General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Baggaley Chemist, 131 Alcester Road, Moseley, BIRMINGHAM, West Midlands, B13 8JP

Pharmacy reference: 1037897

Type of pharmacy: Community

Date of inspection: 07/02/2020

Pharmacy context

This is a community pharmacy located along a busy main road in the suburb of Moseley in Birmingham. The pharmacy dispenses NHS and private prescriptions. It offers Medicines Use Reviews (MURs), the New Medicine Service (NMS), and smoking cessation as well as sexual health services. The pharmacy also supplies people with their medicines inside multi-compartment compliance packs if they find it difficult to manage their medicines. And it supplies medicines to residents in care homes.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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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

Overall, the pharmacy operates in a satisfactory manner. Members of the pharmacy team deal with their mistakes responsibly. They monitor the safety of their services by recording their mistakes and learning from them. And the pharmacy generally maintains its records in accordance with the law. But some details about private prescriptions are missing from its records. This means that the team may not have all the information needed if problems or queries arise.

Inspector's evidence

The pharmacy's ownership had recently changed, and some of its operational aspects were still in a transitional period. This included the documented standard operating procedures (SOPs) that were used to support the services. They were from the old ownership and dated from 2013 or 2011. According to the pharmacist, they were due to change, and the new owner was in the process of updating them to reflect the new processes. Staff had read and signed the SOPs, but their roles were not defined within them. However, team members understood their roles and responsibilities. They referred appropriately to the responsible pharmacist (RP) and knew which activities were permissible in his absence. The correct RP notice was on display. This provided people with details of the pharmacist in charge of operational activities on the day. However, from its current position the details were not readily visible. The pharmacy team was advised to move this to a more prominent location.

The workflow involved prescriptions for people who were waiting along with repeat prescriptions being processed in the first dispensary. Multi-compartment compliance packs and medicines for the care homes were assembled in the second dispensary. This helped reduce distractions. The RP checked prescriptions for accuracy in a designated area. This space and both dispensaries were routinely kept clear of clutter. The accuracy checking technician (ACT) explained that she was not involved in any other process other than the final check and the RP signed prescriptions to indicate when the clinical check had taken place. To maintain safety, staff explained that they double-checked details during assembly and incorporated a three-way check of the medicine(s), generated label(s) and prescription(s). The protocol for dispensing as well as accuracy checking was also on display in the dispensary to help visually prompt staff.

The team's near misses were routinely recorded and reviewed every month. The pharmacy completed safety reviews every month and annually to incorporate and identify information about any trends or patterns seen. This helped them to learn from mistakes. Staff described seeing errors happening with split packs of medicines. Their awareness about this was raised and they subsequently incorporated a check of the quantity during dispensing and the final accuracy-check. Incidents were handled by the pharmacist. His process involved checking details, apologising, rectifying the situation, assessing the level of harm and recording details. Documented details of previous incidents were seen. The situation was discussed with staff and they looked for ways to help prevent the situation happening again. However, there was no information on display about the pharmacy's complaints procedure. This could mean that people may not have been able to raise concerns easily.

Staff ensured that they did not disclose information to unauthorised people. They had been trained on data protection. Confidential waste was shredded. Sensitive information on dispensed prescriptions awaiting collection could not be seen from the retail space. The RP had accessed Summary Care

Records for emergency supplies and consent was obtained verbally from people for this. However, the pharmacy had no information on display to provide people about how it maintained their privacy.

Not all staff could identify signs of concern to safeguard vulnerable people. Some members of the team had not been trained on this. The pharmacist was aware of this and described being due to implement training for them. The RP was trained to level two in safeguarding via the Centre for Pharmacy Postgraduate Education (CPPE) and the ACT had completed training to level 1. There was policy information readily available as guidance as well as contact details for the local safeguarding agencies.

The pharmacy's records were usually maintained in line with statutory requirements. This included a selection of registers seen for controlled drugs (CDs), the RP record, records of emergency supplies and unlicensed medicines. For CDs, balances were checked and documented regularly. On randomly selecting CDs held in the cabinet, the quantities held, matched the balances within corresponding registers. The team kept records of the minimum and maximum temperatures for the fridge every day and this verified that medicines were being appropriately stored here. Staff also maintained a full record of the receipt and destruction of CDs brought back by people for disposal. The pharmacy's professional indemnity insurance was through the Numark and this was due for renewal after 31 December 2020. However, records of private prescriptions were maintained electronically, and details of prescribers were often missing. Ensuring staff entered the relevant details when these prescriptions were processed was discussed at the time.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members are suitably qualified. And they understand their roles and responsibilities.

