

Registered pharmacy inspection report

Pharmacy Name: Hollywood Pharmacy, 59 May Lane, Holywood,
BIRMINGHAM, West Midlands, B47 5PA

Pharmacy reference: 1038065

Type of pharmacy: Community

Date of inspection: 25/07/2019

Pharmacy context

This is a community pharmacy on a parade of shops in the village of Holywood, near Birmingham in the West Midlands. The pharmacy dispenses NHS and private prescriptions. It offers some services such as Medicines Use Reviews (MURs), the New Medicine Service (NMS) and travel vaccinations. The pharmacy provides multi-compartment compliance aids for some people if they find it difficult to take their medicines on time. And, it supplies medicines to residents in a care home.

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	1.3	Good practice	The pharmacy's services are provided by staff with clearly defined roles and clear lines of accountability. In addition to the standard operating procedures, there are documented job descriptions, staff are very clear on their roles and responsibilities and ensure the pharmacy is run in a safe and effective way
		1.8	Good practice	Members of the pharmacy team are trained and proactive in ensuring the welfare of vulnerable people
2. Staff	Good practice	2.1	Good practice	The pharmacy has enough staff to ensure its services are provided safely and effectively. The skill mix is suitable for the pharmacy's volume of activity, the workload is managed well and there are rotas in place to ensure the pharmacy is sufficiently staffed
		2.2	Good practice	Pharmacy team members have the appropriate skills, qualifications and competence for their role and the tasks they carry out. Members of the team have set roles, they take ownership and lead on the tasks that are assigned to them. The pharmacy has invested in its staff and is an accredited organisation that adheres to the Investors in People standard
		2.4	Good practice	The pharmacy has adopted a culture of openness, honesty and learning. It provides resources to ensure the team's knowledge is kept up to date and their learning and development is actively encouraged
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.1	Good practice	The pharmacy services provided are easily accessible to the public. A range of services are on offer, the pharmacy provides information to actively promote them, the team signposts people who need services that the pharmacy does not provide and takes steps to ensure everyone can use the pharmacy's services

Principle	Principle finding	Exception standard reference	Notable practice	Why
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

Overall, the pharmacy's working practices are safe and effective. Members of the pharmacy team monitor the safety of their services by recording their mistakes and reviewing them. The pharmacy protects people's private information well. And, its team members proactively protect the welfare of vulnerable people. Most of the pharmacy's records are maintained in accordance with the law. But some details about emergency supplies are missing from its records. This means that the team may not have all the information needed if problems or queries arise.

Inspector's evidence

The pharmacy's workload was manageable, it was very organised and the pharmacy's work benches were kept clear of clutter. There was a front dispensing area behind the medicines counter, this included a separate area where the responsible pharmacist (RP) was generally situated and staff worked in separate areas. From this position, the RP was able to supervise activity taking place at the medicines counter and to carry out the final check for accuracy. There was additional work space at one end of the dispensary that was used to assemble and accuracy-check multi-compartment compliance aids. This helped reduce errors from distractions.

Staff routinely recorded details about their near misses. They were reviewed collectively every month and patient safety reports were compiled as part of the review. Look-alike and sound-alike (LASA) medicines were identified as well as common mistakes. Team members explained that in response, medicines were separated, other stock was placed in between them, and the team's awareness was raised. This included moving loperamide tablets and capsules away from one another, separating different strengths of medicines and segregating omeprazole and pravastatin.

The pharmacy manager, owner or RP handled incidents if this could not be resolved by the staff initially. There was a documented complaints process present, details were on display to inform people about the pharmacy's complaints procedure and the pharmacy had set up a comments, complaints or suggestions box on the front counter to gain people's feedback. The RP's process involved apologising, using the consultation room, checking relevant details, rectifying the situation and documenting information. The pharmacy reported its errors to the National Reporting and Learning System (NRLS). Details about previous incidents were seen documented.

The pharmacy held a range of documented standard operating procedures (SOPs) to support its services. Staff had read and signed the SOPs. Their roles were defined within them and the SOPs were last reviewed in September 2018. There were also documented job descriptions seen for the team members and their roles. In addition, internal audit checklists were seen completed to ensure that staff understood the SOPs. Team members were aware of their responsibilities and limitations. In the absence of the RP, they knew which activities were permissible and the procedure to follow if the pharmacist failed to arrive. The correct RP notice was also on display and this provided details of the pharmacist in charge of operational activities on the day.

