

# Registered pharmacy inspection report

**Pharmacy Name:** Hingley Pharmacy, 48-52 Yardley Green Road,  
BIRMINGHAM, West Midlands, B9 5QE

**Pharmacy reference:** 1038199

**Type of pharmacy:** Community

**Date of inspection:** 25/04/2019

## Pharmacy context

This is a community pharmacy located on a busy main road in a Birmingham suburb. There are several GP practices and other community pharmacies in the local vicinity. The pharmacy mainly dispenses NHS prescriptions. It supplies medicines in weekly compliance aid packs for people to use in their own homes and delivers medication to people who are housebound. It also sells a range of over-the-counter medicines and other health and beauty items. The pharmacy provides a number of other NHS services including Medicine Use Reviews (MURs), the New Medicine Service (NMS) and Umbrella sexual health services, such as the Emergency Hormonal Contraceptive (EHC). Substance misuse treatment services are also 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy suitably identifies and manages risk. It keeps the records it needs to by law and ensures people's private information is kept safe. Pharmacy team members follow written procedures to help ensure that they complete tasks safely. They record and review their mistakes so that they learn from them and reduce risks in the future. Team members are trained so they know how to raise concerns to protect vulnerable people.

### Inspector's evidence

The pharmacy had some systems in place to help to identify and manage risk. The details of near misses and dispensing incidents were captured electronically. Records were usually made by the pharmacist. A patient safety review was completed at the end of each month to identify trends, and action was taken accordingly. An example seen included a note being placed to encourage care in the selection of Novorapid and Novomix. Where dispensing incidents were identified, additional onward reporting on the National Reporting and Learning System (NRLS) also took place.

A full set of standard operating procedures (SOPs) were in place. The procedures had been marked to indicate that they had been reviewed every two years. However, a procedure regarding the requisition of controlled drugs (CD) stated that the use of an FP10CDF requisition form was still good practice, rather than a legal requirement. The procedures had been signed by team members with each update to confirm their acknowledgement and understanding.

The roles of team members were outlined within pharmacy procedures. A medicine counter assistant (MCA) discussed the activities that she would complete as part of her role and also demonstrated an awareness of the activities that could and could not take place in the absence of a responsible pharmacist (RP).

People using pharmacy services were able to provide feedback and raise concerns verbally. The company complaint procedure was displayed on a small notice near to the dispensary entrance and in a practice leaflet. Ongoing feedback was also provided through a community pharmacy patient questionnaire (CPPQ), which was completed each year. A recent feedback poster appeared positive.

Certificates of insurance were displayed in the dispensary. The correct RP notice was conspicuously displayed near to the medicine counter. The RP log appeared in order. Controlled Drugs (CD) registers kept a running balance and a stock balance audit was usually conducted each month, and at weekly intervals for methadone. Returned CDs were recorded, and destruction was signed and witnessed.

Samples of emergency supply and private prescription records appeared in order, and specials procurement records contained an audit trail from source to supply. Information governance procedures had been read by the pharmacy team and additional training had been completed. A data processing notice was on display in the retail area. Confidential waste was segregated and shredded on the premises. NHS Smartcard usage appeared appropriate.

A child protection SOP was in place and the pharmacist said that discussions regarding the protection of

vulnerable people had taken place with team members. The pharmacist had completed level 2 safeguarding training through the Centre for Pharmacy Postgraduate Education (CPPE). The contact details of local safeguarding agencies were accessible if needed.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

Pharmacy team members work well together and are comfortable in raising concerns and providing feedback. They complete some ongoing training to keep their knowledge and skills up to date.

### Inspector's evidence

On the day, the pharmacy team comprised of the regular pharmacist, a qualified dispenser and a qualified MCA. The pharmacy also employed an additional qualified dispenser and MCA, both of whom worked part-time and were not present. The team appeared to comfortably manage the workload throughout the inspection. Leave within the pharmacy was usually planned in advance.

The sale of medication was discussed, and the MCA outlined the questions that she would ask to help ensure that sales were safe and appropriate. Referrals were made to the pharmacist for further advice, where appropriate and the MCA also demonstrated knowledge of the restrictions on the sale of some pharmacy medications such as pseudoephedrine-based products.

Team members present on the day were trained for their roles. Some certificates showing qualifications were displayed in the retail area. Others were filed in development folders. Updates were received from head office to keep the team abreast of any relevant changes such as recent changes to the legal status of pregabalin and gabapentin. Additional ongoing learning was also completed through counter skills modules, which were received periodically. Recently completed modules had not been recorded to show what had been completed. The development of the pharmacy team was reviewed on an ongoing basis and formal appraisals also took place. Appraisals were conducted once per year with the pharmacist where any areas for improvement were identified.

The pharmacy team worked closely together, in an open environment and expressed that they were comfortable in raising issues and points of feedback both within the branch and to company management. The team were unaware of a whistleblowing policy to facilitate anonymous concerns being raised, but said they felt comfortable in contacting any member of company management.

