

# 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:** 31/08/2023

## Pharmacy context

This community pharmacy is in a residential area of Birmingham. It dispenses NHS prescriptions to local people in the area which it mainly receives from several nearby GP surgeries. The pharmacy has a few people who receive instalment supplies for substance misuse treatment. And it has a handful of people in the community who receive medicines in multi-compartment compliance packs to aid compliance. This was a targeted inspection which did not look at all of the Standards for registered premises. The visit was carried out jointly by the inspector and a Controlled Drug Liaison Officer (CDLO). Enforcement action has been taken against this pharmacy, which remains in force at the time of this inspection. There are restrictions on the provision of some services. The enforcement action taken allows the pharmacy to continue providing other services, which are not affected by the restrictions imposed.

## Overall inspection outcome

**Standards not all met**

**Required Action:** Statutory Enforcement

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 not all met	1.1	Standard not met	The pharmacy does not adequately manage the risks associated with all its services. It consistently demonstrates poor governance arrangements in relation to the management of its controlled drugs.
		1.6	Standard not met	The pharmacy's record keeping for its controlled drugs is poor. And it does not have robust systems to keep its controlled drug records up to date.
<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 does not always store its medicines appropriately.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance Standards not all met

### Summary findings

The pharmacy does not adequately manage all the risks associated with its services. It does not keep all its records up to date and accurate, or make records within the time required by law. So, these may not be reliable if they need to be referred to in the future. And the pharmacy may not be able to investigate any anomalies fully or promptly. However, the pharmacy keeps people's private information securely and it has procedures to safeguard vulnerable people.

### Inspector's evidence

The superintendent pharmacist (SI) was the responsible pharmacist (RP) on duty on the day of the visit. As stated in the context, this was a targeted inspection and focussed mainly on how the pharmacy was maintaining improvements required by the previous inspection.

When the pharmacy's records were checked, its records about controlled drugs (CDs) were not kept in line with requirements or good practice. Entries in the CD registers were not all made within the time period set out in law. When several CDs were checked, not all recorded balances reflected the actual stock in the CD cabinet. The SI said that patient-returned CDs were recorded in the back of private prescription book. But evidence to support this was not available during the inspection. A denaturing kit was found by the CDLO inside a black plastic bag sited on top of the CD cabinet. The denaturing kit had been used. The SI opened it up and commented that it must have been used to denature patient-returned CDs but could not explain what these would have been. In addition, the pharmacy did not keep all its CDs appropriately secured.

The pharmacy had current professional liability and public indemnity insurance. Records about the RP were in order and correct RP notice was on display in the pharmacy. Records about private prescriptions were not available at the time of the inspection.

The pharmacy was registered with the Information Commissioner's Office (ICO). A shredder was available in the pharmacy to destroy confidential waste. Prescriptions awaiting collection were stored securely and the pharmacy's computers were password protected.

The SI confirmed that he had completed Level 2 training about safeguarding and contact details for local safeguarding agencies were displayed in the pharmacy.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has staff to provide its services. But it is not always able to provide full cover for staff absences, so it may be harder for the team to keep up to date with its workload.

### Inspector's evidence

At the time of the visit, the SI, a delivery driver, and a counter assistant were on duty. The SI said that two of his team members were not present. These team members were dispensers, and evidence had been seen on a previous inspection that they had completed their training courses. Throughout the inspection, people visiting the pharmacy to collect their medicines were told to return after several hours. The SI was asked to continue with his duties but said that he would serve people later in the day when the inspection had finished.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are adequate for the services it provides. And they are kept secure from unauthorised access when they are closed.

### Inspector's evidence

The pharmacy's retail area was in adequate state of repair. It was sufficiently spacious, tidy and free of any obstructions. The dispensary was somewhat untidy and cluttered with paperwork. A sink in the dispensary had cold and running water and it needed a good clean. There was adequate lighting throughout the premises and the room temperature was suitable for storing medicines.

A private, signposted consultation room was available. But it doubled up as a storage room and this detracted from the room's professional appearance. The pharmacy could be secured against unauthorised access when it was closed.

## Principle 4 - Services Standards not all met

### Summary findings

The pharmacy does not always store all its medicines appropriately or in an organised manner. And some are not kept in their manufacturer's original packaging. This increases the chances of the pharmacy supplying an incorrect medicine or a medicine that is not safe or fit for purpose. However, people with different needs can access the pharmacy's services. And the pharmacy gets its medicines from recognised suppliers. But it could do more to make sure people who receive their medicines in multi-compartment compliance pack have all the information they need to take their medicines safely.

### Inspector's evidence

The entrance to the pharmacy was at street level and step free. And there was adequate space to accommodate a wheelchair or a push chair. The SI could speak several other languages such as Urdu and Punjabi. And this helped him to communicate with people who could not speak English.

Assembled multi-compartment compliance packs awaiting collection were checked during the inspection. There was no audit trail on the packs to show which team members had been involved in dispensing and checking prescriptions. This could make it harder to identify the team members involved if a mistake happens. The packs were not labelled with the descriptions of medicines and patient information leaflets were not routinely supplied. This could mean that people or their carers do not have ready access to information to help them take their medicines safely.

Pharmacy-only medicines were restricted from self-selection and stored behind the counter. The pharmacy did not sell codeine linctus over the counter. The pharmacy had a small CD cabinet which was securely fixed. But not all CDs were stored in line with safe custody requirements as discussed under Principle 1.

The pharmacy obtained its stock medicines from licensed wholesalers and there was enough space in the dispensary to store medicines safely. But some medicines were stored in a disorganised manner. And there were quite a few loose blisters not stored in their original manufacturer's containers. This could increase the chances of dispensing mistakes happening.

Some medicines were checked at random during the inspection and there were no date-expired medicines found amongst in-date stock. Temperature-sensitive medicines were stored in a medicine fridge. Fridge temperatures were checked during the inspection and they were within the required range of 2 and 8 degrees Celsius.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

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

### Inspector's evidence

The pharmacy's computers and PMR were password protected. Computer screens were not visible to people visiting the pharmacy. There were crown-stamped measures available for measuring liquid medicines. The equipment for counting loose tablets and capsules was clean. Medicine containers were capped to prevent contamination. People's private information was stored securely. 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.