The team obtained feedback from people through annual surveys. Staff explained that they gave a high level of customer service and were praised by people using their services. As they were long-standing employees, they knew everyone who approached the pharmacy for advice, prescriptions or sales and a positive rapport was observed during the inspection.

Team members could identify signs of concern to safeguard vulnerable people. They referred to the RP in the first instance in the event of a concern. Pharmacists and the pharmacy technicians were trained to level 2 via the Centre for Pharmacy Postgraduate Education (CPPE). Staff were trained as dementia friends and there was documented evidence that the pharmacy had undertaken a Disclosure and Barring Service (DBS) check for members of the team. There were relevant local contact details and policy information available as guidance. The pharmacy's chaperone policy was also on display and the SOP about compliance aids included information about supplying to vulnerable people.

Staff segregated confidential waste before it was shredded. Dispensed prescriptions awaiting collection were stored in a location where sensitive details were not visible from the retail area. The pharmacy team was trained on the EU General Data Protection Regulation (GDPR) and staff had signed confidentiality clauses. There was evidence that internal audits about information governance had been previously completed. Summary Care Records were accessed for emergency supplies or queries, the RP obtained consent from people to access their records verbally and consent form were also used. There was information on display to inform people about how the pharmacy maintained their privacy.

Records of the maximum and minimum temperatures for the fridges were maintained daily. This verified that temperature sensitive medicines were appropriately stored here. A full record of controlled drugs (CDs) that were brought back by people for destruction at the pharmacy was maintained.

The pharmacy's records that were required to be kept, by law, were generally maintained in line with statutory requirements. This included records of unlicensed medicines, private prescriptions, most records of emergency supplies and a sample of electronic registers checked for CDs. For CDs, balances were checked, and details were documented every two weeks. On randomly selecting CDs held in the cabinet, the quantities held, matched the balances recorded within the corresponding registers. The team had used generated labels to record details of emergency supplies, they had not faded or become detached but occasionally, details were missing about the nature of the emergency. There were gaps within the electronic RP record, where pharmacists had failed to record the time that their responsibility ceased and the RP on the day had signed out before his shift finished. The owner confirmed that another RP log was also kept in written form.

Principle 2 - Staffing ✓ Good practice

Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members understand their roles and responsibilities. They keep their skills and knowledge up to date by completing regular training. And, the pharmacy has invested in its staff to ensure that they can progress and develop well.

Inspector's evidence

The pharmacy's staffing profile included three regular pharmacists, one of whom was the owner and the RP during the inspection was a regular locum pharmacist, there were five dispensing assistants, two pharmacy technicians, four medicines counter assistants (MCAs), three of whom were trained as dispensing and counter assistants, four delivery drivers and the pharmacy manager.

Staff covered each other as contingency for annual leave or absence. There was a rota in place to ensure the pharmacy was sufficiently staffed. Team members wore name badges and their certificates of qualifications obtained were seen. Staff explained that they held set jobs and they were aware of their roles. They were long standing members of the pharmacy, some of them had been employed at the pharmacy for over 30 years. There was also a staff handbook available and comprehensive locum information compiled for their guidance.

Counter staff asked relevant questions to obtain necessary information before selling over-the-counter (OTC) medicines and they checked sales with the RP when required. Requests for unusual quantities of medicines were refused and the team kept records of this. Ongoing training for members of the team included completing training modules from Avicenna, the NPA, CPPE and from Numark. They also read the SOPs and took instructions from the pharmacists and technicians. There was set aside time provided for the team to keep their knowledge up to date with a rota in place and one of the pharmacy technicians was responsible for overseeing this. Staff explained that every week, they were provided with topics about new products or training.

The pharmacy had been assessed and was currently accredited as Investors in People. There was documented information seen to support this. This included details about the assessment that was initially and annually conducted. The pharmacy's certificate of accreditation in adhering to the standard for people management was also present. The pharmacy technician explained that she had suggested and arranged for this accreditation before the owner's involvement. Staff explained that the accreditation meant that the pharmacy put its staff first, it led, invested in and promoted the team's progress. They had written a report about how this could be put into practice. The pharmacy supported the team's career progression and attendance at different courses when the opportunity arose. One of the pharmacy technicians explained that she was due to start a course soon to progress to an accuracy checking technician.

Formal appraisals took place annually to monitor staff performance and their progress. Team meetings were held every quarter. Details about previous team meetings and minutes were seen recorded. There were also documented memos from the owner seen. Staff felt confident to raise concerns if required, the pharmacy's whistleblowing policy was present and documented suggestions from the employees. The RP explained that there were no formal targets in place for him to complete services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are clean, secure and provide a professional environment to deliver pharmacy services. And, it has a separate area where confidential conversations and services can take place.

