

Registered pharmacy inspection report

Pharmacy Name: M W Phillips Chemists, 9 Twickenham Road,
Kingstanding, BIRMINGHAM, West Midlands, B44 0NN

Pharmacy reference: 1038157

Type of pharmacy: Community

Date of inspection: 17/04/2019

Pharmacy context

This is a community pharmacy located next to a medical centre in a residential area of a Birmingham suburb. The pharmacy mainly dispenses NHS prescriptions. It supplies weekly multi-compartment compliance aids for people to use in their own homes and delivers medication to people who are housebound. It also sells a limited range of over-the-counter medicines. The pharmacy provides a number of other NHS services including Medicines Use Reviews (MURs), the New Medicine Service (NMS) and Umbrella sexual health services including emergency contraception and chlamydia testing kits. Substance misuse treatment services and a needle exchange service are also both available.

Overall inspection outcome

✓ **Standards met**

Required Action: None

Follow this link to [find out what the inspections possible outcomes mean](#)

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 aims to identify and manage risk. It keeps the records it needs to by law, but some details are missing. This could mean the team are not always able to show what has happened if something goes wrong. Pharmacy team members receive training so that they know how to keep people's information private and raise concerns to protect vulnerable people. They usually follow written procedures to help make sure that they complete tasks safely. But they do not always record and review their mistakes. So, they may miss out on learning opportunities and the chance to reduce future risks.

Inspector's evidence

The pharmacy had some systems in place to help identify and manage risk. A near miss log was in place, although there were identifiable gaps in recording, and there were no regular reviews of near miss records. But incidents were discussed at the time they occurred, and changes were made as appropriate. An example included highlighting medication shelves to encourage care with selection, as seen with different brands of isosorbide mononitrate prolonged release tablets. The details of any dispensing incidents were recorded on a form which contained a more detailed analysis of what had happened. Information was escalated to head office and learning points were identified.

A set of written standard operating procedures (SOPs) was in place. The procedures had recently been updated and were signed by most members of the team to confirm their acknowledgment and understanding. A number of procedures including some relating to responsible pharmacist (RP) regulations, and dispensing procedures including the management of owing prescriptions, had not been signed by one member of the team.

The responsibilities of the pharmacy team were defined within the SOPs and a dispenser was able to clearly discuss the activities which could and could not take place in the absence of the RP.

People using pharmacy services were able to provide feedback and raise concerns verbally within the branch. The company complaints policy was also advertised in the waiting area. Additional feedback was sought through an annual Community Pharmacy Patient Questionnaire (CPPQ), which was ongoing at the time of the inspection.

Insurance arrangements were in place.

The correct RP notice was conspicuously displayed near to the medicine counter. The RP log was maintained electronically and appeared generally in order. There were occasional entries where the time RP duties ceased had not been recorded.

Controlled drugs (CD) registers were maintained in a paper format and appeared generally in order. A patient returns CD register was in place and destructions were signed and witnessed.

Private prescriptions and emergency supply records appeared in order and the available specials

procurement records maintained an audit trail from source to supply.

Pharmacy team members had completed some information governance training and were aware of how confidentiality within the pharmacy should be protected. General Data Protection Regulation (GDPR) training materials and information governance policies were available for reference. A privacy notice was also on display. Confidential waste was shredded on the premises and completed prescription were stored out of public view.

The pharmacist and pre-registration pharmacist had completed safeguarding training through the Centre for Pharmacy Postgraduate Education (CPPE) and demonstrate an understanding of the type of concerning behaviours that they may be watching for. Local contact details for escalation were dated from 2014. But the pharmacist said that she had previously found up-to-date details online when raising a concern in the past and provided details of this.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members are suitably trained. They complete some ongoing learning to keep their skills and knowledge up to date. But they do not always receive protected learning time to support this. The pharmacy team work well together and are comfortable in raising concerns and providing feedback.

Inspector's evidence

On the day the pharmacy team comprised of the regular pharmacist, a pre-registration pharmacist and a relief dispenser. Staff rotas were usually made available by company management a week in advance. Regular pharmacy team members, including the pharmacist had recently been providing cover at other branches within the group, which had sometimes left the pharmacy short of staff and made the completion of some tasks more difficult. During periods of time where staffing levels were at full complement, the pharmacist said that live tasks such as prescription dispensing had taken priority to ensure that supplies were being completed to time. Leave was usually planned in advance and cover was sometimes provided through relief team members.

The pharmacy sold a small range of over-the-counter medicines. The team were aware of the types of questions that should be asked to help to ensure that sales were appropriate, as well as high-risk medications, which may be susceptible to abuse or misuse.

Team members present on the day were trained for their roles and some ongoing training was provided via a training tablet. The relief dispenser had an active account available on the tablet but had not yet completed any training modules. No protected training time was available during working hours. The pre-registration pharmacist was enrolled on a training programme for support throughout the pre-registration year. Regular study days were provided as well as support through mock pre-registration assessments. The regular pharmacist was the pre-registration tutor, and both said that all relevant reviews were up to date and development was monitored on a regular basis. The relief pharmacist did not have a formal appraisal and said that he would contact management if any issues were identified.

