

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: 18/12/2019

Pharmacy context

This community pharmacy is in a residential area of Birmingham. It dispenses NHS prescriptions to local people which it mainly receives from several nearby GP surgeries. It provides Medicines Use Review (MUR) and New Medicine Service (NMS) consultations to help people with their medicines. The pharmacy supplies some medicines in multi-compartment compliance packs to help people organise their medicines.

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 adequately manages its risks. It makes records about errors and near misses to make improvements to safety. It keeps the legal records that it needs to and generally makes sure that these are up to date. The pharmacy's team members manage people's personal information properly. And they know how to protect vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which covered its services. The SOPs were annotated to show that they had been reviewed. Team members had signed records which showed that they had read SOPs that were relevant to their roles. A dispenser described recent changes to the legal classification of pregabalin and gabapentin. She explained how the pharmacy had changed its processes to meet the new requirements. The responsible pharmacist's name and registration number were displayed on a notice in the retail area.

The pharmacy kept records about near misses and dispensing errors. It used templates to record important information about the mistakes. Each record was discussed with team members when they occurred. The pharmacy did not keep records about trends that had been identified, and this may have limited the learning from these incidents.

The pharmacy asked people visiting the pharmacy to complete annual satisfaction surveys. The previous survey's results were positive. Team members received additional feedback verbally. The pharmacy team had a good rapport with people who used the pharmacy. The superintendent pharmacist was responsible for responding to any concerns or complaints that were raised. Information about the pharmacy's complaints process was in the pharmacy's practice leaflet.

Team members received training about safeguarding vulnerable people. The superintendent pharmacist had discussions with team members to provide them with guidance about taking appropriate actions when they had concerns. The pharmacy had contact details for local safeguarding organisations which made it easier to escalate concerns. There had been no previous concerns that had been raised or recorded by the pharmacy team. The superintendent pharmacist provided several examples about how his rapport with local people had allowed him to make interventions to improve their treatment. There weren't any records about the outcomes of these interventions.

The pharmacy had processes and procedures about information governance and confidentiality. Confidential waste was separated from other waste so that it could be shredded. Team members had their own NHS smartcards to access electronic prescriptions. A statement that the pharmacy complied with the Data Protection Act and NHS code of conduct on confidentiality was in its practice leaflet.

Certificates were displayed which showed that there were current arrangements for employer's liability, public liability and professional indemnity insurance. The pharmacy kept required records about controlled drugs (CDs). The records included running balances to help keep them accurate. A CD was chosen at random and its physical balance was found to match the recorded running balance. Other records about the responsible pharmacist and private prescriptions were kept and generally maintained adequately.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. Its team members are competent in their roles and they know when to refer queries to the pharmacist. The pharmacy's team members have appropriate qualifications for their roles.

Inspector's evidence

At the time of the inspection there was the responsible pharmacist (the superintendent pharmacist) and a dispensing assistant present. There was one team member on long-term leave and her hours were covered with overtime. The staffing level was adequate to manage to the pharmacy's workload. Team members had pharmacy qualifications that were appropriate for their roles. The superintendent pharmacist encouraged team members to attend training evenings or other events arranged by the Local Pharmaceutical Committee or NHS England. Ongoing training was not always structured. The superintendent pharmacist would hold discussions or small huddles when he needed to provide an update to the team. The dispenser was comfortable to provide suggestions or feedback to the superintendent pharmacist. A person visited the pharmacy and asked for advice about his medicines, the dispenser guided the person to the consultation room and referred the query to the superintendent pharmacist. Informal discussions were used by the superintendent pharmacist to provide feedback to team members. The pharmacy team were not set targets to achieve.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides its services from suitable premises. It has enough space to store and dispense its medicines. And it has appropriate security arrangements to protect its premises.

Inspector's evidence

The pharmacy was clean and tidy. Its team members kept workbenches tidy so that there was enough space to complete tasks safely. The pharmacy had a large retail area which easily accommodated people who used the pharmacy. There was adequate heating and lighting throughout the pharmacy. The pharmacy had hot and cold running water available. The pharmacy had a suitably-sized consultation room which was used for private consultations and conversations. And it had appropriate security arrangements to protect its premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy adequately manages its services. It sources its medicines from reputable suppliers and mostly takes the right steps to make sure they are safe for people to use. The pharmacy's team members identify some higher-risk medicines to provide people with the advice they need.

Inspector's evidence

The pharmacy's layout and step-free access made it easier for people in wheelchairs to use the pharmacy. The pharmacy had leaflets that provided information about its services. Team members could speak the preferred languages of most people who used the pharmacy. As well as English, this included Punjabi, Pothwari, Urdu and Hindi. The team members were often requested to help people understand letters about their treatment.

The pharmacy ordered prescriptions for some people. It kept records about prescription orders it had made so that its team members could check the prescriptions included all the required medicines. The pharmacy had invoices which showed that its medicines were obtained from licenced wholesalers. It used a fridge to store medicines that needed cold storage. The pharmacy did not keep a record about daily fridge temperatures so it may have been harder to identify when the fridge was out of the recommended range. The fridge had an alarm fitted when sounded when the temperature was outside of the required range. The current fridge temperature 5 degrees Celsius. CDs were stored appropriately.

The pharmacy checked its stock's expiry dates every month. It kept records about checks that it completed and medicines that had gone past their 'use-by' date. The latest records dated from April 2019. Recent checks were not recorded which meant that it was harder to know when the checks had occurred. Several medicines were checked at random and were in date. Date-expired and medicines people had returned were placed in to pharmaceutical waste bins. These bins were kept safely away from other medicines. The pharmacy did not have a separate bin for cytotoxic or hazardous medicines so it may have been harder for the pharmacy to make sure these were destroyed properly.

The pharmacy had equipment and software to help verify the authenticity of its medicines and to comply with the Falsified Medicines Directive. The pharmacy received information about medicine recalls through emails and invoices from wholesalers. It kept records about the recalls it had received and the actions that had been taken. This included a recent recall about ranitidine.

Dispensers used baskets to make sure prescriptions and medicines remained organised. Computer-generated labels contained relevant warnings and were initialled by the dispenser and checker to provide an audit trail. The pharmacy's dispensing software highlighted interactions to the team and this information was shared with the pharmacist. The pharmacy didn't always ask people about relevant blood tests if they were supplied with warfarin, and this meant that it may have been harder for team members to monitor this information. The pharmacy's team members knew about updated advice to be provided to people in the at-risk group when they supplied sodium valproate. The pharmacy delivered some people's medicines. It didn't always keep records about deliveries so it may have been harder for the pharmacy to confirm that the deliveries had been completed correctly.

The pharmacy supplied medicines to around six people in multi-compartment compliance packs. The frequency that the packs were supplied was decided by the prescriber. There were no assembled packs to see at the time of the inspection.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment and facilities to provide its services. Its team members know how to refer maintenance issues so they can be resolved. They use up-to-date reference sources when they provide the pharmacy's services.

Inspector's evidence

The pharmacy's equipment appeared to be in good working order. Team members referred maintenance issues to the superintendent pharmacist so they could be appropriately resolved. Confidential information was not visible to people visiting the pharmacy. Computers were password protected to prevent unauthorised access to people's medication records. The pharmacy had appropriate equipment to accurately measure liquids. It used separate equipment for CDs. The pharmacy had suitable equipment to count loose tablets. The pharmacy's team members accessed up-to-date reference sources.

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.