

Registered pharmacy inspection report

Pharmacy Name: Wythall Pharmacy, 221 Station Road, Wythall,
BIRMINGHAM, West Midlands, B47 6ET

Pharmacy reference: 1038147

Type of pharmacy: Community

Date of inspection: 25/07/2019

Pharmacy context

This is a community pharmacy located amongst a small parade of shops in a residential area, in the village of Wythall near Birmingham. The pharmacy dispenses NHS and private prescriptions. It provides a few services such as Medicines Use Reviews (MURs) and the New Medicine Service (NMS). And, it provides multi-compliance compartment aids if people find it difficult to take their medicines on time.

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	2.2	Good practice	Pharmacy team members have the appropriate skills, qualifications and competence for their role and the tasks they carry out. They routinely take it in turn to rotate tasks between them so that they are multi-skilled
		2.4	Good practice	The pharmacy has adopted a culture of openness, honesty and learning. The company has provided resources to ensure the team's knowledge is kept up to date
		2.5	Good practice	The pharmacy's team members are empowered to make suggestions to improve the safety of their services. They have voluntarily adjusted their hours to ensure the pharmacy is appropriately staffed during the busiest times and ensure various methods are used to communicate and record relevant details about their services
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

Overall, the pharmacy's working practices are safe and effective. Members of the pharmacy team monitor the safety of their services by recording mistakes and learning from them. They can protect the welfare of vulnerable people, and the pharmacy keeps most of its records in accordance with the law. But, the pharmacy does not hold contact details for the local safeguarding agencies. And, it does not always record enough detail in its records when it supplies unlicensed medicines.

Inspector's evidence

The premises were very warm at the inspection but the inspection took place on one of the hottest days of the year. This was being adequately managed by the team (see Principle 3). The pharmacy was quite organised, and the dispensary was clear of clutter. Prescriptions were processed and assembled by the team in the back section of the dispensary, the responsible pharmacist (RP) worked and accuracy-checked prescriptions from the front section.

The pharmacy held a range of documented standard operating procedures (SOPs) to support its services. They were due for review in August 2019. Staff had read and signed the SOPs and their roles were defined within them. Team members knew their responsibilities and the tasks that were permissible in the absence of the RP. The correct RP notice was on display and this provided details of the pharmacist in charge, at the time.

The company's Safer Care processes were in place, the workbooks were complete, and the Safer Care notice board was up to date. Staff routinely recorded their near misses and reviewed them to identify trends or patterns. Details of this were then shared through monthly briefings. This role was rotated between each team member so that they could routinely consolidate their learning and help prevent them from becoming complacent about the process. The team highlighted look-alike and sound-alike (LASA) medicines and they separated medicines that were held within similar packaging. This included moving amitriptyline away from amlodipine, separating dispersible aspirin from the enteric coated aspirin tablets and segregating different strengths of trimethoprim. In addition, caution labels were placed in front of stock as a visual alert.

Information about the pharmacy's complaints procedure was readily available. Incidents were handled by the pharmacist and the RP's process was in line with the company's policy. Documented details of previous incidents were seen. This included completing root cause analysis and reflective statements.

Staff could identify signs of concern to safeguard vulnerable people, they referred to the RP in the first instance and could refer to the company's protocol about this. The RP was trained to level 2 via the Centre for Pharmacy Postgraduate Education (CPPE), the team was trained as dementia friends and had read information provided by the company. The company's chaperone policy was also on display. In addition, staff described a local doctor setting up a dementia friends café in the area and members of the team volunteered here, in their own time, to assist people who used this service. They had also raised funds in the past for this and described holding a bake sale in the pharmacy. However, there were no local contact details available for the safeguarding agencies in the area.

Staff were trained on the EU General Data Protection Regulation (GDPR) and they separated

confidential waste before it was disposed of by the company. Sensitive details on dispensed prescriptions could not be seen from the front counter, there was no confidential information left in areas that faced the public and the pharmacy informed people about how it maintained their privacy.

Most of the pharmacy's records were maintained in line with statutory requirements. This included a sample of registers seen for controlled drugs (CD), the RP record, private prescriptions and most emergency supplies. For CDs, balances were checked and documented every week. On randomly selecting CDs held in the cabinet, the quantities held matched balances within corresponding registers. Occasionally, some records of emergency supplies were missing details about the nature of the emergency and records of unlicensed medicines were missing prescriber details.

