

Registered pharmacy inspection report

Pharmacy Name: Highfield Road Pharmacy, 307 Highfield Road, Hall Green, BIRMINGHAM, West Midlands, B28 0BX

Pharmacy reference: 1038027

Type of pharmacy: Community

Date of inspection: 18/10/2022

Pharmacy context

This is an independently-owned community pharmacy situated in a suburb of Birmingham, West Midlands. It dispenses NHS and private prescriptions. And it sells a small range of over-the-counter medicines. The pharmacy supplies medicines in multi-compartment compliance packs to some people who need assistance in managing their medicines at home. And it also provides seasonal influenza vaccinations. It has a small number of people who receive instalment supplies for substance misuse treatment.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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

Overall, the pharmacy manages the risks associated with its services adequately. And it generally keeps the records required by law to show that its medicines are supplied safely. Members of the pharmacy team understand their role in protecting vulnerable people. The pharmacy keeps people's private information securely. But its written procedures have not been reviewed recently, so there is a risk that the procedures don't fully reflect the way the team members are working or current best practice. And it doesn't always review its records about dispensing mistakes. So, it may be missing opportunities to learn and improve its processes.

Inspector's evidence

The responsible pharmacist (RP) notice was displayed in the retail area of the pharmacy and the RP record was in order. The RP on the day of the visit was also the superintendent pharmacist (SI). The pharmacy had a range of Standard Operating Procedures (SOPs) that were last reviewed in 2018. Most of the team members had been recruited recently and they were in the process of reading the SOPs.

Members of the pharmacy team kept some records of the mistakes they made during the dispensing process (near misses), but these records were not always analysed to identify any contributory factors, or actions taken to prevent similar events from happening again. And there was little evidence of individual reflection by the person making the mistake. The last near miss record was made in August 2022. The SI said that team members often discussed their mistakes and identified learning points. But did not document learning points due to time constraints. There was a process to record dispensing mistakes that had reached people (dispensing errors). The SI said that the team made very few dispensing errors and he was not aware of any dispensing errors that had occurred recently.

The pharmacy's current indemnity insurance certificate was on display in the dispensary. Records about controlled drugs (CDs), private prescriptions and veterinary prescriptions were kept in line with requirements. The pharmacy dispensed a handful of private prescriptions, and these were mainly from local doctors. The pharmacy's records about unlicensed medicines (specials) did not include the person to whom and the date on which the sale or supply was made. This was addressed with the SI during the inspection. Running balances of CDs were kept and audited intermittently. A random check of several CDs showed that the quantity of stock matched the recorded balance in the CD register. Members of the pharmacy team used their own NHS smartcards to access electronic prescriptions. Confidential information was stored securely and confidential was separated and disposed of appropriately. A complaints procedure was available, and the SI said that he dealt personally with any concerns or complaints raised by members of the public.

The SI and a foundation trainee pharmacist had completed Level 2 safeguarding training. The rest of the team members were in the process of reading safeguarding SOPs. Contact details for local agencies to escalate any safeguarding concerns were available in the pharmacy.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its current workload. Members of the pharmacy team work well together, and they are able to make suggestions to help improve the pharmacy's services. And they have access to some training resources to help keep their skills and knowledge up to date.

Inspector's evidence

At the time of the inspection, the pharmacy was staffed by the SI, a foundation trainee pharmacist, two overseas-qualified pharmacists and an apprentice. A foundation trainee pharmacist was hoping to re-sit her exams in June and was working in the pharmacy to gain more experience. The overseas-qualified pharmacists had not been enrolled on an accredited training program. After the inspection, the SI emailed confirmation that both staff members had been enrolled on a training program.

Members of the pharmacy team worked well together, and they were managing their workload adequately. They said they felt comfortable making suggestions or raising any concerns with the SI who worked in the pharmacy most days.

Members of the pharmacy team received some informal training, such as updates on new medicines and articles from pharmacy magazines to help keep their skills and knowledge up to date. There were no formal targets or incentives for team members.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are secure, and they are adequate for the services it provides. The pharmacy could do more to improve the dispensary's overall organisation and tidiness.

