

Registered pharmacy inspection report

Pharmacy Name: Masters Pharmacy, 741a Stratford Road, Sparkhill,
BIRMINGHAM, West Midlands, B11 4DG

Pharmacy reference: 1038138

Type of pharmacy: Community

Date of inspection: 15/08/2019

Pharmacy context

This community pharmacy is located on a busy road in Sparkhill, Birmingham. It dispenses NHS prescriptions, offers sexual health services and a prescription delivery service. And it supplies medicines in multi-compartment compliance packs to people who have difficulty in managing with their medicines. It also has a small number of people who receive instalment supplies for substance misuse treatment. The pharmacy participates in a needle exchange scheme and provides travel and influenza vaccinations seasonally.

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 has written instructions to help make sure that its services are delivered safely. And members of the pharmacy generally follow safe practices. They keep the records required by law. And they keep people's private information securely. But the pharmacy's written instructions have not been reviewed for a few years so some information contained within them may be out of date. Members of the pharmacy team record their mistakes so that they can learn from them. But they do not consistently review their mistakes to identify learning points or any emerging trends, so they may miss opportunities to reduce mistakes in the future.

Inspector's evidence

The pharmacy had a full range of written standard operating procedures (SOPs) which had been reviewed in 2015. Members of the pharmacy team had all signed the SOP's and their roles and responsibilities had been defined within the SOPs. The locum pharmacist on duty who had covered the branch on several occasions said he had not yet had the opportunity to read or sign the SOPs. Members of the pharmacy team were aware of the tasks they could or could not undertake in the absence of a responsible pharmacist (RP).

A RP notice was displayed in the dispensary. But it was not prominent enough for members of the public visiting the pharmacy to see the details on it. The RP records were maintained in line with requirements and were up to date.

Members of the pharmacy team were clear about how to manage dispensing errors and near misses. They said that the pharmacist discussed any dispensing errors the staff made and learning points were identified and discussed. Dispensing errors and near misses were recorded but the information written down was too brief to allow any meaningful analysis or identify any emerging trends.

The pharmacy had a complaints procedure, and this was advertised in the pharmacy. Members of the pharmacy team conducted an annual patient satisfaction survey and the results from the most recent survey were overall very positive. These were also posted on the NHS website. There was some feedback from a small percentage of respondents about not being provided advice on healthy lifestyle and smoking cessation. And the pharmacy had not yet identified how it proposed to address this feedback.

Records about private prescriptions, controlled drugs (CDs) and unlicensed medicines were maintained in line with requirements. Running balances of CDs were recorded and checked at the time of dispensing. CDs returned by people were recorded in a separate register. The regular RP was an independent prescriber and had issued quite a few private prescriptions for antimalarials. Records about these had been appropriately maintained.

An Information Governance policy was available and members of the pharmacy said they had all completed training about the General Data Protection Regulation (GDPR). But staff training records had not been completed. The pharmacy's privacy policy was advertised in the dispensary. This meant that people visiting the pharmacy could not see it. So, people may not be fully aware of how the pharmacy manages their private information. A shredder was used for the disposal of confidential waste. The

pharmacy's computers were password protected and people's information on prescriptions awaiting collection were not visible to members of the public visiting pharmacy.

The pharmacy had procedures about safeguarding vulnerable people and members of the pharmacy team had read and signed safeguarding SOPs. The locum pharmacist had completed Level 2 training about safeguarding and contact details for local safeguarding agencies were available for members of the pharmacy team to escalate any concerns.

The pharmacy had appropriate indemnity insurance arrangements in place.

Principle 2 - Staffing ✓ Standards met

Summary findings

Members of the pharmacy team work well together and have the right skills to provide services effectively. They are supported by their superintendent pharmacist to undertake on-going training to keep their skills and knowledge up to date.

Inspector's evidence

The pharmacy's regular RP was on annual leave. A locum pharmacist, a pre-registration trainee, a pharmacy technician and a medicine counter assistant were working at the time of the inspection. The medicine counter assistant had worked for the pharmacy for fourteen years. The team was kept busy throughout the inspection. But it was managing the workload adequately. The pre-registration trainee had passed his exams and was in the process of registering as a pharmacist with the General Pharmaceutical Council.

A 'sale of medicines' protocol was on display in the dispensary and a medicine counter assistant was observed using this protocol when selling pharmacy-only (P) medicines to ensure these were sold safely and were suitable for people requesting them. She said she would refer to the pharmacist if in any doubt. She was aware that medicines containing codeine could be abused and said that on a few occasions, she had referred people who were making repeat requests to the pharmacist, and that he had refused the sales.

Members of the pharmacy team appeared to work closely together, and one of the pharmacy technicians said he would feel comfortable talking to the owner about any concerns he might have. A whistle blowing policy had been read and signed by the members of the pharmacy team. No performance targets were set.

Members of the pharmacy team had access to on-going training which was provided by an external training provider. They had recently completed training about oral health in children and other mandatory training modules required for the pharmacy to become a Healthy Living Pharmacy. Records of completed training were maintained electronically.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are secure and adequate for the pharmacy services provided.