Inspector's evidence

The pharmacy premises consisted of a medium sized retail space, with an open plan dispensary at the rear. This extended into a semi-enclosed section where medicines for the care home and compliance aids were assembled. Staff areas were at the back of this section. There was plenty of space for dispensing processes to take place safely. Workspaces were kept clear of clutter. The pharmacy was clean although the sink in the staff WC could have been cleaner. The pharmacy was professional in appearance, suitably lit and well ventilated.

A signposted consultation room enabled services and private conversations to take place. It was of a suitable size for this purpose. The room was kept locked. There was no confidential information present within the room. Pharmacy (P) medicines were stored behind the front counter, there was gated entry into this section and this restricted their self-selection.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy team is helpful and adjusts to ensure the pharmacy's services are accessible to everyone. In general, the pharmacy provides its services safely and effectively. And, it sources, stores and manages its medicines appropriately. But, the pharmacy does not always provide care home residents with medicine leaflets when they receive their compliance aids. This means that they may not have all the information they need to take their medicines safely.

Inspector's evidence

There was a step at the front of the pharmacy with a bollard directly outside it. Inside the premises, there was clear space outside the dispensary and front counter area along with a wide aisle. Staff explained that there was a bell at the front door to alert the team, the bollard could be removed, and they could use a portable ramp. This helped people with wheelchairs to easily access the pharmacy's services. There was sofa style seating available for people waiting for prescriptions or services and some car parking spaces outside the premises. Staff used the consultation room or written communication for people who were partially deaf, they explained details verbally to people who were visually impaired and physically assisted them. There was also documented information seen about arranging an interpreter for people whose first language was not English.

The team signposted people to other organisations from their own local knowledge of the area, they could use online information, there were documented details present to support them and staff kept records of when they signposted people. The pharmacy was healthy living accredited. There was a dedicated section in the pharmacy where people were provided with relevant information about healthier living with a range of leaflets available in this area. The team ran campaigns in line with the national ones, staff printed information from databases such as NHS reference sources and were encouraged to try and communicate with people about healthier living.

In addition to the Essential Services, MURs and the NMS, team members provided a weight management service and pharmacists administered seasonal influenza vaccinations. The pharmacy had recently initiated an online private GP service through Medicspot and ran a travel clinic that included the administration of yellow fever vaccinations. Medicines were supplied, and vaccinations were administered under private Patient Group Directions (PGD) for the travel clinic and one of the regular pharmacists was an independent prescriber. The pharmacy also offered a sore throat, test and treat service and the treatment of simple urinary tract infection via PGDs.

The pharmacy was registered with the National Travel Health Network and Centre (NaTHNaC) to administer yellow fever vaccinations. One of the regular pharmacists was accredited to vaccinate people requiring travel vaccinations. The pharmacy usually used PGDs to administer the vaccinations or on occasion, the pharmacist used his qualification as an independent prescriber. This was within the scope of his clinical competence. The PGDs were readily accessible and signed by him. SOPs for each of the services were also kept with some of the PGDs. Risk assessments were completed before vaccinating. The pharmacist shared details with people's GP's provided their consent was obtained. Equipment to provide the service was present. This included adrenaline in case of a severe, allergic reaction to the vaccines developing.

The recent online private GP service (Medicspot) involved people booking an appointment online or

they could come into the pharmacy. The process involved a consultation with an online GP by the person logging onto a system that was situated in the consultation room, a face to face interaction took place using a webcam in the room, personal details were filled in by the person, submitted by them and checked by the online GP. Diagnostic equipment was present, they were attached to the system, relevant information was uploaded to the prescriber and included a stethoscope, a blood pressure machine, Pulse Oximeter and a thermometer. Staff were trained on how to use this. Private prescriptions were then generated and sent to the pharmacy electronically. Evidence was provided following the inspection that the method of transmission used was in line with legal requirements. Only a few people had used the service at the point of inspection.

During the dispensing process, colour co-ordinated baskets were used to hold prescriptions and medicines once they were assembled. This helped prevent any inadvertent transfer, identified priority and different types of prescriptions (such as those for delivery). Dispensing audit trails were in use to identify staff involved in various processes. This was through a facility on generated labels.

