

Registered pharmacy inspection report

Pharmacy Name: St Mary's Pharmacy, 48 Fentham Road, Hampton-in-Arden, SOLIHULL, West Midlands, B92 0AY

Pharmacy reference: 1038376

Type of pharmacy: Community

Date of inspection: 06/10/2021

Pharmacy context

This is an independently owned community pharmacy situated in the village of Hampton-in-Arden, West Midlands. It dispenses NHS prescriptions, sells a small range of over-the-counter medicines, and offers seasonal influenza vaccination services. It also supplies a small number of people their medicines in multi-compartment compliance packs to help them manage their medicines at home. This inspection was undertaken during the Covid-19 pandemic and standards not inspected during this visit will be reviewed at a follow up inspection.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met | 1.1 | Standard not met | The pharmacy is not fully managing the risks associated with its premises. And it has not sustained the improvements that it made previously to address these risks. |
| | | 1.6 | Standard not met | The pharmacy is not keeping its controlled drug records in line with requirements. |
| 2. Staff | Standards met | N/A | N/A | N/A |
| 3. Premises | Standards not all met | 3.1 | Standard not met | The dispensary is very cramped and cluttered. This is impacting the overall efficiency of the dispensing process. And it may increase the risk of dispensing mistakes or accidents. |
| 4. Services, including medicines management | Standards not all met | 4.3 | Standard not met | The pharmacy does not always store its medicines appropriately. This increases the chance that mistakes could be made. |
| 5. Equipment and facilities | Standards met | N/A | N/A | N/A |

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy has not adequately identified or fully addressed the risks posed by its very limited storage space and the condition of its dispensary. And it does not maintain all the records that it must keep by law. So, the records may not be reliable if referred to in future. And the pharmacy may not be able to investigate anomalies fully or promptly. However, members of the pharmacy team have completed the appropriate training to be able to safeguard vulnerable people. And they keep people's private information safe.

Inspector's evidence

The pharmacy had a range of Standard Operating Procedures (SOPs) that were first implemented between 2011-2013 and subsequent bi-annual reviews had been annotated to show that they had been reviewed. Training records were in place to show that team members had read and signed the SOPs. The current SOPs were due to be reviewed in June 2021, but the superintendent pharmacist (SI) said that he was in the process of implementing new SOPs over the next few months. Members of the pharmacy team kept some records of the mistakes they made during the dispensing process on the computer system, but these records were not always analysed to identify contributory factors, or actions to take to prevent similar events from happening again. The pharmacy was in the process of migrating its records between two patient electronic medication record systems. Members of the pharmacy team were not yet completely familiar with the system and had some difficulties in accessing the records.

The pharmacy had considered some risks to its team members and people using the pharmacy during the Covid-19 pandemic. A Perspex screen had been fitted along the medicines counter to minimise the risk of Covid-19 transmission. A range of posters providing information about the pandemic were on display and the pharmacy was limiting the number of people entering the premises at any one time. The SI confirmed that individual risk assessments for team members had been completed at the height of the pandemic and submitted to the NHS. But these could not be located at the time of the inspection. Members of the pharmacy team had access to personal protective equipment (PPE) and were wearing face masks at the time of the visit.

The pharmacy had current indemnity insurance for the services it provided. The correct responsible pharmacist (RP) notice was displayed in the pharmacy and the RP records were kept in line with requirement. The pharmacy kept running balances of controlled drugs (CDs) but records about (CDs) were not kept in line with requirements. The pharmacy dispensed very few private prescriptions, and these were mainly generated from local doctors. The records about private prescriptions were said to be kept electronically; these were not viewed during this inspection.

A shredder was used to destroy confidential waste and the pharmacy's computers were password protected. Members of the pharmacy team used their own NHS smartcards to access electronic prescriptions. Completed prescriptions were stored in the dispensary and people's personal details were not visible to the public. The SI confirmed that members of the pharmacy team had completed safeguarding training relevant to their roles and contact details for local agencies to escalate any safeguarding concerns were available in the pharmacy.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy generally has enough staff members to manage its current workload adequately. Members of the pharmacy team have the appropriate skills and qualifications for their roles. But due to the poorly organised dispensary and lack of space, team members are not managing their routine tasks efficiently.

Inspector's evidence

At the time of the inspection, the SI and a qualified dispenser were on duty. The dispenser said that he had recently completed a pharmacy technician's course and was in the process of registering with the GPhC. A trainee dispenser was on an unplanned absence. The SI confirmed that the trainee was enrolled on an accredited training course relevant to his role. A regular locum pharmacist was used to cover the pharmacy two days a week. At the time of the inspection, members of the pharmacy team were just about managing their workload. The SI said that the pharmacy generally had enough staff to manage its current workload. But it appeared that team members had struggled to keep up with some of their routine tasks and housekeeping duties. The clutter and the overall organisation in the dispensary and a poorly organised prescription retrieval system made the workflow very restricted and congested. There were no targets or incentives set for team members.

