General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: The Bournville Pharmacy, 45 Sycamore Road, Bournville, BIRMINGHAM, West Midlands, B30 2AA

Pharmacy reference: 1038118

Type of pharmacy: Community

Date of inspection: 12/03/2020

Pharmacy context

This is a community pharmacy located in the village of Bournville by the Cadbury factory in Birmingham. The pharmacy dispenses NHS and private prescriptions. It provides advice, sells a range of over-the-counter medicines and delivers people's prescriptions. The pharmacy supplies medicines inside multi-compartment compliance packs to people if they find it difficult to manage their medicines. And it provides medicines to residents in care homes.

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

The pharmacy generally identifies and manages risks appropriately. The pharmacy's team members record the mistakes that happen during the dispensing process. They learn from them. But as the pharmacy does not formally review or record its internal mistakes, this makes it harder for team members to spot patterns and help prevent the same things happening again. The pharmacy adequately maintains most of the records that it needs to. But it has inaccurate information or missing details in some of its records. This could mean that the team may not have enough information available if problems or queries arise in the future.

Inspector's evidence

The pharmacy had changed ownership since the last inspection. Parts of the retail space were in the process of being refurbished. The pharmacy was organised although the dispensary was small. There was limited space to dispense prescriptions (see Principle 3). However, the team had made the best possible use of the space. Prescriptions were dispensed and accuracy-checked in batches with a few assembled at any one time. Staff described waiting until the pharmacist had cleared the workload before dispensing any further. Members of the pharmacy team dispensed medicines inside multi-compartment compliance packs in a side section by placing a board over the dispensary sink. They explained that as this section was out of the way and didn't face people who used the pharmacy's services, they could concentrate on dispensing and were not distracted. The responsible pharmacist (RP) explained that the owners were looking at ways to improve the amount of dispensing workspace available. This included incorporating additional workspace at the very rear of the dispensary which was currently being used to store medicines.

To help prevent errors, staff described a three-way check of medicine(s), the prescription and generated labels taking place to help ensure the right product had been selected and assembled. Staff in training ensured they checked with the RP if they were unsure. They concentrated on one task at a time. The RP passed dispensed prescriptions to staff to help them to identify their own mistakes. This helped them to learn. The team's near misses were routinely being recorded and they were collectively reviewed by the RP every month. Look-alike and sound-alike medicines had been highlighted. Medicines that had been involved in mistakes such as ramipril and amoxicillin as well as different forms were separated to help minimise the risk of this happening again. The team's awareness was raised. This process was currently informal and there were no details seen documented. This could limit the ability of the pharmacy to routinely identify trends and patterns.

The pharmacy had a documented complaints process in place. The RP's process around managing incidents was checked and this was in line with the policy. In response to incidents, details were recorded, highlighted on people's records, discussed with the team and internal processes and accuracy-checks reinforced. The superintendent pharmacist was also informed, and details would be reported to the National Reporting and Learning System (NRLS) as required. However, there were no details on display to inform people about the pharmacy's complaints procedure. This meant that people may not have been able to raise their concerns easily.

The pharmacy displayed details about how it maintained people's privacy. There was no confidential material left within areas that faced the public. Staff separated confidential waste before it was

shredded and sensitive details on dispensed prescriptions awaiting collection had been turned so that they did not face people standing in the retail space. The pharmacy's team members who worked on the counter explained that they spoke to people discretely to help protect confidential information. People were shown details on their prescriptions. In addition, as there was a PC on the front counter, they kept the screen clear or locked because people sometimes tried to look at their records when the screen was used for queries. The RP had accessed Summary Care Records to check a query for residents in the care home. Emergency access had been required and details had been recorded about this. There was guidance information in place for the team to protect people's data. However, staff admitted that they knew the RP's password to access electronic prescriptions using his NHS smartcard. The RP explained that staff were in the process of obtaining their own cards. The use of his smartcard in this manner was discussed at the time as it limited the ability of the pharmacy to control access to people's records and keep information safe.

Staff could identify signs of concern to safeguard the welfare of vulnerable people. They described examples of when this had happened and referred to the RP in the first instance. The RP was trained to level two via the Centre for Pharmacy Postgraduate Education (CPPE). However, there were no contact details about the local safeguarding agencies available. This could lead to a delay in the appropriate action being taken.

The pharmacy held a range of documented standard operating procedures (SOPs) to support its services. They were dated from September 2019. Staff were described as in the process of reading through them. The pharmacy's team members understood their roles and responsibilities, team members in training were appropriately supervised and the correct RP notice was on display. This provided details of the pharmacist in charge of operational activities on the day.

