medicines.

Medicines requiring cold storage were kept in a pharmaceutical refrigerator and these were stored between 2 and 8 degrees Celsius. The maximum and minimum fridge temperatures were monitored and recorded daily. All CDs were stored appropriately. Medicines returned by people for disposal were separated into designated bins. Stock medicines were date checked at regular intervals and records were available in the pharmacy. Short-dated medicines had been marked for removal at an appropriate time. Liquid medicines with limited stability had been marked with the date of opening. The pharmacy received drug alerts and recalls via email. And records of these and the actions taken by members of the pharmacy team were kept to provide an audit trail.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides.

### Inspector's evidence

Members of the pharmacy team had access to the internet and a range of up-to-date reference sources. Pharmacy computers were password protected and computer terminals were not visible to people visiting the pharmacy. A consultation room was available for private counselling. A range of clean, crown-stamped, glass measures were available. And some measures were kept separate and used specifically to measure liquid CDs. The equipment for counting loose tablets and capsules was clean. A separate triangle was used for cytotoxic medicines to prevent cross contamination. All electrical equipment appeared to be in good working order.

### 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.