Inspector's evidence

The pharmacy's premises were clean but somewhat cluttered and dated. And they had not been refitted for quite some time. This was reflected in the appearance of its fixtures and fittings. The carpet in the dispensary was stained. And there was just about adequate storage space and workbench available within the dispensary for its current workload. A few bulky items and completed prescriptions were stored on the floor. The floor space in the dispensary was obstructed and this could increase a risk of a slip or trip hazard.

There was quite a bit of rubbish accumulated outside, just by the entrance of the pharmacy, and this detracted the pharmacy's professional image.

A consultation room was available in the pharmacy, which was suitable for private consultations and counselling. The room was not kept locked when not in use. But there was no private information on display.

The pharmacy's sink was clean and had a supply of hot and cold water. Antibacterial hand-wash and alcoholic hand gel were available. Members of the pharmacy team had access to adequate hygiene facilities. The premises were lockable and secured against unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services effectively. People receive the advice and support they need to help them use their medicines appropriately. The pharmacy obtains its medicines from reputable sources. And it generally takes the right actions if any medicines are not safe to use to protect people's health and wellbeing.

Inspector's evidence

The pharmacy had automated doors and its entrance was step free. There was some seating available for people waiting for services. The pharmacy's opening hours and services offered were advertised in-store. Members of the pharmacy team could speak to people in various languages including Urdu and Gujarati. And knew where to signpost people if a service required was not provided at their pharmacy.

A range of leaflets and posters were prominently displayed providing information about various healthcare matters. Members of the pharmacy team routinely participated in Healthy Living campaigns and were currently promoting awareness about epilepsy. The pharmacy offered a prescription delivery service mainly to housebound and vulnerable people. And signatures were obtained from recipients to show that medicines had reached the right people.

Different coloured baskets were used during the dispensing process to prioritise workload and minimise the risk of prescriptions getting mixed up. Owing slips were issued to provide an audit trail when a prescription could not be fully supplied. Dispensed by and checked by boxes were initialled on the dispensing labels to provide an audit trail of which members of staff had been involved in these stages.

The pharmacy supplied medicines in disposable multi-compartment compliance packs to people who had difficulties in managing their medicines. These were labelled with descriptions to enable identification of the individual medicines. The pharmacy technician said patient information leaflets were normally supplied every month. A master sheet was kept for each person receiving multi-compartment compliance packs showing their current medication and dosage times, and these were checked against the prescriptions before dispensing. Any anomalies were queried with the person's prescriber.

The uptake for pharmacy's needle exchange scheme was good and the medicine counter assistant said that she also monitored the rate of return of used needles. Approximately 40 packs were issued and 25 containers of used needles returned in a typical month. A SOP for the provision of injecting equipment and paraphernalia to drug users was in place. Albeit not recently reviewed. A protocol to follow in the event of a needle stick injury was available.

Members of the pharmacy team were aware about the valproate pregnancy prevention programme and knew which patient groups needed to be provided with advice about its contraindications and precautions. Patient information leaflets and guides were available in the pharmacy.

The pharmacist said that people receiving higher-risk medicines such as warfarin were provided with appropriate advice when these were handed out. And the pharmacy recorded evidence of therapeutic monitoring such as INR on the people's medication records.

The pre-registration trainee said that stickers were used to mark CD prescriptions to ensure that these were supplied lawfully. But a completed prescription for zopiclone found on the shelf had not been marked with the sticker or with the date the 28-day legal limit would be reached. This could increase the chances that such prescriptions are supplied beyond their validity date.

A member of the pharmacy team said that the pharmacy had registered with the company that provided the software and the equipment for it to comply with the Falsified Medicines Directive (FMD). But the pharmacy was not yet fully compliant at the time of the inspection and members of the pharmacy team had not signed the FMD SOPs.

Medicines and medical devices were obtained from licensed wholesalers and specials were obtained from a specials manufacturer. No extemporaneous dispensing was carried out. Medicines were generally stored in an orderly fashion and P medicines were stored out of reach of the public.

Expiry date checks on stock medicines were carried out every three to six months, and a record of short-dated medicines was kept so that these could be removed at an appropriate time. Liquid medicines with limited stability were marked with opening dates.

The medicines refrigerator was equipped with a maximum and minimum thermometer and temperature checks were recorded daily. The records showed that the temperatures had been maintained within the required range of 2 and 8 degrees Celsius.

All CDs were stored in line with requirements. Designated bins were available to store waste medicines. And denaturing kits were available to denature waste CDs safely.

The pharmacy had systems to deal with safety alerts and drugs recalls. Records of these and the actions taken by the members of the pharmacy team were recorded and kept in the pharmacy.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy generally has the equipment and facilities it needs for the services it provides.

Inspector's evidence

Members of the pharmacy team had access to the internet and a range of up-to-date reference sources. The pharmacy's computers were password protected and computer terminals were not visible to customers visiting the pharmacy. Confidential waste was appropriately managed, and a consultation room was available for private conversations and counselling. The dispensary was clearly separated from the retail area and afforded good privacy for the dispensing operation and any associated conversations or telephone calls.

Equipment for counting loose tablets and capsules was clean. And a range of clean crown-stamped glass measures were available at the pharmacy with some reserved only for dispensing CDs, to avoid cross contamination. All electrical equipment appeared to be in good working order.

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.