The pharmacy's records had largely been maintained in accordance with legislation. The records checked included records about unlicensed medicines, emergency supplies, registers for controlled drugs (CDs), the RP record and records about private prescriptions. However, there were some issues seen for the last two records. Pharmacists had frequently failed to record the time that their responsibility ceased in the electronic register and incorrect prescriber details had been recorded in the electronic register for supplies made against private prescriptions. There were also two private prescriptions for CDs dated from January 2020 and December 2019 that had not been sent to the NHS Business Services Authority for monitoring.

The pharmacy's indemnity insurance was through the National Pharmacy Association (NPA) and due for renewal after 14 December 2020. Staff kept a full record of CDs that had been returned by people and destroyed by the pharmacy. There were also some concerns seen about the records for the fridge temperatures. Records for the maximum and minimum temperatures for the pharmacy fridges were kept daily but the last documented information was up until 25 February 2020. There were some records where the temperature had been higher than 8 degrees Celsius and there was no information recorded to verify the remedial action taken. The RP stated that the temperature had been re-set when this had happened and that the temperatures had been checked every day. Staff were advised to ensure better compliance with documenting the temperatures of the fridges took place so that it could be verified that medicines had been appropriately stored here.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. The pharmacy's team members are suitably trained or are undertaking the appropriate training for their role. They understand their roles and responsibilities. The regular pharmacist looks to keep the team's skills and knowledge up to date. And staff can progress in their roles.

Inspector's evidence

Staff present during the inspection included the RP, three full-time trained dispensing assistants, one was undertaking training for the NVQ 3 in dispensing, another was due to be enrolled on this and one dispensing assistant who worked solely on the counter. The latter stated that she was happy with this role. There was also a part-time, trainee dispensing assistant who had been enrolled onto the appropriate accredited training. The team's certificates of qualifications were seen. Team members covered each other as contingency for leave or absence. There was enough staff present to safely manage the pharmacy's workload. Staff described seeing positive changes since the pharmacy's ownership had changed. This included being provided with opportunities to progress with their training and stated that they enjoyed working at the pharmacy.

The pharmacy's team members asked relevant questions before selling medicines over the counter. They referred to the RP suitably. Staff in training completed their course material at work and at home with set aside time provided. To assist with training needs, the team described reading available literature, using trade magazines or information from online resources and taking instructions from the RP. The RP explained that he frequently tested and reinforced the team's knowledge on various topics. Staff described learning more since this had been happening. They were confident to raise any concerns that they may have had. The team's progress had been checked when the ownership had changed, and this was currently an informal process. Regular discussions were held. Staff communicated verbally, there was a noticeboard to display relevant information. Staff meetings were held every month and they also used WhatsApp to communicate.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's premises provide an adequate environment to deliver its services. The pharmacy is clean. Parts of it are currently being refurbished. And it now has a private space where conversations and services can take place.

Inspector's evidence

The pharmacy premises consisted of a medium-sized retail area with a much smaller dispensary at the rear. The latter extended slightly where additional medicines had been stored and the RP explained that an extra workbench was being considered in this space to help prepare medicines inside compliance packs. There was currently limited space to dispense prescriptions although this was being managed appropriately by the team. The pharmacy had significant space upstairs which included staff and stock areas and a large amount of unused area. Although still functional, the fittings and fixtures in the pharmacy were dated. Parts of the retail space were being refurbished. There were notices on display to inform people about this and several crates of stock here, but they were stored to one side.

The pharmacy was suitably lit, it was appropriately ventilated and generally presented appropriately. Pharmacy (P) medicines were stored behind the front counter. Staff were always within the vicinity and there were notices on display informing people that staff could only enter this area. This helped restrict P medicines from being self-selected and unauthorised entry into the dispensary. A new consultation room had recently been implemented. This was not yet signposted to indicate that services and private conversations could take place here. The room was not currently being used for services. It was of a suitable size for its intended purpose. There was no confidential information present. The pharmacy was secured against unauthorised access.

Principle 4 - Services ✔ Standards met

Summary findings

In general, the pharmacy provides its services in a suitable manner. It obtains its medicines from reputable sources and largely stores them appropriately. The pharmacy team is helpful and team members ensure that their services are readily accessible to people with different needs. And they take extra care with people prescribed high-risk medicines. This helps ensure that people can take their medicines safely.

Inspector's evidence

People could enter the pharmacy from a slight step although this was not enough to stop people with wheelchairs from coming into the pharmacy. Staff explained that they would assist people at the door if required. The wide front door and clear, open space inside the premises further helped people with restricted mobility or wheelchairs to easily use the pharmacy's services. Written details were used to communicate with people whose hearing was impaired, or staff spoke slowly and clearly so that these people could lip-read. The team physically assisted people who were visually impaired and used google translate or checked with the RP for people whose first language was not English.