Inspector's evidence

At the time of the inspection, staff present included the pharmacist manager, the ACT, a trained medicines counter assistant (MCA) and the delivery driver. Other staff included a technician, dispensing assistant, two further MCAs and a pharmacy student. Except for the latter, the remainder were all trained through accredited routes. The team's certificates of qualifications obtained were seen.
The pharmacy was up-to-date with its workload at the point of inspection and it was sufficiently staffed to support its workload.

Counter staff used an established sales of medicines protocol before selling over-the-counter (OTC) medicines. They referred to the pharmacist appropriately and held a suitable amount of knowledge to make appropriate sales. Ongoing training for the team was described as using trade publications, reading booklets and leaflets from wholesalers as well as taking instructions from the RP. Using a more structured approach to developing the team's skills and knowledge was discussed at the time. The team's progress was monitored informally with details discussed verbally. As they were a small team, they described communicating verbally. The pharmacist had not been set any formal targets to complete services.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's premises provide an appropriate environment to deliver its services. The pharmacy has enough space to safely provide its services.

Inspector's evidence

The pharmacy premises consisted of a small sized retail area and a small dispensary which was used for walk-in and repeat prescriptions. There was an adequate amount of space here for this purpose. Behind this dispensary however, the pharmacy opened into larger, more spacious areas. There was a second, medium-sized dispensary used to assemble medicines for the care homes and compliance packs. After this, there was an additional large space, used to store prescriptions awaiting delivery which doubled up as stock and staff areas. These additional areas provided ample space for dispensing services to be provided safely.

The pharmacy was clean overall, although the floor was stained. It was appropriately presented, suitably bright and ventilated. Pharmacy (P) medicines were stored behind the front medicines counter and staff were always present. This helped to restrict the self-selection of P medicines. A sign-posted consultation room was available in the retail space. Private conversations and services could take place from here. There were two entrances, the first was from the retail space and was kept closed but unlocked. The second led into the first dispensary. The size of the room was adequate for its intended purpose. There was no confidential information present. The team had stored dispensed bags of prescriptions for people on the floor in the first dispensary. This could be a trip hazard or risked damaging medicines and staff were advised to store them off the floor in future.

Principle 4 - Services ✔ Standards met

Summary findings

In general, the pharmacy provides its services in an appropriate manner. The pharmacy team has implemented safe practice for people receiving higher-risk medicines. The pharmacy obtains its medicines from reputable sources. And it largely stores them appropriately. But team members don't always record enough information to show that they have considered the risks when some medicines are supplied inside compliance aids. This makes it difficult for them to show that appropriate advice has been provided when these medicines are supplied.

Inspector's evidence

The pharmacy's opening hours were on display and there was one seat available for people waiting for prescriptions. People could enter the pharmacy from the street and through a wide, front door. There was clear, open space inside the premises, and this assisted people with wheelchairs to easily enter and use the pharmacy's services. Staff described speaking slowly for people who were partially deaf. They verbally explained details to people who were visually impaired and team members spoke Gujarati, Hindi and Urdu to assist people if their first language was not English.

The pharmacy was Healthy Living accredited. There was a dedicated section by the front counter where people were provided with relevant information. At the inspection, this was about alcohol awareness but according to the staff, they had only recently implemented this. The RP stated that the Patient Group Direction (PGD) which enabled the pharmacy to supply Champix had made the most impact for people. This was due to the ease of access to the service and convenience for people to obtain it from a pharmacy setting. The RP described achieving a few successes and had people come back to use the service. Relevant paperwork to authorise this and the pharmacy's other services were present. They had also been signed by the RP.

Staff were aware of the risks associated with valproates. There was educational literature available to provide upon supply of this medicine and an audit had been completed in the past to identify people at risk. For other higher-risk medicines, the pharmacy was routinely identifying people prescribed these medicines; staff checked relevant parameters on hand-out, and this included the International Normalised Ratio (INR) levels for people prescribed warfarin. There were also details seen documented to verify this.

