

Registered pharmacy inspection report

Pharmacy Name: Vantage Chemist, 24 Church Road, Aston,
BIRMINGHAM, West Midlands, B6 5UP

Pharmacy reference: 1037947

Type of pharmacy: Community

Date of inspection: 18/12/2019

Pharmacy context

This community pharmacy is located along a parade of shops in Birmingham. It dispenses NHS prescriptions which it mostly receives from a nearby GP surgery. It supplies some medicines in multi-compartment compliance packs to help people organise their medicines. It provides Medicines Use Review (MUR) and New Medicine Service (NMS) consultations to help people with 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	1.2	Good practice	The pharmacy manages its risks well. It makes appropriate records about the accuracy of its dispensing process and regularly reviews them to make improvements to safety.
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 manages its risks well. It makes appropriate records about the accuracy of its dispensing process and regularly reviews them to make improvements to safety. The pharmacy keeps the legal records that it needs to and makes sure that they are accurate. Its team members manage people's personal information well. 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 kept up to date by the superintendent pharmacist and had been recently updated to reflect changes to the pharmacy's advertised services, such as MURs. The SOPs were signed by the pharmacy's team members to show that they had read them. There was a list displayed in the dispensary which showed weekly tasks for team members to complete. The responsible pharmacist's name and registration number were displayed on a notice in the retail area.

The pharmacy regularly asked people visiting the pharmacy to complete satisfaction surveys. The previous survey's results were generally positive. Team members received additional feedback verbally. The pharmacy had a process about managing complaints. Information about the pharmacy's complaints process was in its practice leaflet and was also displayed on separate leaflets in the retail area. The pharmacy had templates to record the complaints that it received and there had been no previous records.

The pharmacy had contact details for local safeguarding organisations which made it easier to escalate concerns. Team members said that there had been no previous safeguarding concerns. The pharmacy's team members had received training about safeguarding vulnerable people. The pharmacist had received additional safeguarding training from the Centre for Pharmacy Postgraduate Education (CPPE).

The pharmacy had procedures and guidance about information governance and confidentiality. Recent information about the General Data Protection Regulation (GDPR) was available in the pharmacy's information governance folder. The pharmacy had previously completed an audit to assess its compliance with procedures. Team members had signed records to show that they had read and understood this information. Confidential waste was separated from other waste so that it could be shredded. Team members used 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.

The pharmacy had templates to record and investigate dispensing errors. The latest record was dated in 2013, and the pharmacist said that this was the most recent dispensing error. He made records about near misses and this included several recent records. The pharmacy completed monthly reviews to identify trends and improvements. The team had put stickers on several shelves to highlight similar-sounding medicines or prevent team members from selecting the wrong strength of medicines. The pharmacy completed regular reviews about its near misses and this information was discussed with team members. The dispenser provided examples about similar medication packaging that he had highlighted to the pharmacist, and had contributed to some near misses.

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, and these were checked regularly to keep the entries accurate. A CD was chosen at random and the physical stock matched the recorded running balance. The pharmacy kept appropriate records about CDs that were returned by people. Other records about the responsible pharmacist, unlicensed medicines and private prescriptions were kept and maintained adequately.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide its services. The pharmacy's team members manage the workload well and they know when to refer to the pharmacist. They have the right qualifications and they competently perform their roles.

Inspector's evidence

At the time of the inspection there was the responsible pharmacist (the superintendent pharmacist), one dispenser and two counter assistants present. The staffing level was appropriate to manage the pharmacy's workload. People visiting the pharmacy were served efficiently. The pharmacy's workload was organised and managed well. Several team members had worked in the pharmacy for several years and this meant they were familiar with people who regularly used the pharmacy. And this made it easier to manage the pharmacy's workload. The pharmacy used rotas and calendars to manage its staffing level. Overtime was used to cover absences. Team members were comfortable to refer to the pharmacist. The dispenser provided several examples about improvements that had he had suggested about 'lookalike and soundalike (LASA)' medicines. Rosuvastatin and rivaroxaban tablets had been clearly separated to prevent mistakes.

There were certificates displayed which showed that most team members had pharmacy qualifications appropriate to their roles. Two team members were receiving training to achieve a medicines counter assistant qualification. The pharmacy had a training folder which was used to collect information and updates for team members to read. Team members had received training about healthy lifestyles and other parts of the Pharmacy Quality Scheme. Team members identified quieter periods to access ongoing training. Ongoing training was not generally monitored, apart from training that was required as part of the Pharmacy Quality Scheme or for pharmacy qualifications. Informal discussions and meetings were used to share information and updates with the team when necessary.