Inspector's evidence

The front fascia of the premises was in an adequate state of repair. The entrance to the pharmacy was not step-free. But the SI said that team members aided people with mobility difficulties to access the pharmacy. The retail area of the pharmacy was small. But it was kept clean and clear of slip or trip hazards. The dispensary was small and there was just about enough space to store medicines and work safely. But some medicines were not stored tidily, and the bench spaces were somewhat cluttered. And there were significant quantities of baskets with dispensed items waiting a final accuracy check. There was adequate lighting throughout and the ambient temperatures were suitable for storing medicines. A clean sink with hot and cold running water was available for preparing liquid medicines. The pharmacy's consultation room was currently not in use due to Covid-19. The premises were secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy provides its services safely and manages them adequately. People with different needs can access the pharmacy's services. Members of the pharmacy team take the right action in response to safety alerts so that people get medicines and medical devices that are safe to use. The pharmacy gets its medicines from reputable sources, but it could do more to store them tidily and in an organised fashion.

Inspector's evidence

The pharmacy's services were advertised throughout the premises and members of the pharmacy team were helpful and demonstrated a good rapport with people visiting the pharmacy. And they used their local knowledge to signpost people to other providers if a service required was not offered at the pharmacy. A prescription delivery services was offered to people who couldn't visit the pharmacy to collect their medicines. Signatures from recipients were currently not being obtained to minimise the risk of Covid-19 transmission. Members of the pharmacy team and the delivery driver kept an audit trail for all the deliveries made to people.

The pharmacy started administering flu vaccinations in late September and approximately 350 vaccinations had been administered to date. The service was offered three days a week when a second pharmacist was present. The pharmacy used screens to create a cubicle in the retail area of the pharmacy and this provided adequate privacy for people receiving the vaccination.

The pharmacy provided substance misuse treatment to a handful of people. The SI said that, currently, people were not supervised to take their medicines in the pharmacy. Members of the pharmacy team were aware of the valproate pregnancy prevention programme and a valproate safety notice was on display in the pharmacy. The SI said that the pharmacy did not have any at-risk patients being supplied with valproate-containing medicines at the moment.

Assembled multi-compartment compliance packs were labelled with a description of the medicine contained within the pack to help people or carers identify the medication. But patient information leaflets were not always supplied. This could mean that people do not have all the information about their medicines readily accessible. This was addressed with the SI during the inspection.

Baskets were used during the dispensing process to prioritise workload and minimise the risk of prescriptions getting mixed up. But the bench spaces were somewhat cluttered, and the baskets of dispensed items waiting for a final accuracy check were stacked on top of each other. This created a risk of items falling into other baskets. The SI said that he was aware of the limited bench space in the dispensary, and he was mindful about working safely. 'Owing' notes were issued to people to keep an audit trail when prescriptions could not be supplied in full when first dispensed.

The pharmacy ordered its stock medicines from licensed wholesalers and no extemporaneous dispensing was undertaken. Stock medicines were date checked at regular intervals and short-dated medicines were highlighted for removal at an appropriate time. Stock medicines were randomly checked during the inspection and no date-expired medicines were found amongst the in-date stock on the shelves. However, some medicines on the shelves were not stored in an organised fashion.

Pharmacy-only medicines were restricted from self-selection and the pharmacy did not sell codeine linctus over the counter. Temperature-sensitive medicines were kept in the refrigerator, and these were stored between 2 and 8 degrees Celsius. The maximum and minimum temperatures were recorded daily, and records showed that the temperatures had been maintained within the required range. All CDs were stored in line with requirements. Date-expired CDs were separated from in-date stock. The pharmacy had a process to deal with safety alerts and medicine recalls to make sure the medicines it supplied to people were fit for purpose. Records about these and the action taken by team members were kept, providing an audit trail.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

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

Inspector's evidence

The pharmacy's computers were not visible from the public areas of the pharmacy and its patient medication records were password protected. Prescriptions awaiting collection were stored securely and people's private details were not visible to people visiting the pharmacy. Members of the pharmacy team had access to reference sources. All electrical equipment appeared to be in good working order. There was a range of crown-stamped measures available for measuring liquid medicines. And the equipment for counting loose tablets was clean. Medicine containers were capped to prevent cross-contamination.

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.