Staff were aware of the risks associated with valproates. The team had not seen any prescriptions for females at risk who had been prescribed or supplied this medicine from the pharmacy. There was literature available to provide to people if required. People prescribed higher-risk medicines were not routinely identified, counselled or relevant parameters checked. This included routinely asking about and retaining relevant information for people receiving compliance aids or routinely asking about the International Normalised Ratio (INR) level for people prescribed warfarin. The latter were provided this medicine separately to the compliance aids. Evidence was subsequently received that the pharmacy technician had issued the team with memos to ensure the appropriate procedures were being followed here.

The team stored prescriptions once they were assembled within an alphabetical retrieval system. Fridge items and CDs (Schedules 2-4) were identified and a separate drawer was used to hold dispensed CDs that did not require safe custody. Assembled CDs that required safe custody and fridge lines were stored within clear bags, this helped assist in identifying them when they were handed out. Uncollected medicines were removed every month.

Compliance aids for people in their own homes: Medicines were supplied to 65 people within compliance aids after the person's suitability for them was assessed by the RP. The pharmacy ordered prescriptions on behalf of people and details on prescriptions were cross-referenced against individual records to help identify changes or missing items. They were checked with the prescriber and audit trails were maintained to verify this. Patient information leaflets (PILs) were routinely supplied, descriptions of the medicines within the compliance aids were provided and all medicines were de-blistered into them with none left within their outer packaging. Mid-cycle changes involved the compliance aids being retrieved and new ones being supplied.

Care home: Medicines were provided to one care home with capacity for 60 residents as cold seal compliance aids. The pharmacy obtained a duplicate copy of the Medication Administration Record (MAR) detailing the repeat requests, once the care home had ordered the prescriptions for their residents. On receiving the prescriptions at the pharmacy, they were checked against the MAR to ensure all items had been received. A list of missing items was compiled and sent to the care home if any medicines were still outstanding. Interim or mid-cycle items were dispensed at the pharmacy. There were no residents prescribed higher-risk medicines. Staff had not been approached to provide advice regarding covert administration of medicines to care home residents. PILs were not routinely supplied to the home.

Delivery: The pharmacy provided a delivery service and it kept records to help demonstrate and verify

the process. CDs and fridge items were highlighted with separate sheets used to record details of the former. People's signatures were obtained when they were in receipt of their medicines and although there was a risk of access to other people's sensitive information from the way details were laid out on the driver's sheet, staff explained that the driver had been instructed to cover other people's details when they obtained signatures. Failed deliveries were brought back to the pharmacy with notes left to inform people about the attempt made.

The pharmacy obtained its medicines and medical devices from licensed wholesalers such as Phoenix, Alliance Healthcare, AAH and DE South. Unlicensed medicines were obtained through the latter three wholesalers. The team was aware about the processes involved for the EU Falsified Medicines Directive (FMD), the pharmacy was set up to comply with the decommissioning process, there was relevant equipment present and guidance information present for the team.

Medicines were generally stored in an organised manner. Staff explained that they tidied the shelves at the end of the day and each member of the team was responsible for their own section of medicines. This included date-checking. A matrix was in place to verify the process. Short-dated medicines were identified using stickers. There were no mixed batches or date-expired medicines seen. Liquid medicines were marked with the date on which they were opened. Medicines requiring cold storage were stored appropriately in the fridges. CDs were stored under safe custody. Keys to the cabinet were maintained in a manner that prevented unauthorised access during the day and overnight. Drug alerts were received by email. The process involved checking for stock, acting as necessary and staff passed relevant information to the care homes. A full audit trail was present to verify the process.

Medicines brought back by people for disposal were stored within designated containers. This included separate containers for hazardous or cytotoxic medicines and there was a list for the team to readily identify these medicines. Sharps returned for disposal were accepted provided they were in sealed bins. Returned CDs were brought to the attention of the RP, they were segregated in the CD cabinet prior to destruction and relevant details were entered into a CD returns register.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities it needs to provide its services safely. And, its equipment helps protect the privacy of people.

Inspector's evidence

The pharmacy held necessary equipment and a range of resources to use as references, this included current versions of relevant reference sources. Equipment included counting triangles, medical fridges, a legally compliant CD cabinet and a range of clean, crown-stamped conical measures for liquid medicines.

Computer terminals were positioned in a way that prevented unauthorised access and the team used cordless phones. This meant that conversations could take place away in private if required. A shredder was available to dispose of confidential waste. The dispensary sink used to reconstitute medicines was clean. There was hand wash here as well as hot and cold running water available. Staff could also store their personal belongings in lockers.

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.