There were no formal targets about the pharmacy's performance or the delivery of its services. The pharmacy's team members received annual appraisals to receive feedback about their performance and to discuss further development. The superintendent pharmacist provided informal feedback when needed.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides its services from suitable premises. It has enough space for its team members to safely complete tasks. The pharmacy has appropriate security arrangements to protect its premises.

Inspector's evidence

The pharmacy was clean and tidy. It used a cleaning rota to organise the tasks that needed to be completed. The pharmacy had an open layout, and it had enough space for prams. The pharmacy's premises was in good condition. Its team members kept workbenches tidy so that there was enough space to complete tasks safely. There was adequate heating and lighting throughout the pharmacy. Ambient temperatures were not monitored. 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. Access to the dispensary was restricted to the pharmacy's team members. The pharmacy had appropriate security arrangements to protect its premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy adequately manages its services. It stores its medicines in appropriate conditions so they are safe for people to use. The pharmacy's team members take the right actions when they receive information about medicine recalls.

Inspector's evidence

The pharmacy's layout and step-free access made it easier for people in wheelchairs to use the pharmacy. Its team members spoke several languages that were used by people that visited the pharmacy. This included Urdu and Punjabi. The pharmacy stocked several medicines that were certified as vegetarian or halal because these were often requested by people who used the pharmacy. The pharmacy displayed leaflets in its retail area which provided information about its services.

The pharmacy ordered prescriptions for some people. It kept records about prescription orders it had made so that its team members could check they had been received. It generally received electronic prescriptions from GP surgeries. 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's team members recorded daily fridge temperatures to make sure the fridge stayed at the right temperatures. CDs were stored appropriately. CDs which had gone past their 'use-by' date were labelled and separated from other stock to prevent them being mixed up.

The pharmacy checked its stock's expiry dates every six months. It kept records about checks that it completed and medicines that had gone past their 'use-by' date. The latest records were dated July and November 2019. Medicines that were approaching their expiry date were highlighted to the team. Several medicines were checked at random and were in date. The pharmacy wrote the date onto medication bottles when they were first opened. This helped the team members to know that the medicine was suitable if they needed to use it again. Date-expired and medicines people had returned placed in to pharmaceutical waste bins. These bins were kept safely away from other medicines.

The pharmacy had equipment and software to help verify the authenticity of its medicines and to comply with the Falsified Medicines Directive. The superintendent pharmacist had made arrangements to implement the required processes. The pharmacy received information about medicine recalls. It kept records about the recalls it had received and the actions that had been taken. This included a recent recall about ranitidine.

The pharmacy used baskets to keep dispensed medicines organised. Computer-generated labels contained relevant warnings and were initialled by the accuracy checker to provide an audit trail. The pharmacy employed one dispenser and his initial was usually not included on the dispensing labels. The pharmacy's dispensing software highlighted interactions to the team and these were usually verbally communicated to the pharmacist. Prescriptions were kept with checked medicines awaiting collection. The pharmacy used stickers to highlight prescriptions that were only valid for 28 days and required additional signatures from people collecting them.

The pharmacist used stickers to highlight dispensed medicines that he needed to talk to people about. The pharmacy didn't keep records about relevant blood tests when people were supplied with warfarin.

And this may have made it more difficult for the pharmacy to monitor if this higher-risk medicine was being used safely. The pharmacy team was aware about pregnancy prevention advice to be provided to people in the at-risk group taking sodium valproate. It had up-to-date guidance materials to support this advice. The pharmacy had steroid cards, insulin passports and lithium treatment cards to supply to people taking these higher-risk medicines.

The pharmacy delivered some people's medicines. It kept appropriate records about these deliveries. It used templates which included a section for recipients to sign however this was usually signed by the team member delivering the medicine. The pharmacist said that this was because people were often unable to sign their name.

The pharmacy supplied medication in multi-compartment compliance packs to some people to help them organise their medicines. The frequency that the packs were supplied was decided by prescribers. The pharmacy kept records about medicines included in the packs and their administration times. Patient information leaflets were supplied with the packs so that people could access up-to-date information about their medicines. Assembled packs included descriptions which helped people to identify individual medicines.

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 report maintenance issues, so they can be appropriately managed. 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 managed efficiently. 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 measures to accurately measure liquids and it had suitable equipment to count loose tablets. The pharmacy's team members kept equipment clean, so it was fit for purpose. And they accessed up-to-date reference sources on the internet.

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.