An open dialogue was observed amongst the team and they said that they felt comfortable about contacting and escalating concerns through senior management. A whistleblowing policy was in place. The policy was located during the inspection and was made easily accessible for all team members.

There were targets in place for MURs. The pharmacist said that services would only be conducted where appropriate and felt comfortable with targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a suitable environment for the provision of healthcare services. But some fittings are worn which detracts from the overall professional appearance.

Inspector's evidence

The pharmacy was compact but appropriately maintained. There were some areas, particularly the carpet and chairs which were showing signs of wear and tear and staining, which detracted from the overall appearance. Measurements had been taken for replacement carpets to be fitted and new chairs had also been ordered. Maintenance issues were resolved by company management. Day to day cleaning duties were completed by pharmacy team members.

A small waiting area to the front of the premises had a number of chairs for people less able to stand and a small selection of pharmacy medications were restricted from self-selection.

A consultation room was accessible from the waiting area. The room was signposted, and a desk and seating facilitated private and confidential discussions.

Access to the dispensary was restricted. There was adequate work bench space for dispensing activity and separate areas were reserved for dispensing and checking. At times work benches were cluttered and there were some items temporarily stored on the floor, which may cause a trip hazard for staff. A sink was available for the preparation of medicines.

An additional small storage area was available and there were staff WC facilities which were equipped with appropriate handwashing materials.

There was adequate lighting throughout the premises and air conditioning was in place to maintain a temperature appropriate for the storage of medicines.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally manages its services safely and makes them available to people with different needs. It obtains medicines from reputable sources and carries out some checks to show that medicines are suitable for supply. But pharmacy team members may not always make enough checks with some higher risk medicines. Which may mean that some people do not always have access to the information that they need to take their medicines safely.

Inspector's evidence

The premises had a step-free access and was wheelchair accessible. Advertisement materials for some of the services available from the pharmacy were displayed in the waiting area, alongside some other health promotion literature. A signposting folder was used to assist in directing people to other healthcare providers. Additional information on local services was also available online.

Prescriptions were dispensed using baskets, in order to keep them separate and reduce the risk of medications being mixed up. Baskets were colour coded to enable workload prioritisation. Audit trails were maintained for dispensing and checking.

Prescriptions for high-risk medications were not always highlighted. Where possible, the pharmacist said she discussed medications with patients to ensure they were aware of how to manage their medicines and were being appropriately monitored. Records of monitoring parameters such as INR readings were not maintained. The pharmacy team were aware of requirements regarding the supply of valproate-based medications to people who may become pregnant. Safety alerts cards were available for supply, but other resources including patient guides could not be located. Prescriptions for CDs were usually highlighted. But an example was seen where a prescription for pregabalin had not been marked so that additional checks could take place at the time of supply, so there was a risk that this could be handed out after the prescription expired.

Prescriptions for weekly multi-compartment compliance aid devices were ordered by the pharmacy team, who kept records to identify any unreturned prescriptions. Master records of medication were held and were updated to reflect any changes that were made to medicines and dosages. A pre-registration pharmacist confirmed that no high-risk medications were placed into weekly compliance devices and identified a number of other medicines which would be unsuitable for supply in a device. Completed weekly compliance aid devices seen had patient identifying details, descriptions of individual medicines were present and PILs were supplied.

Signatures were obtained to confirm the delivery of CDs. The pharmacy team said signatures were also obtained to confirm the delivery of other medications, but records were then archived and were unavailable at the time of the inspection.

The pharmacist had completed training for the provision of Umbrella services and in-date patient group directions (PGDs) were available for reference.

Stock medications were sourced through licensed wholesalers and specials from a licensed manufacturer.

Stock medications were stored in an organised manner and within the original packaging provided by the manufacturer. Liquid preparations were marked to indicate the date on which they had been opened. Recent date checking had been carried out, although checks were not always made at the frequency outlined in SOPs. Short-dated medications were highlighted and no out of date medications were identified during random checks. Out of date and returned medications were stored in designated bins for storing waste medicines. A cytotoxic waste bin and sharps bins were also available. The pharmacy had a tablet which was equipped with a scanner to enable compliance with European Falsified Medicine Directive (FMD) legislation. The pharmacy was not yet fully compliant with legislation and pharmacy procedures had not been updated to reflect changes in dispensing processes.

CDs were stored appropriately, and random balance checks carried out on the day were found to be correct.

The pharmacy fridge was equipped with a maximum and minimum thermometer. The temperature was recorded each day and was seen to be within the recommended range.

Alerts for the recall of faulty medicines and medical devices were received via email, which was accessible to all team members and was checked daily.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to deliver its services safely.

Inspector's evidence

Access was available to paper-based reference materials and a general internet access. Further assistance with queries could also be obtained from the National Pharmacy Association (NPA).

A range of glass crown stamped measures were available and clearly marked to indicate use with CDs. Counting triangles and capsule counters were also available and were appropriately maintained.

Electrical equipment was in working order. Computer systems were password protected and screens were located out of public view. A cordless phone enabled conversations to take place in private, where necessary.

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.