

Registered pharmacy inspection report

Pharmacy Name: Heartlands Pharmacy, 2 Towpath Close, Bordesley Village Centre, Bordesley, BIRMINGHAM, West Midlands, B9 4QA

Pharmacy reference: 1038000

Type of pharmacy: Community

Date of inspection: 27/09/2019

Pharmacy context

This community pharmacy is along a parade of shops in a residential area of Birmingham. It is close to a GP surgery and a dental practice. It mainly dispenses NHS prescriptions and it provides a sexual health service. The pharmacy supplies some medicines in multi-compartment compliance packs to help people organise their medicines. The pharmacy has been under new ownership for around eight weeks.

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 monitors the accuracy of its dispensing process. It mostly keeps the records that are needed and generally makes sure they are accurate. The pharmacy's team members know how to manage people's personal information properly. And they know how to protect vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) that covered its services. The pharmacy's team members had signed records to show that they had read the SOPs. The superintendent pharmacist was reviewing the SOPs, so they could be updated to reflect the pharmacy's current practice. The pharmacy had a notice to show the name and registration number of the pharmacist on duty. The inspector told the pharmacist that the notice displayed the incorrect details and it was immediately updated.

The pharmacy had a template to record near misses from its dispensing process. There were some recent records on the template. The pharmacist said that he discussed learning points with team members, but there were no records about reviews that had occurred. This meant that some learning opportunities may have been missed.

People generally provided verbal feedback to the pharmacy team. The pharmacy planned to complete regular surveys about people who used the pharmacy. The pharmacy's practice leaflet provided information about how feedback and complaints would be managed. Complaints would be escalated to the responsible pharmacist and superintendent pharmacist, so they could be resolved.

The pharmacy's team members received training about safeguarding vulnerable adults and children. Some team members had received training from the Centre for Pharmacy Postgraduate Education (CPPE). The pharmacy had contact details for local safeguarding organisations which made it easier to efficiently manage its concerns. There had been no previous concerns about vulnerable people.

The pharmacy had SOPs about information governance and confidentiality. Information about the General Data Protection Regulation (GDPR) had been provided to people. 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) and included running balances to check the accuracy of its entries. Two CDs were chosen at random and the physical stock matched the recorded running balances. The pharmacy kept appropriate records about CDs that had been returned by people. Its responsible pharmacist register was generally maintained adequately but there were some entries that were not fully completed or were inaccurate. The entries were highlighted to the pharmacist, so they could be corrected. Private prescription records were kept and maintained adequately.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide its services. Its team members have the right qualifications for their roles. They perform tasks competently and they know when to refer to the pharmacist.

Inspector's evidence

At the time of the inspection there was the responsible pharmacist (regular pharmacist) and a trainee counter assistant. A dispenser also usually worked in the pharmacy, but she was absent during the inspection. This was adequate to manage the pharmacy's workload. Staff from another local branch could be used to cover absences if needed. The pharmacist said that the superintendent pharmacist was approachable. They said he was able to provide more support if needed. The team used informal discussions to share messages.

Team members had pharmacy qualifications that were appropriate for their roles. New training folders had recently been introduced to record completed training. The trainee counter assistant described the training that she received from the National Pharmacy Association to achieve a pharmacy qualification. Ongoing training was informal. Team members used quieter periods to complete their training. The pharmacy had targets about services such as Medicines Use Review (MUR) consultations. The pharmacist said that he didn't feel undue pressure to achieve the targets.

Principle 3 - Premises ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy was clean and tidy. It kept workbenches tidy so that there was enough space to complete tasks safely. 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 takes the right action when it receives information about recalls. The pharmacy team identify higher-risk medicines, so they can provide appropriate advice to people.

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. 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 licensed 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 separated from other stock to prevent them being mixed up.

The pharmacy checked its stock's expiry dates. It didn't record when the last checks had taken place. The pharmacist said that a template was being made to record this information. 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 were placed in to pharmaceutical waste bins. These bins were kept safely away from other medicines. A separate bin was used to segregate cytotoxic and other hazardous medicines. The pharmacy did not have a list about cytotoxic or hazardous medicines, so it may have been harder for the team members to identify these medicines.

The superintendent pharmacist was making arrangements for the pharmacy to verify the authenticity of its medicines in accordance with the Falsified Medicines Directive. It received emails about alerts and medicines recalls. It kept records about the recalls it received and the action that was taken. A recent recall for bisacodyl suppositories had been received by the team and appropriately managed.

The pharmacy used baskets to make sure prescriptions were prioritised 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. The pharmacist said that the regular dispenser would inform him about any clinically relevant information, like interactions. The pharmacist labelled prescriptions himself during the inspection which allowed him to see information on people's medication records. Prescriptions were kept with checked medicines awaiting collection. The pharmacy used stickers to help its team members check prescription dates and to make sure medicines were supplied while prescriptions remained valid.

The pharmacy highlighted dispensed medicines that needed more counselling or monitoring. This included methotrexate, lithium and warfarin. It kept records about relevant blood test results on people's medication records. The pharmacist was aware about pregnancy prevention advice to be provided to people in the at-risk group taking sodium valproate. The pharmacy had up-to-date guidance

materials to support this advice. The pharmacy delivered some people's medicines. It kept appropriate records about these deliveries which included the signatures of people who received the deliveries.

The pharmacy supplied medication in multi-compartment compliance packs to a few people to help them organise their medicines. The pharmacy supplied medicines in multi-compartment compliance packs to eight people. The pharmacy kept appropriate records about medicines included in the packs, their administration times and changes to medicines. 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 resolved. The pharmacy's team members 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 and maintained adequately. Team members referred maintenance issues to the pharmacy manager or superintendent pharmacist. 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 used separate measures for CDs. The pharmacy had suitable equipment to count loose tablets. The pharmacy's team members 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.