Principle 3 - Premises Standards not all met

Summary findings

The pharmacy premises, in their current state, are not adequate for the provision of healthcare services. The dispensary is small, cramped, untidy, and cluttered. This increases the risk of things going wrong. The general organisation of the premises and the overall layout of the dispensary must be improved to provide adequate storage space and enable safe working.

Inspector's evidence

The limited size of the premises has been an on-going challenge for the pharmacy. The last inspection had identified issues with the organisation of the premises. These had been largely addressed at the time. But the improvements had not been sustained. The dispensary was very small and congested, and some fixtures and fittings were in a poor state of repair. The storage space in the dispensary had reached its maximum capacity and not all dispensary medicines could be suitably stored. The floor space in the dispensary was obstructed and the bench spaces were very cluttered. The SI said that it was virtually impossible to find suitable alternative premises in the village.

The front fascia of the pharmacy was in a good state of repair. The entrance to the pharmacy was via a small car park and it was step free. The retail area of the pharmacy was clear of slip or trip hazards. And it was sufficiently tidy and well organised. The pharmacy's consultation room was small, but it was private and kept reasonably tidy.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy obtains its medicines from reputable sources. But it does not have adequate medicine management procedures in place to provide assurances that medicines supplied to people are fit for purpose. The pharmacy's stock medicines are stored haphazardly. It stores some of its stock medicines in areas where there is a significant risk of unauthorised access. And it is unable to provide assurances that it takes the right and timely action in response to safety alerts and recalls. These issues may increase the risk of supplying an incorrect medicine or a medicine that is not safe or fit for purpose. However, the pharmacy's team members do try to help people access their services.

Inspector's evidence

The pharmacy offered a small range of services and these were advertised by the entrance of the premises. Members of the pharmacy team were helpful and demonstrated a good rapport with people visiting the pharmacy. And they used their local knowledge to signpost people to other providers if a service wasn't available at the pharmacy. The pharmacy supplied Covid-19 lateral flow tests that people could use at home to test for Covid-19 infection. It also offered a delivery service to people who couldn't attend its premises in person. And it kept an audit trail for the deliveries it made. Signatures from recipients were currently not being obtained to minimise the risk of infection. Baskets were used during the dispensing process to prioritise workload and help minimise the risk of prescriptions getting mixed up. But the bench spaces were so cluttered, and the baskets of dispensed items waiting for a final accuracy check were stacked up on each other. This created a risk of items falling into other baskets and members of the pharmacy team were spending a lot of time searching for people's prescriptions. This was increasing waiting times for people and putting more pressure on team members. 'Owing' notes were issued to people to keep an audit trail when prescriptions could not be fully supplied.

The pharmacy supplied medicines in disposable multi-compartment compliance packs (MCCP) to people who needed some help in managing their medicines at home. The SI said that due to the extra pressure the pandemic had caused, the pharmacy had to revert back to supplying people's medicines in the manufacturer's original packs. And most people were agreeable with the measures being taken by the pharmacy in these extreme circumstances. The pharmacy was currently supplying medicines in MCCP to approximately three people. There were no prepared packs awaiting collection. Members of the pharmacy team were aware of the valproate pregnancy prevention programme. The pharmacy currently did not supply valproate medicines to any person in the at-risk group. And the SI said that it had valproate educational materials to be given to people where appropriate. But these could not be located at the time of the inspection.

The pharmacy ordered its stock medicines from recognised wholesalers. But medicines were not all stored tidily or in an organised fashion. And some medicines were not stored in their manufacturer's packaging. Members of the pharmacy kept records about medicines due to expire. But they did not have a robust system to make sure out-of-date medicines were removed from in-date stock. A random check of medicines on the shelves found several expired items which had not been removed. These items were removed during the inspection. Medicines requiring cold storage were kept in a refrigerator and these were stored between 2 and 8 degrees Celsius. But members of the pharmacy team did not always record the daily maximum and minimum fridge temperatures. There were quite a few gaps in

September where temperature checks were not recorded. And there were no records made for October. The fridge was very full, and medicines were stored haphazardly. This could increase the risk of dispensing mistakes. And poor circulation of air in the fridge could mean that medicines, especially vaccines, are not always kept at appropriate temperature. All CDs requiring secure storage were stored in the CD cabinet and the pharmacy had denaturing kits to dispose of waste CDs safely. The pharmacy received safety alerts and recalls electronically. But there was no audit trail to show that they had been dealt with.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

Information of the pharmacy's computer terminals were not visible to people visiting the pharmacy and patient medication records were password protected. The pharmacy had access to the internet and various other reference sources such as the British National Formulary (BNF). All electrical equipment appeared to be in good working order. There were a couple of crown-stamped measures available for measuring liquid medicines. The equipment for counting loose tablets was dusty. Medicine containers were capped to prevent contamination. People's private information was stored securely. Members of the pharmacy team had access to hand sanitisers and PPE. Members of the pharmacy team were wearing face masks throughout the inspection.

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. |