The team kept daily records of the minimum and maximum temperatures for the fridge and this demonstrated that medicines were being appropriately stored here. Staff also maintained a full record of the receipt and destruction of CDs that were brought back by people for disposal. The pharmacy's professional indemnity insurance was through the National Pharmacy Association (NPA) and this was due for renewal after June 2020.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members are competent and understand their roles and responsibilities. They keep their skills and knowledge up to date by completing regular training. And, they can make suggestions to improve the safety of the pharmacy's services.

Inspector's evidence

The pharmacy dispensed 4,500 prescription items every month, with 54 people receiving their medicines inside multi-compartment compliance aids and a few people with instalment prescriptions. In addition to the Essential Services, the pharmacy provided MURs and the NMS. The RP explained that a target to complete five MURs per week was in place and this was sometimes manageable. According to him, there was no pressure applied to complete the services.

Staff present during the inspection included the RP and three members of staff who were trained for both the dispensary and counter, one of them was also the supervisor. There was also another two part-time dual trained staff and a delivery driver. Team members wore name badges and some of their certificates of qualifications were seen.

As mentioned in Principle 1, staff rotated roles between them so that they could complete each other's tasks if required. This included different members of the team carrying out balance checks for CDs for example and they took it in turn to hold campaigns about healthier living (see Principle 4). Team members covered each other as contingency for annual leave or absence but also explained that they had voluntarily adjusted each other's hours so that the pharmacy was staffed appropriately during the busiest times.

Staff asked relevant questions before selling over-the-counter (OTC) medicines and they knew when to refer to the pharmacist. They held sufficient knowledge of OTC medicines. To assist with training needs, staff completed online modules every month through a company provided resource and took instruction from the pharmacists or learnt from one another. Team members received formal appraisals every six months, they held regular team meetings, communicated verbally, used the noticeboard as well as a WhatsApp group.

The team's tasks for the day or week were routinely highlighted on a noticeboard, some members of the team had created bespoke folders to hold relevant information and streamlined certain processes. The former included folders to hold newsletters, Safer Care briefings, audits and training resources. The latter involved a bespoke chart or schedule that was on display to identify when prescriptions for the compliance aids required ordering or had been ordered, when they were due to be assembled and dispatched as well as information about their collection and delivery.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are secure and provide an adequate environment for the delivery of its services.

Inspector's evidence

The pharmacy premises consisted of a small retail space and dispensary. The latter was made up of two open sections, the front part was used as a segregated space by the RP to accuracy-check prescriptions and the second extended slightly towards the rear and this was where staff worked. The second section was slightly larger. There was adequate space to dispense prescriptions and to store medicines. Staff areas were at the very rear.

The pharmacy was bright and professional in appearance. It was a very warm day and the temperature of the premises reflected this. The ambient temperature in the dispensary was 29 degrees Celsius during the inspection, this was a higher temperature than most medicines should be stored at. There were fans in the dispensary to help with the ventilation and the side door was kept open, the RP explained that they were monitoring the temperature and had received guidance from their head office about this.

A signposted consultation room was available to provide services and confidential conversations. The door was unlocked, and the room was of an adequate size. There was no confidential information present.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy team is helpful and ensures that people are kept informed about healthier lifestyles. The pharmacy sources and stores its medicines appropriately. In general, it provides its services safely and effectively. The pharmacy takes extra care when people receive higher-risk medicines. It delivers prescription medicines safely to people's homes and keeps records of this. But, people might see other people's sensitive information when they sign to receive their medicines.

Inspector's evidence

People were able to enter the pharmacy from a wide, front door at street level. There was clear, open space and a wide aisle which enabled people using wheelchairs to access the pharmacy's services easily. There were three seats available for people waiting for prescriptions and some car parking spaces outside the pharmacy. The pharmacy was healthy living accredited, and the team took it in turns to hold campaigns on different topics such as healthy eating for example. At the inspection, the current campaign involved providing advice to people about staying safe in the sunshine. Staff had created bespoke posters for this, they had printed resources from NHS websites to provide additional information on the subject and kept evidence of referrals. The team could signpost people to other local organisations from their own knowledge of the area as well as from documented information that was kept at the pharmacy.