There were two seats available for people waiting for prescriptions. The pharmacy's opening hours were on display. As a new consultation room was in the process of being implemented, the pharmacy was currently only providing the Essential services. The pharmacy was Healthy Living accredited and had recently started to implement measures to promote health. There was a dedicated section in the retail space to provide people with relevant information. At the time of the inspection, this included extensive information about immunisations. A wide selection of leaflets, posters and information printed from online NHS resources had been displayed here. Staff explained that they were looking to display information about other providers of health so that people could be easily signposted. The pharmacy had received positive feedback about the display and staff described people requesting information to be provided in colour instead of in black and white.

People prescribed higher-risk medicines were routinely identified, relevant parameters checked, and details seen documented to verify this. This included asking people prescribed warfarin about the International Normalised Ratio (INR) level. Staff were aware of the risks associated with valproates and there was educational literature available to provide to people if required. An audit had been completed to identify if people at risk had been supplied this medicine and they had been counselled accordingly.

Staff explained that the pharmacy served a high proportion of people who were elderly. They therefore provided medicines inside compliance packs for these people when requests were made by them. The pharmacy was not yet currently undertaking an assessment to determine whether this was suitable for them. This was discussed at the time. Prescriptions were ordered by the pharmacy on behalf of people and staff explained that they cross-referenced details against people's individual records or records on the pharmacy system to identify any changes or missing items. This was confirmed with the prescriber and audit trails were maintained about this. All medicines were de-blistered into the compliance packs with none left within their outer packaging. Descriptions of the medicines were provided, and they were not left unsealed overnight. The pharmacy routinely provided patient information leaflets (PILs). Mid-cycle changes involved retrieving the compliance packs and supplying new ones.

The pharmacy provided medicines inside compliance packs to residents in a care home. Staff at the care home ordered prescriptions for their residents and the pharmacy obtained details of the repeat requests from them. On receiving the prescriptions at the pharmacy, they were checked against the requests to ensure all items had been received. Information about missing items was sent to the care home or checked with the prescriber if any medicines were still outstanding. Interim or mid-cycle items were dispensed at the pharmacy. PILs were routinely supplied. Staff had not been approached to provide advice regarding covert administration of medicines to the care home residents.

The pharmacy delivered medicines to people's homes and maintained records to verify this. Fridge items and CDs were highlighted, checked prior to delivery and signatures were obtained from people when they were in receipt of their medicines. However, there was a risk of access to people's confidential information from the way their details were laid out on the driver's drop sheet. This was discussed with the team at the time and the RP explained that the owners were looking at ways that this could be minimised. Failed deliveries were brought back to the pharmacy and notes were left to inform people about the attempt made. The pharmacy did not leave medicines unattended.

The team used baskets to hold prescriptions and medicines to prevent any inadvertent transfer. Colour coded baskets helped to highlight priority. Staff involvement in dispensing processes was apparent through the dispensing audit trail that was used. This was through a facility on generated labels. Once prescriptions had been assembled, they were attached to the bags. Fridge items and CDs (Schedules 2 to 4) were identified. Uncollected medicines were removed every few months.

The pharmacy obtained its medicines and medical devices from licensed wholesalers such as Lexon, Alliance Healthcare, AAH and Phoenix. The pharmacy used Lexon to obtain unlicensed medicines. The pharmacy held relevant equipment, but it was not yet compliant with the European Falsified Medicines Directive (FMD). Staff had some awareness of this, but they were not yet complying with the decommissioning process.

Medicines were stored in an organised manner. There were no date-expired medicines or mixed batches seen. Short-dated medicines were identified. The team date-checked medicines for expiry regularly but a schedule to help verify that this had taken place was not routinely being used. Liquid medicines with short stability, were marked with the date upon which they were opened. CDs were stored in accordance with legislation. Drug alerts were received by email, stock was checked, and action taken as necessary. Staff explained that they checked records for people who may have been supplied affected batches of medicines and would provide the care home with the relevant information. An audit trail was available to verify this process. The pharmacy used designated containers to hold medicines returned by people for disposal. However, there was no list available for the team to identify hazardous or cytotoxic medicines and no designated containers to store them. People returning sharps for disposal were referred to the local council and contact details were provided. Returned CDs were brought to the attention of the RP, details were noted, the medicines were segregated and stored in the CD cabinet prior to destruction.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities it needs to provide its services safely. Its equipment is clean.

Inspector's evidence

The pharmacy was equipped with current versions of reference sources and the team could contact the information services department at the NPA for advice and support if required. The pharmacy's equipment was clean. This included the dispensary sink for reconstituting medicines, counting triangles and a range of standardised, conical measures for liquid medicines. There were also designated measures for measuring methadone. There was hot and cold running water available with hand wash present. The CD cabinet was secured in line with statutory requirements. Computer terminals were positioned in a manner that prevented unauthorised access and staff could use cordless phones to ensure conversations took place in private.

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.