

Registered pharmacy inspection report

Pharmacy Name: Grange Pharmacy, 8 Howley Grange Road,
HALESOWEN, West Midlands, B62 0HN

Pharmacy reference: 1038353

Type of pharmacy: Community

Date of inspection: 18/02/2020

Pharmacy context

This family run pharmacy is located in a residential area of Halesowen. Most people who use the pharmacy are from the local area. It dispenses prescriptions and sells a range of over-the-counter (OTC) medicines as well as other household items. And it supplies some medicines in multi-compartment compliance aid packs, to help make sure people take them correctly. The pharmacy offers several other NHS services including Medicines Use Reviews (MURs), the Community Pharmacist Consultation Service (CPCS) and a local minor ailments scheme.

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 suitably identifies and manages risks. It secures people's private information and keeps the records it needs to by law. The pharmacy team members record their mistakes to help them learn and improve, and they are clear about their roles. Team members understand how to raise concerns to protect the wellbeing of vulnerable people.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) covering the operational tasks and activities. The procedures did not always define the individual responsibilities of pharmacy team members and were overdue for review, so they may not always reflect current practice. Through discussion team members demonstrated a clear understanding of their roles. A procedure covering the operation of the pharmacy in the absence of a responsible pharmacist (RP) could not be located on the day. The pharmacist on duty agreed to rectify this, if the original version could not be located. RP absence was discussed with the team, who correctly described the tasks which were permissible in the absence of an RP and team members worked within their roles throughout the inspection. The pharmacy had professional indemnity insurance provided by the National Pharmacy Association (NPA) and a certificate which was valid until March 2020 was displayed.

The pharmacy had a near miss log. The team felt that all near misses were recorded and were comfortable discussing when things had gone wrong, to help them learn and improve. The near miss log was reviewed periodically but a record of this was not kept. The pharmacist admitted that this could be done more frequently to help identify underlying patterns and trends. The team provided some examples of where medications had been segregated to highlight that there were changes to the pack sizes, to help prevent quantity errors. Some shelf-edge labels were also in situ, which highlighted potential picking errors. The pharmacist was unaware of any recent errors. He discussed the information that would be captured in response to an error being reported and said that he would submit incident reports to the National Reporting and Learning System (NRLS).

The pharmacy had a complaint procedure, but this was not clearly advertised so people may not always be aware of how concerns can be raised. A medicine counter assistant (MCA) said that people were able to provide feedback verbally to team members. A previous issue regarding the car park at the front of the pharmacy had been resolved with the assistance of the owner of the business next door to the pharmacy. Feedback was also sought through a Community Pharmacy Patient Questionnaire (CPPQ).

The correct RP notice was clearly displayed near to the medicine counter and the RP log was in order. Controlled drugs (CD) registers kept a running balance and regular balance checks were completed. A patient returned CD destruction register was available and previous entries had been signed and witnessed. Records of private prescriptions and emergency supplies were maintained. There were some private prescription records which did not contain both the date of the prescription and the date of dispensing, so they were not fully compliant. Specials procurement records provided an audit trail from source to supply.

Pharmacy team members had completed some information governance training. The pharmacy was registered with the Information Commissioners Office (ICO), but a copy of its privacy policy was not seen. Team members discussed how they would keep people's private information safe. They segregated and shredded confidential waste on the premises and completed prescriptions were filed out of public view. Doors had been fitted to the retrieval shelves, to help ensure patient details were not visible when entering the consultation room. Team members had their own NHS smartcards. But the smartcard of the superintendent pharmacist was placed in a dispensing terminal, despite him not being present on the premises, which demonstrates that cards are not always be suitably secured when not in use.

The pharmacist had completed safeguarding training and discussed a previous instance where the other regular pharmacists had escalated a concern for a vulnerable child. The pharmacist said a record of the referral had been made, but this was not seen on the day. The contact details of local safeguarding agencies were available to support the escalation of concerns.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members are suitably trained for their roles and are able to comfortably manage the dispensing workload. Team members get some feedback on their development and feel comfortable to provide feedback and raise concerns.

