

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: 30/05/2024

Pharmacy context

This is a community pharmacy that is situated in a residential area of Birmingham. Most of its activity is dispensing NHS prescriptions and selling medicines over the counter. The pharmacy provides a substance misuse service and supplies medicines in multi-compartment compliance packs to people who live in their own home. Other services that the pharmacy provides include delivering medicines to people's homes and the 'Pharmacy First' services.

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
1. Governance	Standards not all met	1.1	Standard not met	The pharmacy does not adequately identify and manage some of the risks associated with providing its services. It has not considered all the risks with providing the NHS 'Pharmacy First' service before starting to provide it. And staff do not always follow the pharmacy's Standard Operating Procedures (SOPs), which also require review.
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 not all met	4.2	Standard not met	The pharmacy cannot show that all of its services are managed and delivered safely. The pharmacist has not completed all of the requirements to provide the 'Pharmacy First' service.
		4.3	Standard not met	The pharmacy cannot show that it stores its medicines that require storage between 2 and 8 degrees Celsius correctly.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy does not adequately identify and manage some of the risks associated with providing its services. It has not considered all the risks with providing the NHS 'Pharmacy First' service before starting to provide it. And staff do not always follow the pharmacy's Standard Operating Procedures (SOPs), which also require review. The pharmacy mainly keeps the records it needs to by law. The pharmacy manages people's electronic personal information safely and it has some procedures to learn from its mistakes. But because it does not always record its mistakes, it might miss opportunities to improve its ways of working.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs). They had been due a review in October 2023. One of the team had not read and signed the SOPs. The pharmacist said he would make sure she did. The pharmacy team did not follow all the SOPs. For example, they did not balance check all the controlled drugs as regularly as the SOPs required and did not sign the 'dispensed by' and 'checked by' boxes on the medicine label to create an audit trail. This meant that the team members did not follow current best practice and might not practise as safely as they would if they were following the SOPs. However, staff were observed dispensing medicines and handing medicines out to people safely during the inspection. Staff understood how to sell medicines safely but did not always give advice about how to take a medicine safely during a sale.

The pharmacy had started providing the new NHS 'Pharmacy First' service. The pharmacist had provided the service to one person which had included the supply of an antibiotic. The pharmacist had not completed all the required actions to provide this service safely. He had not read the Patient Group Directions and did not have copies at the pharmacy. He had not undertaken the required training to provide the service. The pharmacist said that he would suspend the service until he had completed the requirements to provide a safe service. He said he would contact the chief officer of the local pharmaceutical committee for support.

The pharmacy had some processes for learning from dispensing mistakes that were identified before reaching a person (near misses) and dispensing mistakes where they had reached the person (errors). Near misses were discussed with the member of staff at the time. The pharmacist said that they aimed to record them in the near miss log, but the last record seen in the near miss log was in June 2023. The failure to record and review near misses had been highlighted at the previous inspection. The pharmacist said they would start recording and reviewing near misses. The pharmacist said that he could not recall when the last dispensing error had been made but was able to explain the process he would follow.

The Responsible Pharmacist (RP) notice was visible from the public counter and the RP log was in order. The entries for two controlled drug (CD) items checked at random during the inspection agreed with the physical stock held. The pharmacy was completing weekly balance checks of some but not all CDs. The CD registers mainly complied with legal requirements. Two branded CDs had been recorded in the registers for another brand of the same CD, but this was resolved during the inspection. The pharmacy had a register for recording patient-returned CDs. Out-of-date CDs were kept on a separate shelf from stock CDs. Overall CD management had improved since the previous inspection.

The pharmacy had a complaints procedure. Access to the electronic patient medication record (PMR) was password protected. The pharmacy was registered with the Information Commissioner's Office (ICO). Confidential electronic information was stored securely, and confidential waste was destroyed appropriately. Professional indemnity insurance was in place. The pharmacy team understood safeguarding requirements and could explain the actions they had recently taken to support a vulnerable patient. The pharmacy team members had recently completed safeguarding training, but the pharmacist had not completed safeguarding training since 2017. He said he would complete the safeguarding course.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff members to manage its current workload adequately and team members work well together. Additional training for its team members could make the service safer and more effective.

Inspector's evidence

During the inspection, the pharmacy team managed the day-to-day workload of the pharmacy effectively. There was one pharmacist and two trained dispensers. Members of the team worked well together. When asked, members of the team said they discussed any issues informally on a daily basis and felt able to raise concerns if necessary. Staff were given informal training by the pharmacist, but they had no other training to keep them up to date. The pharmacist said that he valued the support of his team and would look for some appropriate training for them.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises safe, secure, and appropriately maintained. And people visiting the pharmacy can have a conversation with a team member in private.

