

# Registered pharmacy inspection report

**Pharmacy Name:** Hallmark Chemists, 245a Bevington Road, Aston,  
BIRMINGHAM, West Midlands, B6 6HT

**Pharmacy reference:** 1037900

**Type of pharmacy:** Community

**Date of inspection:** 10/04/2019

## Pharmacy context

This is a community pharmacy located in a residential area of Aston, Birmingham. The pharmacy is open Monday to Friday 9am to 7pm. The pharmacy dispenses NHS prescriptions. It also supplies medicines in multi-compartment compliance aids to people living at home. And it offers other services including a delivery service, Medicines Use Reviews (MURs) and instalment supplies for substance misuse treatment.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards not all met	4.3	Standard not met	The pharmacy's controlled drugs are not stored in accordance with safe custody requirements.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy has up-to-date procedures for the services it provides. The pharmacy team members minimise most risks associated with providing pharmacy services. But they don't routinely record and review the mistakes that they correct during the dispensing process. So, they may be missing opportunities to further improve the safety and quality of the services they provide. The pharmacy maintains all the records that it must do by law. But some of its records are not complete. And it doesn't always make sure that it makes records within the right timescales. This could reduce how reliable its records are. The pharmacy generally protects people's confidentiality. But it may not always be able to fully protect the private information it stores in the consultation room. The pharmacy has safeguarding procedures and its team members understand how they can help to protect vulnerable people.

### Inspector's evidence

The pharmacy had a range of up-to-date standard operating procedures (SOPs) for the services it provided. members of the pharmacy team had read and signed the ones relevant to their role. The dispenser could describe the tasks she could or could not undertake in the absence of a responsible pharmacist (RP).

The superintendent pharmacist (SI) said that near misses were discussed with the team members as and when they happened but these were not routinely recorded or reviewed. The SI could describe the procedure he would follow when recording a dispensing error but said no recent dispensing errors had occurred.

The pharmacy had a complaints procedure and information for people about this was advertised in the pharmacy. The pharmacy conducted annual satisfaction surveys and the results of the most recent survey were generally positive, with around 86% of respondents rating the pharmacy as very good or excellent overall. The pharmacy's key area for improvement identified in the survey was around providing an efficient service. And the proposed action by the pharmacy to address this, was to provide further staff training and implement regular staff meetings to discuss ways to improve pharmacy services. The SI said he had regular informal discussions with staff members about ways to improve the overall service, but this was not documented.

Responsible pharmacist records were kept electronically. The records were up to date but on many occasions the RP had failed to record the time his responsibility had ceased. This could compromise the reliability of these records.

Records about controlled drugs were not all maintained in line with requirements. Stock received on 19 March 2019 and a supply made on 28 March 2019 had not been recorded in the register. Running balances of controlled drugs were not audited in line with standard operating procedures which stipulated weekly audits.

The pharmacy dispensed very few private prescriptions and unlicensed medicines. Records seen were maintained in line with requirements. The pharmacy's confidentiality policy was on display in the retail area of the pharmacy. An information governance (IG) policy was available but it had not been signed

by the SI. Confidential waste was shredded in the pharmacy. The dispenser had signed a confidentiality agreement.

The pharmacy was registered with the Information Commissioner's Office (ICO) and the NHS IG tool kit had been completed. The pharmacy's consultation room was not routinely kept locked and there was some confidential information stored within that could be accessed by people who were not authorised to see or read it. This was brought to the SI's attention during the inspection and he said that the door will be kept locked.

The pharmacy had a safeguarding policy and the SI said he had completed Level 2 safeguarding training. Details of local safeguarding agencies were available in the pharmacy so the pharmacy team members had ready access to these if they needed to report a concern. The pharmacy had appropriate indemnity insurance arrangements in place.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

Members of the pharmacy team have the appropriate skills and qualifications for their roles. And they are supported by their superintendent pharmacist so that they can provide services safely and effectively to people.

### Inspector's evidence

The superintendent pharmacist and a dispenser were working at the time of the inspection. A part-time member of staff was recruited to manage the confectionary counter during the school rush. The SI said that this member of staff was not involved in the dispensing process or selling medicines over the counter. The dispensary was quiet, and the team were managing their workload adequately.