Inspector's evidence

On the day of the inspection, the regular pharmacist was working alongside a qualified dispenser and a qualified MCA. The superintendent pharmacist also attended towards the end of the inspection. He worked part-time in the pharmacy, meaning that on some days double pharmacist cover was available. Leave was planned in advance and approved by the superintendent pharmacist, who restricted leave to help ensure sufficient staffing levels were maintained. The pharmacy had an additional employee, who previously worked as a registered pharmacist, who was available to provide support with dispensing, if cover was needed. The team managed the workload adequately during the inspection and there was no backlog of dispensing.

Pharmacy team members worked within their competence. The sale of medication was discussed with the MCA, who outlined the questions that she would ask to help make sure that sales were suitable. The MCA identified patient groups who would be referred to the pharmacist for further advice, and also identified some of the symptoms that would raise a concern and would be referred. Pharmacy team members discussed a situation where sales for frequent requests for codeine-based preparations had been refused and they were aware of common medications of abuse in the local area.

Pharmacy team members were suitably trained for their roles and their training certificates were displayed behind the medicine counter. Training covering information governance was completed regularly, but other structured training was limited. Team members read trade press materials which were received through the post on an ad-hoc basis. They received some feedback on their development, primarily through informal conversations with the regular pharmacist and one-to-one discussions also took place, if needed.

The pharmacy team members were longstanding and experienced in their roles. The team worked well together and team members were happy to approach both the regular pharmacist and the superintendent pharmacist. They felt comfortable providing feedback and raising concerns. There were no set targets in place for professional services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a suitable environment for the provision of pharmacy services. It has a consultation room so members of the public are able to access an area for private and confidential discussions.

Inspector's evidence

The pharmacy, including the exterior fascia was well presented and in an appropriate state of repair. Maintenance concerns were escalated to the superintendent pharmacist, who arranged for any necessary repair work and pharmacy team members completed cleaning duties on an ad-hoc basis. The pharmacy was clean and tidy on the day. There was appropriate lighting throughout and the temperature was suitable for the storage of medicines.

There was a spacious retail area, which portrayed a professional appearance. The pharmacy shelves stocked a range of goods which were in keeping with a healthcare-based business and pharmacy medicines were secured from self-selection behind the medicine counter. The walkways in the pharmacy were free from obstructions and chairs were available for use by people who were waiting for their medicines. Near to the medicine counter and waiting area there were healthy living displays which promoted the appropriate use of antibiotics and alcohol awareness respectively. Additional health promotion leaflets were also displayed.

The dispensary had adequate space for the dispensing workload. One long work bench had dispensing terminals at each end and separate areas were used for dispensing and checking. Large shelving units were used for the suitable storage of medicines and a separate sink was well maintained and stocked with suitable hand sanitiser. A consultation room was available. This was accessible from behind the medicine counter and was signposted. No confidential information was visible on the walk through to the consultation room. The room was fitted with a desk and seating, but on the day, there was a large amount of paperwork and other files stacked on the desk and a second table. This looked untidy and unorganised and detracted from the overall professional appearance. The pharmacist said that he and the superintendent pharmacist were currently in the process of reorganising some of the paperwork and agreed to review this post inspection. Other storage and staffing areas of the pharmacy were suitably maintained.

Principle 4 - Services ✓ Standards met

Summary findings

Pharmacy services are generally accessible and suitably managed so that people receive appropriate care. The pharmacy sources and stores medicines appropriately and team members carry out checks to help make sure that they are fit for supply.

Inspector's evidence

The pharmacy has step-free access. The manual door was visible from the medicine counter and staff provided people with assistance if needed. A poster on the front entrance advised people to ask the team for any assistance with extra accessibility needs and further support was available, such as the use of large print labels from the patient medication record (PMR) system.

There was some advertisement of pharmacy services at the front entrance of the pharmacy, but a pharmacy practice leaflet was not available. A range of health promotion materials were displayed, including public health campaign materials and team members signposted people who required other services. Records of signposting were sometimes kept.