There were targets in place for MURs. The pharmacist said that due to footfall the targets could be difficult to meet, but there were no repercussions from this and services were only carried out where clinically indicated and appropriate.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a secure and suitable environment for the delivery of healthcare services.

### Inspector's evidence

The pharmacy premises were appropriately maintained. Maintenance issues were escalated to the superintendent pharmacist. Daily cleaning duties were carried out by the pharmacy team, and on the day the premises were clean and tidy.

The spacious retail area to the front stocked a range of health and beauty products. Near to the medicine counter there was a small selection of chocolate and sweets available for sale, which was not in keeping with a healthcare-based business. Pharmacy restricted medications were secured from self-selection. The walkways in the retail area were free from obstructions and chairs were available for use by people less able to stand.

Off the retail area was a small enclosed consultation room. A blind was in place over the window to afford additional privacy. The room was equipped with a desk and two chairs. The dispensary had adequate space for the provision of services. The main work bench was segregated into different sections for dispensing, checking and weekly compliance aid pack assembly. Additional storage space was provided through shelving units and a sink was available for the preparation of medicines.

An additional storeroom was available, and staff also had access to WC facilities which were equipped with appropriate handwashing materials. There was adequate lighting throughout the premises and the temperature appeared appropriate for the storage of medicines.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy manages services safely and makes them available to people with different needs. People generally receive the information they need to help them take their medicines properly. The pharmacy obtains medicines from reputable sources and carries out checks to show that medicines are suitable for supply.

### Inspector's evidence

The premises had a single-step access to the front. A portable ramp was available for use. Additional adjustments could be made for those with disabilities, including large print labels being generated from the computer system.

Some of the services available from the pharmacy were promoted in a practice leaflet. Advertisements for additional services such as those under the Umbrella scheme were also separately displayed. There was a small range of leaflets which provided health promotion information and the details of other local services. When required, people were directed to other healthcare providers.

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 the workload to be prioritised. An audit trail for dispensing and checking was maintained. Original prescription forms and tokens were not always routinely kept with dispensed medications until collection.

A 'pharmacist' sticker was used to identify prescriptions for high-risk medications. The supply of valproate-based medications to people who may become pregnant was also discussed. In-date safety materials were unavailable on the day. The inspector advised on how materials could be obtained. Prescriptions for CDs were highlighted, including schedule 3 and 4 CDs which were not subject to safe custody requirements.

Repeat prescription requests were taken directly to the GP surgery and an audit trail was maintained to identify unreturned prescriptions. Prescriptions for weekly compliance aid packs were organised using a four-week system. Audit trails were recorded for all requests which were sent, and master records of medications were kept up to date. No high-risk medications were said to be placed into weekly packs. Completed weekly compliance aid packs which were seen did not routinely have a signature for dispensing or record descriptions of individual medications, so people may not always be able to identify their medications. PILs were supplied.

Signatures were obtained for the delivery of medications. Where a delivery was unsuccessful, a card was left, and medications were returned to the pharmacy. A service specification for the NHS Urgent Medicine Supply Advance Service (NUMSAS) was available for reference. An example was seen on the day where the pharmacist identified that the request was for a schedule 3 CD and a referral to a local out-of-hours service was made. Training had been completed for the provision of the Umbrella services. In date Patient Group Directives (PGDs) were available for reference.

Stock medications were sourced through reputable wholesalers and specials from a licensed

manufacturer. Stock was generally organised on shelves in the dispensary and was stored in the original packaging provided by the manufacturer. Date checking was carried out in both the dispensary and retail area, and short dated medications were recorded and removed from the shelves each month. No out of date medications were identified from random samples taken. Out of date and returned medications were stored in DOOP bins. No cytotoxic waste bin was available for hazardous materials. The pharmacist said that she would follow-up on this. The pharmacy was not currently compliant with requirements by the European Falsified Medicine Directive (FMD).

The pharmacy fridge had a maximum/minimum thermometer. The temperature was checked and recorded daily and was within the recommended range. CDs were appropriately secured, and random balance checks conducted on the day were found to be correct. Out of date and returned CDs were clearly segregated and dated. CD denaturing kits were available. Alerts for the recall of faulty medicines and medical devices were received electronically. The system was checked daily and an audit trail of actioned alerts was maintained.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services.

### Inspector's evidence

Access was available to paper-based resources and the internet to facilitate additional research.

A range of measures were available, some were approved crown-stamped and ISO marked glass measurers. However, a number were plastic and a British Standard approval marking could not be seen. This may lead to minor inaccuracies when measuring liquids. Counting triangles and a capsule counter were also available.

Electrical equipment appeared in order. A helpdesk facility was available for the computer system. Computer systems were password protected and backed up daily. A cordless telephone enabled conversations to take place in private, if required.

### 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.