The SI said staff performance was discussed informally throughout the year. The team members discussed mistakes as they happened to share learning and make improvements to prevent recurrence. The dispenser had access to trade magazines and counter skills booklets to help keep her skills and knowledge up to date. There were no incentives or targets set.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are secure and adequate for the services it provides.

### Inspector's evidence

The retail area of the pharmacy was clean and tidy. The front counter was divided into two sections, one for the sale of over-the-counter medicines and the other for the sale of confectionery items.

The dispensary had enough space for the current volume of dispensing undertaken but it was disorganised and somewhat cluttered in places. Some bulky items were stored on the floor.

The pharmacy had a basic consultation room equipped with a desk and a chair. The room was cluttered and not kept locked when not in use. The sink in the dispensary was clean and it had a supply of hot and cold water. The temperature and lighting throughout the premises were adequate. The premises were secured against unauthorised access.

## Principle 4 - Services Standards not all met

### Summary findings

The pharmacy gets its medicines from reliable sources. And the pharmacy generally provides safe and effective services. But it does not mark all prescriptions that are for higher-risk medicines. So, it may miss opportunities to make sure people get all the information they need to take their medicines safely. The pharmacy does not have enough secure storage space. So, it does not always store medicines as it needs to by law.

### Inspector's evidence

The entrance to the pharmacy was at street level and was step free. The retail area of the pharmacy had enough space to accommodate wheelchairs and prams. There were a couple of chairs available for people waiting for services.

The pharmacy's opening hours and a list of the services available were advertised by the entrance of the pharmacy. But some services advertised, such as ostomy services were no longer offered by the pharmacy. An assortment of old leaflets and posters provided information about various healthcare topics. The pharmacy's practice leaflet was not available. This could mean that people don't know about all the services that the pharmacy offers.

The superintendent pharmacist said that he used his local knowledge to signpost people to other providers if a service required was not offered at the pharmacy. The pharmacy team members could speak to people in several languages including Urdu and Punjabi.

A delivery service was offered to five people. But signatures were not routinely obtained from recipients to confirm receipt.

The pharmacy supplied medicines in multi-compartment compliance aids to a small number of people who had difficulties in managing their medicines. A dispensing audit trail was present on the compliance aids checked. And there was a brief description of each medicine contained within the compliance aids. Patient information leaflets (PILs) were not supplied routinely. The SI said most people who received compliance aids could not read English and had requested PILs not be included with their medicines.

There were no prompts to make sure that staff made appropriate checks with people when handing prescriptions for higher risk medicines such as warfarin. And the pharmacy did not record evidence of therapeutic monitoring such as INR levels on people's medication records. The SI said most medicines were handed out by him and he made sure that the necessary information was provided to people when handing out their medicines.

The SI was aware of the valproate pregnancy prevention programme and knew that patients who might become pregnant who were prescribed valproate needed to be provided advice about its contraindications. But he said that the pharmacy did not have any patients who may become pregnant currently on valproate. Product information and patient information leaflets about valproate were available.

Medicines were obtained from licensed wholesalers and specials were obtained from special's manufacturers. No extemporaneous dispensing was carried out. Medicines were generally stored in an orderly fashion and pharmacy only medicines (P) were stored out of reach of the public.

The pharmacy had not yet fully implemented procedures to comply with the Falsified Medicines Directive. The SI said that the necessary equipment had been ordered.

The pharmacy had date checking procedures but records about when the team members last date checked medicines had not been kept. A random check of medicines on the shelves found no date expired stock. Medicines requiring refrigeration were stored between 2 and 8 degrees Celsius. Temperatures were checked and recorded daily.

The pharmacy does not have enough secure storage space. So, it does not always store medicines as it needs to by law. The pharmacy stored waste medicines in dedicated bins and resin kits were available to denature waste controlled drugs. The pharmacy received alerts and recall notices electronically. The action taken was recorded and notices were filed.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy generally has the facilities and equipment it needs to provide its services safely.

### Inspector's evidence

The pharmacy had access to the internet and a range of standard reference sources. The pharmacy had glass measures and equipment for counting loose tablets and capsules. All electrical equipment appeared to be in good working order.

Access to the pharmacy computers and patient medication record system was restricted to the members of the pharmacy team and password protected. The computer screens were not visible to the members of the public and confidential waste was shredded in the pharmacy.

### 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.