

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: 01/05/2024

Pharmacy context

This community pharmacy is situated on a busy road in Sparkhill, Birmingham. It sells a range of over-the-counter medicines and dispenses prescriptions. It provides the New Medicine Service (NMS), NHS Pharmacy First Service, NHS hypertension case-finding service, the Umbrella Sexual Health Service (Tier 3), a substance misuse service, needle and syringe program, and a smoking cessation service. It also provides seasonal flu vaccinations and the Covid-19 winter booster service. The pharmacy supplies medicines in multi-compartment compliance packs to people who need assistance in managing their medicines safely at home. And it offers a small range of private services including treatment for erectile dysfunction, ear syringing and travel vaccinations. The pharmacy is a registered yellow fever site.

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	1.1	Good practice	The pharmacy assesses the risks involved in providing its services well. It has appropriate policies, written procedures and risk assessments in place to make sure its services are delivered safely.
2. Staff	Standards met	2.2	Good practice	Team members are well supported with on-going training to ensure their skills and knowledge remain current.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.1	Good practice	The pharmacy manages its wide range of services well and they are generally aligned with the needs of the local population.
		4.2	Good practice	The pharmacy delivers its services with a clear focus on improving people's health and wellbeing. People receiving higher-risk medicines are well supported and provided with advice to ensure they continue to take their medicines safely and effectively.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy identifies and manages the risks associated with all its services well, including its prescribing services. It has written procedures, risk assessments and prescribing policies for its services. It has safe and effective working practices. And it keeps the records it needs to by law, to show that medicines are supplied safely and lawfully. Team members routinely record and review their mistakes during the dispensing process so that they can learn and improve from these events. The pharmacy keeps people's confidential information securely and its team members understand how they can help and protect vulnerable people.

Inspector's evidence

The pharmacy had a business continuity plan, a range of current standard operating procedures (SOPs) and risk assessments for the wide range of services it provided. Team members had read and signed the SOPs and they could clearly explain the tasks they could not undertake in the absence of a pharmacist. They knew the types of over-the-counter medicines that could be misused and under what circumstances they needed to refer requests or queries to the responsible pharmacist (RP) for further guidance. The correct RP notice was displayed in the pharmacy. At the time of the visit, the pharmacy was extremely busy however, the workflow in the dispensary was very well organised and calm. The RP used a designated area in the dispensary to complete final accuracy checks on dispensed prescriptions. Dispensing labels were initialled at the dispensing and checking stages to keep an audit trail showing who had been involved in these tasks.

The pharmacy's private services were provided face-to face and they were delivered by the superintendent pharmacist (SI) who was an Advanced Clinical Practitioner (ACP). There were risk assessments and prescribing policies in place for the services provided. The prescribing risk assessments included inclusion and exclusion criteria, red flags, and the appropriate safety netting advice to be provided to people using the service. The pharmacy's travel clinic was popular in the local area and most of the people using the service were pilgrims to Mecca. The patient specific directions (PSDs) included comprehensive information such as disease prevention advice and covered the key questions to ask before administering travel vaccines. The consultation records seen were made contemporaneously and they were comprehensive. And they included the batch number and the expiry date of the vaccine administered.

The pharmacy was registered with the national data sharing portal (GP Connect) which allowed authorised health and social care workers in a variety of care settings to access people's healthcare records. This enabled the pharmacy to access people's summary care records and medication history. And consent was sought from people prior to accessing their records. Consent was also sought from people for their regular GP to be informed about any private treatment they were receiving from the pharmacy. The SI said that most people did not object for their regular GP to be informed but there were some instances due to cultural sensitivities when people did not want their GP to be informed about the treatment received from the pharmacy. For example, emergency hormonal contraception or sexually transmitted diseases. The SI further commented that he used his professional judgment to decide whether the absence of consent to share information affected the person's safety and make appropriate records accordingly.

The pharmacy had conducted a clinical audit which had been carried out by the clinical director. This was to identify whether the ACP's prescribing decisions were aligned with national guidelines and to assess whether good clinical decision and justifications for prescribing were made, or suitable safety netting advice was provided to the person throughout the consultation process. The SI said that there were no concerns reported about the services provided by the pharmacy.

The pharmacy's risk assessment about the prescribing service had recognised the importance of separating the prescribing and dispensing service activities. The SI said that prescriptions generated by him were normally processed by a pharmacy technician or a second pharmacist. And all such prescriptions were validated using the QR barcode scanning system which reduced the risk of dispensing errors.

