

# Registered pharmacy inspection report

**Pharmacy Name:** M W Phillips Chemists, 273 Kingsbury Road,  
Erdington, BIRMINGHAM, West Midlands, B24 8RD

**Pharmacy reference:** 1038040

**Type of pharmacy:** Community

**Date of inspection:** 28/02/2024

## Pharmacy context

This community pharmacy is located next to a GP practice in Erdington, a suburb of Birmingham. People who use the pharmacy are from the local community and a home delivery service is available. The pharmacy dispenses NHS prescriptions, and it provides some other NHS funded services, such as Pharmacy First. The pharmacy team dispenses some medicines into multi-compartment compliance packs for people to help make sure they remember to take them.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<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 met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy manages the risks associated with its services to make sure people receive appropriate care. Members of the pharmacy team follow written procedures to make sure they work safely, and they complete tasks in the right way. They discuss their mistakes so that they can learn from them. And team members understand their role in protecting vulnerable people and they keep people's personal information safe.

### Inspector's evidence

The pharmacy was part of a chain of pharmacies located across the Midlands and South Wales. A range of corporate standard operating procedures (SOPs) were available which covered the activities of the pharmacy and the services provided. The SOPs had been prepared and approved by the superintendent pharmacist (SI). Each SOP was marked with the date that it had been implemented and a date that it was due to be reviewed. Signature sheets were used to record training and members of staff had signed the SOPs specific to their job role as evidence that they had read, understood and agreed to work in accordance with them. Roles and responsibilities of staff were highlighted within the SOPs.

A near miss log was available and near misses were routinely recorded. Near misses were discussed with the dispenser involved to ensure they learnt from the mistake, and any learning was shared with the team. The team gave some examples of medicines that had been separated to reduce the risk of them being selected in error during the dispensing process. The responsible pharmacist (RP) completed a monthly patient safety report and reviewed the near miss log and any incidents with the pharmacy team. This was recorded and used to populate the annual patient safety report for the NHS Pharmacy Quality Scheme (PQS) submission. Dispensing incidents were recorded, reviewed and reported to head office.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A pharmacy technician correctly answered hypothetical questions related to high-risk medicine sales and discussed how requests for codeine containing medicines were handled. The team were aware that codeine linctus was a prescription only medicine (POM).

The pharmacy's complaints process was explained in the SOPs and on a poster in the shop area for people using the pharmacy. People could give feedback to the pharmacy team in several different ways; verbal, written, or by contacting head office. The pharmacy team members tried to resolve issues that were within their control and involved head office if they could not reach a solution.

The pharmacy had up-to-date professional indemnity insurance. The RP was clearly displayed, and the RP log met requirements. Controlled drug (CD) registers were in order and a random balance checked matched the balance recorded in the register. Patient returned CDs were recorded in a register. Private prescription records were seen to comply with requirements. Specials records were maintained with an audit trail from source to supply.

Confidential waste was stored separately from general waste and destroyed securely at head office. The pharmacy team members had their own NHS Smartcards and they confirmed that passcodes were not shared. The pharmacy team had completed training on safeguarding as part of the NHS Pharmacy Quality Scheme (PQS) and pharmacy professionals had completed level three training. The pharmacy team understood what safeguarding meant and a list of safeguarding contacts was available. There was a safeguarding lead based at a local pharmacy who could be contacted if the pharmacy team wanted to discuss a safeguarding matter. The team gave examples of types of concerns that they may come across and described what action they would take.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to manage the workload and the services that it provides. The team members plan absences in advance, so the pharmacy has enough cover to provide the services. They work well together in a supportive environment, and they can raise concerns and make suggestions.

### Inspector's evidence

The pharmacy team comprised of a pharmacist and a pharmacy technician. Head office provided a pharmacist to cover the pharmacist's day off, and a dispensing assistant or pharmacy student to cover the pharmacy technician. Home deliveries were done by a delivery driver. Annual leave was requested in advance and authorised by head office to ensure there was enough cover available.

Pharmacy team members had completed ongoing training and training needs were identified to align with the NHS PQS submission. The team had attended a face-to-face training event at head office on NHS Pharmacy First which they said was interesting and useful. The team discussed any pharmacy issues as they arose within the dispensary during quieter times. The pharmacy technician had annual performance reviews with a manager from head office, the latest one had been carried out by the SI.