Baskets were used to segregate prescriptions and team members signed 'dispensed' and 'checked' boxes as an audit trail for dispensing. During dispensing, the dispenser tried to identify new medications and dose changes and escalated any issues to the pharmacist, so that suitable counselling could be provided. Stickers were also available to identify prescriptions for high-risk medicines. The pharmacy sometimes kept records of monitoring parameters such as INR readings, but this was not always done consistently. They had recently completed an audit on the supply of lithium and valproate-based medicines. The pharmacist understood what counselling should be provided regarding the supply of valproate-based medicines to people who may become pregnant. He also discussed the supply of safety literature, which was available on the day.

The pharmacy provided a repeat prescription service to some local surgeries. People contacted the pharmacy to request the medications which were required, and an audit trail was maintained to reconcile repeat requests. Unreturned requests and prescription discrepancies were highlighted to the GP surgery. Prescription deliveries were made by the MCA and people signed as confirmation of secure delivery. Medications from failed deliveries were returned to the pharmacy and a card was left to advise the patient of this.

The supply of multi-compartment compliance aid packs was managed using a four-week cycle. The regular dispenser and the superintendent managed the workload between them. They placed orders for regular medications and tried to involve patients when requesting additional 'when required' medicines, to help prevent over ordering. Master record sheets held the details of people's medicines and were updated to reflect any changes that were made. Some completed packs were reviewed. One set did not have patient identifying labels to the front, or include descriptions of individual medicines, and patient leaflets were not available for supply. Which could mean that people don't get all the information they might need. This was discussed with the superintendent pharmacist, who agreed to

review his practices, and it appeared to be an isolated issue. No other concerns were identified with other completed packs and no high-risk medications were placed into compliance aid packs.

Both the pharmacist and the superintendent pharmacist were accredited to provide MURs. The pharmacist used the PMR system to identify people who may be suitable for the service. The regular pharmacist was able to provide CPCS and other pharmacy team members had been provided with information about the service. A minimal number of consultations had taken place to date.

Stock medicines were sourced from licensed wholesalers and specials from a licensed manufacturer. Medicines were stored in an organised manner and kept in the original packaging that had been provided by the manufacturer. A full date check of the dispensary was completed each quarter and medications which were due to expire within a year were highlighted. Additional date checks also took place when stock orders were received by the pharmacy and at the time of dispensing. No expired medicines were identified during random checks of the pharmacy shelves. Obsolete and returned medicines were placed into medicine waste bins. Some valganciclovir, which should be handled carefully, was found in a standard medicine waste bin. Hazardous waste guidelines were displayed but the pharmacy did not have a cytotoxic waste bin available. The pharmacist agreed to follow-up on this post inspection, to help ensure that these medicines were suitably disposed of. The pharmacy had the necessary hardware and software to enable compliance with the European Falsified Medicine Directive (FMD), but they were not yet carrying out verification and decommissioning checks. Alerts for the recall of faulty medicines and medical devices were checked daily and an audit trail was maintained. An example was seen where stock had been quarantined following a recent ranitidine recall.

The pharmacy fridge was fitted with a maximum and minimum thermometer. The temperature was checked and recorded daily, and was within the recommended temperature range. CDs were stored appropriately, and random balance checks were found to be correct. Obsolete CDs were clearly marked and segregated from stock.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities to provide its services and team members use equipment in a way that protects people's privacy.

Inspector's evidence

Several ISO approved and crown-stamped glass measures were available for measuring liquids. All measures were clean and suitably maintained. Counting triangles for loose tablets were also in a good order and a separate triangle was marked for use with cytotoxic medicines. Pharmacy team members had access to several pharmaceutical resources, including a paper edition of the British National Formulary (BNF) and a Drug Tariff. The pharmacist also checked for updates from the Pharmaceutical Services Negotiating Committee (PSNC) daily and internet access was available to support further research.

Electrical equipment was in working order and computer systems were password protected. The pharmacy computer screens were located out of public view and a cordless phone was available to enable conversations to take place in private.

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.