The SI explained how team members dealt with mistakes made during the dispensing process. Mistakes that were identified before medicines were handed out (near-misses) were routinely recorded and reviewed. He further commented that the QR barcode scanning system alerted team members if an incorrect product had been selected. Most of the near miss records seen involved incorrect quantities rather than selecting an incorrect medicine. A team member explained that they were making sure all split packs were now being highlighted boldly to mitigate the chances of incorrect quantities being dispensed. Medicines with similar names or packaging had been separated and marked to ensure team members were vigilant when selecting these medicines. Dispensing mistakes which reached people (dispensing errors) were recorded and a root cause analysis was undertaken to identify what had gone wrong and learning points discussed to prevent similar events from happening again. The SI said that the pharmacy was registered with Learn From Pharmacy Safety Events (LFPSE) and dispensing errors would also be reported to LFPSE to share learnings with other organisations. The pharmacy had not had any dispensing errors to report in the last twelve months.

The pharmacy had current professional indemnity and public liability insurance. Records about RP, controlled drugs (CDs), private prescriptions and unlicensed medicines were kept in line with requirements. CD running balances were audited at regular intervals and random CD balance checks of several CDs during the inspection were correct. A separate register was used to record patient-returned CDs on receipt to ensure a robust audit trail.

The pharmacy had a complaints procedure and an information governance policy. Access to electronic patient medication records (PMR) was password protected. Confidential information was stored securely and no person-identifiable information was visible to members of the public visiting the pharmacy. Prescriptions awaiting collection were stored safely and confidential waste was shredded in the pharmacy. Team members used NHS smart cards and passwords to access people's records.

Team members understood their role in safeguarding vulnerable people and could explain the actions they would take to safeguard a vulnerable person. The SI had completed level 4 safeguarding training and the pharmacy technicians had completed level 2 safeguarding training. A chaperone policy was available and displayed in both consultation rooms.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy is staffed appropriately to manage its current workload safely. Its team members are skilled and work well together. They are well supported with on-going training to help keep their skills and knowledge current. And they can comfortably raise concerns or make suggestions to help improve the pharmacy's services.

Inspector's evidence

At the time of the inspection, the pharmacy was staffed by the SI, a foundation trainee pharmacist, a pharmacy technician, two qualified dispensers and one medicine counter assistant. The pharmacy also employed a further pharmacy technician who was not on duty at the time of the visit. The SI was the RP on the day of the visit and he said that he worked at the pharmacy four days a week. The rest of the hours were covered by regular locum pharmacists. Most of the team members had worked for the pharmacy for many years and they demonstrated a good rapport with the people from the local community visiting the pharmacy. Team members were observed working well together, and they were managing the dispensing workload efficiently. People visiting the pharmacy were acknowledged promptly.

Team members were well supported with on-going training to help keep their skills and knowledge current. And they were given time during working hours where possible to complete their training. Team members had recently completed training about sepsis, anti-microbial stewardship, and safeguarding. Training certificates were available in the pharmacy. The foundation trainee pharmacist said that they were very well supported by their tutor and they were due to take their registration exams in the next couple of months.

The SI was very experienced and worked in other roles within the NHS where he prescribed regularly. And he explained how he shared learnings from his NHS role to help improve the pharmacy's services. The SI was also an accredited Designated Prescriber Practitioner (DPP) had been actively involved in setting up the NHS Community Pharmacy Independent Prescribing Pathfinder Programme in the pharmacy's sister branch. The SI provided a comprehensive professional development portfolio for training he had undertaken as an ACP and evidence of peer reviews for his clinical work.

The pharmacy had a whistleblowing policy and team members felt comfortable about raising concerns or suggest ways to improve pharmacy services. They all appeared to have an open and good working relationship with their SI. Team members did not have any targets or incentives set.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are fitted to a good standard, project a professional appearance and they are suitable for providing healthcare services. They are kept secure from unauthorised access, and they are accessible to people with mobility challenges.

Inspector's evidence

The pharmacy had been recently refitted to a good standard. Its retail area was bright, spacious, clean and it was kept clear of slip or trip hazards. There was enough seating available for people waiting for services. The dispensary was well organised and it had enough space to undertake tasks safely. It was separated from the retail area and afforded good privacy for the dispensing operation and any associated conversations or telephone calls.

Two private, signposted consultation rooms were available for services and to enable people to have a private conversation with a team member if required. The consultation rooms were well appointed and one of the rooms was fitted with a medical examination couch.