The pharmacy team worked well together during the inspection and team members were observed helping each other with tasks. Team members said that they could raise any concerns or suggestions with the SI or a manager from head office and felt were responsive to feedback. They said that they could contact the GPhC if they ever felt unable to raise an issue within the pharmacy. The RP was observed making herself available throughout the inspection to discuss queries with people and giving advice when she handed out prescriptions, or with people on the telephone. Some targets for pharmacy services were set by head office, and the team thought these were realistic and attainable.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and tidy, and it provides a suitable environment for the delivery of healthcare services. It has a consultation room, so that people can speak to the pharmacist in private when needed.

### Inspector's evidence

The premises were smart in appearance and appeared to be well maintained. Any maintenance issues were reported to head office. The dispensary was clean and tidy. The pharmacy was cleaned by pharmacy staff. Hot and cold running water, hand towels and hand soap were available. Toilet facilities were available in the surgery and were cleaned by the surgery cleaner.

The pharmacy had air conditioning and the temperature in the dispensary felt comfortable during the inspection. Lighting was adequate for the services provided. The dispensary was an adequate size for the services provided and an efficient workflow was seen to be in place. Dispensing and checking activities took place on separate areas of the worktops and there was ample space to store completed prescriptions. There was a private soundproof consultation room which was signposted. The consultation room was basically fitted but professional in appearance. Prepared medicines were held securely within the pharmacy premises and pharmacy medicines were stored behind the medicines counter.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy offers a range of healthcare services which are easy for people to access. It manages its services and supplies medicines safely. The pharmacy obtains its medicines from licensed suppliers, and stores them securely and at the correct temperature, so they are safe to use. People receive appropriate advice about their medicines when collecting their prescriptions.

### Inspector's evidence

The pharmacy had step free access from the surgery car park. A home delivery service was available for people who could not easily access the pharmacy. Health promotion leaflets were available, and posters were displayed in the waiting area. Pharmacy staff referred people to other services using local knowledge and the internet to support signposting.

The pharmacy offered NHS Pharmacy First service. The team had undergone training and had read the company SOPs. They had quick reference guides available, and the NHS PGDs (patient group directions) and supporting documentation were available for reference.

Items were dispensed into baskets to ensure prescriptions were not mixed up together. Different coloured baskets were used to prioritise prescriptions. Staff signed the dispensed and checked boxes on medicine labels, so there was a dispensing audit trail for prescriptions. People were sent text messages when their prescriptions were ready to collect. The team explained that this was a useful tool which helped to reduce the number of telephone calls to the pharmacy as people knew they would get a text. The team were aware of the risks associated with the use of valproate during pregnancy, and the need for additional counselling. Patient cards and counselling materials were available.

Multi-compartment compliance packs were supplied to people in the community, and these were assembled at another MW Phillips pharmacy. The SOP for this activity explained which pharmacy was responsible for each part of the process. A sample of dispensed compliance pack prescriptions were labelled with descriptions of medication. Patient information leaflets (PILs) were not usually included with compliance aid packs. A QR code was included on the packaging directing people to a website where patient information leaflets could be found. But some people might not be able to easily access this option, so they may not have all the required information about their medicines.

A random sample of dispensary stock was checked, and all the medicines were found to be in date. There were date checking records available. However, the pharmacy team said that they had carried out date checking but did not always fill in the date checking record to reflect this. Medicines were stored in an organised manner on the dispensary shelves. All medicines were observed being stored in their original packaging. Split liquid medicines with limited stability once they were opened were marked with a date of opening. Patient returned medicines were stored separately from stock medicines in a designated area. Medicines were obtained from a range of licenced wholesalers. Drug recalls were received electronically and marked when they were actioned.

The controlled drug cabinet was secure and a suitable size for the amount of stock that was held. Medicines were stored in an organised manner inside. Instalment prescriptions were dispensed in advance of when they were due. This reduced workload pressure and the risk of dispensing incorrect doses when the patient came to collect the prescription. Assembled instalment prescriptions were stored in the controlled drug (CD) cabinet. Fridge temperature records were maintained, and records showed that the pharmacy fridge was working within the required temperature range of 2°C and 8°Celsius.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide services safely. The pharmacy team stores and uses the equipment in a way that keeps people's information safe.

### Inspector's evidence

The pharmacy had access to a range of up-to-date reference sources, including the British National Formulary (BNF) and the children's BNF. Internet access was available. Patient records were stored electronically and there were enough terminals for the workload currently undertaken. A range of clean, crown stamped measures and counting triangles were available. Equipment for clinical consultations had been procured and was stored appropriately. Some of the equipment was single use, and ample consumables were available. Computer screens were not visible to members of the public. Cordless telephones were in use, and staff were observed taking phone calls in the back part of the dispensary to prevent people using the pharmacy from overhearing.

### 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.