Licensed wholesalers such as Alliance Healthcare and AAH were used to obtain medicines and medical devices. Unlicensed medicines were obtained from AAH. Staff were aware of the process involved for the European Falsified Medicines Directive (FMD), they described seeing an email about the scanner and relevant equipment was present. However, this was not functioning at the point of inspection, there was no guidance information available for the team, they stated that they had not received any training about FMD and the pharmacy was not yet complying with the process.

Medicines were stored in an organised manner, short-dated medicines were identified using stickers and there were no date-expired medicines or mixed batches seen. The team used a date-checking schedule to verify when this process took place and medicines were date-checked for expiry every week. Liquid medicines were marked with the date they were opened, and medicines were stored evenly in the fridge. CDs were stored under safe custody and keys to the cabinet were maintained in a manner that prevented unauthorised access during the day as well as overnight. Drug alerts and product recalls were received through the company, stock was checked, and action taken as necessary. An audit trail was available to verify this.

The team used designated containers to store medicines returned by people that required disposal. There was a list available for the team to identify hazardous or cytotoxic medicines. Sharps were accepted for disposal provided they were in sealed bins. Returned CDs were brought to the attention of the RP, entered into the CD returns register, segregated and stored in the CD cabinet prior to destruction.

During the dispensing process, the team used baskets to hold prescriptions and medicines and this helped to prevent the inadvertent transfer of items. Baskets were colour co-ordinated to highlight priority and a dispensing audit trail was used to identify the staff involved. This was through a facility on

generated labels.

Dispensed prescriptions awaiting collection were stored within an alphabetical retrieval system. The team identified fridge items, CDs (Schedules 2-4) and when pharmacist intervention was required with stickers. Clear bags were used to hold assembled fridge items and CDs to assist in identifying the contents when they were handed out to people and uncollected prescriptions were removed every four weeks.

Staff were aware of the risks associated with valproates and there was guidance material available to provide to people at risk. Audits had been completed in the past and no females at risk were identified as having been supplied this medicine. People prescribed higher-risk medicines were identified, counselled and relevant parameters were routinely checked. This included checking the International Normalised Ratio (INR) levels for people prescribed warfarin and routinely asking about blood test results. There were some details documented to demonstrate this. Routinely recording this information was discussed at the time.

The pharmacy provided a delivery service and the team retained audit trails for this. CDs and fridge items were highlighted. The driver obtained people's signatures when they were in receipt of their medicines. However, there was a risk of access to confidential information from the way people's details were laid out on the driver's sheet. Failed deliveries were brought back to the pharmacy, notes were left to inform people about the attempt made and medicines were not left unattended.

Compliance aids were initiated after the pharmacist had conducted an assessment and liaised with the person's GP. The pharmacy ordered prescriptions on behalf of people receiving compliance aids and staff cross-referenced details on prescriptions against people's individual records. This helped them to identify changes and records were maintained to verify that this had taken place. All medicines were de-blistered into the compliance aids with none supplied within their outer packaging. Compliance aids were not left unsealed overnight when assembled. Descriptions of the medicines were provided and Patient Information Leaflets (PILs) were routinely supplied. People prescribed warfarin, methotrexate and valproates who received compliance aids were supplied these medicines separately, INR levels were obtained where possible for the former and some records were seen documented with this information. Mid-cycle changes involved either supplying new compliance aids, providing medicines separately if possible or the compliance aids were retrieved, amended and re-checked before being re-supplied.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely.

Inspector's evidence

The pharmacy held an appropriate range of equipment for its services. This included current reference sources, clean, crown stamped, conical measures for liquid medicines, counting triangles and a separate one for cytotoxic medicines. The CD cabinet was secured in line with statutory requirements and the medical fridge appeared to be operating appropriately. The dispensary sink used to reconstitute medicines was clean and there was hot as well as cold running water available. The blood pressure machine was marked as replaced in May 2018.

The sole computer terminal was password protected and positioned in a manner that prevented unauthorised access. There were cordless phones present to provide conversations in private if needed and the team held their own NHS smart cards to access electronic prescriptions. The latter were taken home overnight.

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.