The sinks in the dispensary and in the consultation rooms were clean and each had a supply of hot and cold running water. Team members had access to hygiene facilities and separate hand-washing facilities. Room temperatures in the pharmacy were controllable, and levels of ventilation and lighting were suitable for the activities undertaken. The premises were secured against unauthorised access when closed.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy manages its wide range of services safely and people with different needs can access its services. Its services are generally aligned with the needs of the local population. People receiving higher-risk medicines are well supported. The pharmacy obtains its medicines from licensed wholesalers and its team members take the right action in response to safety alerts and medicine recalls so that people get medicines and medical devices that are fit for purpose.

Inspector's evidence

The pharmacy had automated doors and its entrance had a ramp with the outside pavement to help assist people with mobility challenges. Its opening hours and the services it offered were advertised by the entrance and on the pharmacy's website. People could access the pharmacy's services by either walking in or by booking an appointment via its website. The pharmacy did not offer any services remotely.

A range of leaflets and healthcare posters were suitably displayed in the retail area of the pharmacy. Team members used their local knowledge to signpost people to other providers where appropriate. The pharmacy offered a prescription delivery service and kept an audit trail about this to ensure medicines were delivered safely.

The dispensing service was well managed. Team members used baskets to prioritise dispensing workload and to minimise the risk of medicines getting mixed up. 'Owing notes' were issued to keep an audit trail when prescriptions could not be supplied in full when first dispensed. The pharmacy had signed up to deliver the new NHS Pharmacy First service and team members had all completed the relevant training to be able to deliver the service safely. All relevant documentation and patient group directions (PGDs) were available in the pharmacy. The SI said that the uptake for the service had been good so far and the pharmacy had approximately five referrals a day.

The pharmacy offered multi-compartment compliance packs to people who needed additional support in managing their medication at home. These were assembled in a separate area in the dispensary to minimise any distractions. The service was well organised and records were kept for each person so that any changes in the medication regime could be monitored and queried. Team members labelled the compliance packs with a description of each medicine to help people identify them. Patient information leaflets (PILs) were routinely supplied and any interventions made by team members were documented on the patient's medication record.

The SI explained how the pharmacy managed its NHS hypertension case-finding service and could show how the pharmacy referred people when appropriate.

Team members were aware of the guidance about pregnancy prevention to be given to people in the at-risk group who took sodium valproate and knew about supplying valproate-containing medicines in their original packs. The pharmacy had a handful of people receiving warfarin and their INR levels had been recorded on the PMR. Prescriptions for CDs that did not require storage in the CD cabinet such as pregabalin, gabapentin and tramadol had been marked to ensure these were not handed out beyond their 28-day validity period. The SI said that diabetes was very prevalent in the local area and people

with diabetes were routinely counselled about their diet and lifestyle. And this was recorded on the person's PMR. The SI said that he would normally enquire whether people knew what their current HbA1c levels were and provided appropriate counselling about the normal range people should be aiming for to maintain their diabetes under good control.

The pharmacy obtained its stock medicines from licensed wholesalers and the pharmacy-only medicines were restricted from self-selection. Temperature-sensitive medicines were stored tidily in a medical fridge and temperatures were recorded daily. Records showed that fridge temperatures had remained within the required range of 2 and 8 degrees Celsius. All CDs requiring secure storage were stored in line with requirements. Date-expired CDs were separated and clearly marked and the pharmacy had denaturing kits to dispose of waste CDs safely. The pharmacy had date-checking procedures and short-dated medicines had been marked for removal at an appropriate time. No date-expired medicines were found amongst in-date stock when checked during the inspection. Waste medicines were stored in designated bins ahead of collection by a specialist waste contractor.

The pharmacy received information about safety alerts and medicines recalls via email. Team members could explain how these were dealt with and records of previously actioned alerts were available in the pharmacy.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services effectively and safely. And its team members use the equipment and facilities in a way that protects people's privacy and dignity.

Inspector's evidence

Team members had access to current reference sources. The pharmacy had calibrated measures available for measuring liquid medicines. And some measures were kept specifically for measuring out certain liquids to minimise the chances of cross-contamination. Equipment for counting loose tablets and capsules was available and it was kept clean. Medicine containers were capped. All electrical equipment was in good working order. People's confidential information on the pharmacy's computer system was stored securely. Team members had access to cordless phones so that they could converse in private where appropriate.

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.