The pharmacy provided a delivery service and audit trails to verify this service were maintained. CDs and fridge items were highlighted and checked prior to delivery. The driver obtained people's signatures when they were in receipt of their medicines. However, there was a risk of access to people's confidential information from the way details were laid out on the driver's drop sheet. This was discussed at the time. Failed deliveries were usually brought back to the pharmacy unless prior consent had been obtained. Notes were left to inform people about the attempt made. The driver was aware of the risks associated with posting medicines through people's letterboxes. He explained that this sometimes happened if the pharmacy had made the relevant checks (i.e. that there were no children or pets present) and obtained the person's consent for this.

Compliance packs: The initial setup for people receiving these involved the RP assessing their suitability. Prescriptions were ordered by the pharmacy and cross-checked against people's individual records. If

any changes or missing items were identified, staff confirmed them with the prescriber and documented details. All medicines were de-blistered into the compliance aids with none left within their outer packaging. The team usually provided patient information leaflets routinely. Mid-cycle changes involved retrieving the compliance pack(s) and supplying new ones.

Care homes: Medicines were provided to the care homes as compliance packs. Once the care homes had requested prescriptions, duplicate copies detailing the requests was provided and prescriptions were checked against this to ensure all items had been received. The homes were responsible for chasing missing or outstanding items. Interim or mid-cycle items were dispensed at the pharmacy. Staff had not been approached to provide advice regarding covert administration of medicines to care home residents but had seen details on prescriptions about this.

However, descriptions of the medicines within the compliance packs were not routinely provided for people in their own homes or for residents in the care homes. This meant that people were not always provided with information about their medicines. Compliance packs were sometimes left unsealed overnight. They had been placed to one side at the inspection in this manner. From this position there was less of a risk that they could be tipped or knocked however, there was still a chance of contamination from insects or dust. In addition, staff described dispensing sodium valproate inside the compliance packs for four weeks supply at a time. They were aware of the risks associated with its stability. However, there were no details seen documented to confirm whether any relevant checks had been made with the manufacturers or if the person receiving this medicine had been counselled on the potential issues with its stability. Nor was there any evidence that the pharmacy had carried out any risk assessment or discussed the situation with the prescriber.

During the dispensing process, the team used baskets to hold prescriptions and medicines and this helped to prevent the inadvertent transfer of items. Baskets were colour co-ordinated to highlight priority and a dispensing audit trail was used to identify staff involved. This was through a facility on generated labels. Dispensed prescriptions awaiting collection were stored with prescriptions attached. Fridge items and CDs (Schedules 2-3) were usually identified although some prescriptions for tramadol were seen with no information to indicate their CD status or 28-day prescription expiry. Uncollected prescriptions were removed every three months and checked every month. Identifying Schedule 4 CDs and their 28-day prescription expiry was discussed at the time. Dispensed fridge items were stored inside clear bags. This assisted in identifying the contents upon hand-out.

Licensed wholesalers such as Phoenix, Alliance Healthcare, AAH and Lexon were used to obtain medicines and medical devices. Staff were aware of the process involved for the European Falsified Medicines Directive (FMD), but the pharmacy was not yet complying with the decommissioning process. Medicines were stored in an organised manner. The team date-checked them for expiry every few months and kept records of when this process had taken place. Short-dated medicines were identified. Medicines were stored appropriately in the fridge and CDs were stored under safe custody. Keys to the cabinet were maintained in a manner that prevented unauthorised access during the day as well as overnight. However, there were a several containers of medicines that had been stored outside of their original packaging which were missing details about the batch number and expiry date. This was discussed during the inspection.

There were designated containers to store unwanted medicines that people had returned to the pharmacy for disposal. However, there was no separate containers for hazardous or cytotoxic medicines and no list seen to assist the team in identifying these medicines. People returning sharps for disposal were referred to the local council. Returned CDs were brought to the attention of the RP, details were noted, the CDs were segregated and stored in the cabinet prior to destruction. Drug alerts

were received via email, the team checked stock, acted as necessary and maintained an audit trail to verify this.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities it needs to provide its services safely. Its equipment is clean.

Inspector's evidence

The pharmacy held current versions of reference sources, clean, crown-stamped conical measures for liquid medicines, counting triangles, legally compliant CD cabinets and a medical fridge. The latter was operating at the appropriate temperature. The dispensary sink for reconstituting medicines was clean. There was hot as well as cold running water available and hand wash. The blood pressure machine was described as new. Computer terminals were positioned in a manner that prevented unauthorised access. A shredder was used to dispose of confidential waste. Cordless phones helped keep telephone conversations private. Staff used their own NHS smart cards to access electronic prescriptions and took them home overnight.

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.