Inspector's evidence

The pharmacy's retail area was sufficiently spacious, tidy, and free of any obstructions. The dispensary was clean and tidy. There was adequate lighting throughout the premises and the room temperature was suitable for storing medicines. There had been a recent water leak through the roof. The pharmacist had arranged for a builder to assess the damage and advise on a repair. A private consultation room was available for people to have a confidential conversation if needed. The pharmacy could be secured against unauthorised access when it was closed.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy cannot show that all of its services are managed and delivered safely. The pharmacist has not completed all of the requirements to provide the 'Pharmacy First' service. The pharmacy cannot show that it stores its medicines that require storage between 2 and 8 degrees Celsius correctly. But healthcare services are accessible to people, and members of the pharmacy team help people with different needs use the pharmacy's services. The pharmacy gets its medicines and medical devices from reputable sources. It stores them safely and it knows the right actions to take if medicines or devices are not safe to use, to protect people's health and wellbeing. But because it does not make a record of the actions taken, the pharmacy would find it more difficult to show that the right action has been taken should something go wrong.

Inspector's evidence

The entrance to the pharmacy was at street level and step free. There was a push-pull door which provided suitable access for people with a disability or a pushchair to get into the pharmacy. The pharmacy team members knew most people who used their services by name and during the inspection were supportive and helpful to people visiting the pharmacy. The pharmacy team could speak several other languages such as Urdu and Punjabi. And this helped them to communicate with people who could not speak English.

The pharmacist knew the advice about pregnancy prevention that should be given to people in the at-risk group who took sodium valproate and had implemented the latest advice. The pharmacist gave some advice to people using the pharmacy's services. This included advice when they had a new medicine, or if their dose changed. The pharmacist said that he made sure that he gave advice to people taking antihypertension medicines as compliance with these medicines was an issue in the local area. The pharmacist said he gave advice to people who were taking medicines that required ongoing monitoring such as methotrexate and warfarin. But he did not make records of the conversations. This could mean helpful information was not available for other pharmacy staff to refer to.

The pharmacy team members did not sign the 'dispensed by' and 'checked by' boxes on the medicine label on original packs or on the multi-compartment compliance packs. And they had no other audit trail to identify who had completed each task. This did not comply with their SOP and could make it harder to identify the team members involved if a mistake happened. Baskets were used to keep medicines and prescriptions for different people separate to reduce the risk of error. The pharmacy supplied medicines in multi-compartment compliance packs to people living in the community to help them take their medicines at the right time. Compliance packs seen included medicine descriptions on the packs which made it easier for people to identify individual medicines in their packs. The packs seen had Patient information leaflets (PILs) provided.

The pharmacy delivered medicines to people in their own homes. The pharmacy did not have an audit trail to show that medicines had been delivered safely and to the right person. The pharmacist reminded the delivery driver of the need to have an audit trail for deliveries. Medicines were stored on shelves neatly and tidily in their original containers, this had improved from the previous inspection. Not all opened bottles of liquid medications were marked with the date of opening so that it would be more difficult for the team to know if they were still suitable to use. The pharmacist said they would

start recording the date of opening. The pharmacy team had a process for date checking medicines. A check of a small number of medicines did not find any that were out of date. Temperature-sensitive medicines were stored in a medicine fridge. The pharmacist said that he had stopped checking fridge temperatures since he had bought a new pharmacy fridge. This was because the pharmacy had an alarm which went off if the fridge was out of the required range. He accepted that he would not know if the fridge went out of range when the pharmacy was closed. The fridge temperature was checked during the inspection, and it was within the required range of 2 and 8 degrees Celsius. But the thermometer's maximum temperature was outside of the required range. The fridge was also overfull of medicines which increased the risk of medicines freezing. This meant it was harder for the pharmacist to show that medicines requiring cold storage had been stored correctly. The pharmacist said the team would start checking and recording the temperature. Since the previous inspection, the pharmacy had obtained a second CD cupboard and CDs were now stored appropriately. The pharmacist was able to explain the action he took when he received a drug alert, but he was unable to provide any records of the action taken. He said that he would start making a record. Concerns about evidence that alerts or recalls had been actioned were highlighted at the previous inspection.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy used suitable measures for measuring liquids. The pharmacy had up-to-date reference sources. The pharmacy's computers and PMR were password protected. The pharmacy did not arrange for its portable electronic appliances to be tested to make sure they were safe. But equipment seen looked in a reasonable condition. And the pharmacy did not have an otoscope to provide one of the 'Pharmacy First' services.

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.