

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: 24/08/2023

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, offers seasonal influenza vaccinations, travel vaccinations and it supplies medicines in multi-compartment compliance packs to a handful of people who need assistance in managing their medication at home.

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

Overall, the pharmacy adequately identifies and manages risks associated with its services. It has written procedures to help deliver its services safely and it keeps the records it needs to by law, to show that medicines are supplied safely and legally. Team members understand their roles and responsibilities. And they record and review dispensing mistakes, so that they can learn and prevent similar events from happening again. The pharmacy keeps people's confidential information securely and it has procedures to safeguard vulnerable people.

Inspector's evidence

The superintendent pharmacist (SI) was the responsible pharmacist (RP) on duty on the day of the inspection. The workflow in the pharmacy was organised and the team was managing their workload adequately. The correct RP notice was displayed by the medicine counter and team members understood their roles and responsibilities. And they could explain the tasks they could or could not undertake in the absence of a pharmacist.

The pharmacy had a range of standard operating procedures (SOPs) that were first implemented around 2013 and subsequent bi-annual reviews had been annotated to show that they had been reviewed. The SI said that he was in the process of implementing new SOPs over the next few months. A recently recruited pharmacy manager (dispenser) and the foundation trainee pharmacist were in the process of reading the SOPs. The accuracy checking technician (ACT) had read and signed the SOPs.

The pharmacy had systems to record mistakes that were made during the dispensing process. Team members recorded mistakes that were detected before the medicine left the pharmacy (near misses). And there was evidence to show that learning points had been identified to help mitigate similar events from happening again. The dispenser said that the pharmacy had not recently made any dispensing mistakes that had reached people (dispensing errors). The pharmacy's patient medication record (PMR) had a unique barcode validation process which helped minimise picking errors. Most of the near misses detected involved quantity errors rather than dispensing an incorrect medication.

The pharmacy had current professional liability and public indemnity insurance. Records about RP, private prescriptions, and controlled drugs (CDs) were kept in line with requirements. CD running balances were kept and audited monthly. A separate register was used to record patient-returned CDs which were destroyed promptly as there was no capacity in the CD cabinet to store these. The stock of a randomly selected CD matched with the recorded balance in the register.

Confidential information was kept securely and prescriptions awaiting collection were stored appropriately. People's personal details were not visible to the public. Confidential waste was separated and shredded in the pharmacy. Team members used their own NHS smartcards to access electronic prescriptions.

The SI and the ACT had completed Level 2 safeguarding training. A safeguarding SOP and contact details of local agencies to escalate safeguarding concerns were available in the pharmacy.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its current workload. Team members understand their roles and responsibilities, and they work well together. They have access to training resources to help keep their skills and knowledge up to date.

Inspector's evidence

At the time of the inspection, the SI, ACT, the pharmacy manager, and the foundation trainee pharmacist were on duty. The pharmacy manager and the foundation trainee pharmacist had joined the pharmacy about a week ago. The team was managing the workload adequately, and team members were working well together. Team members kept their knowledge and skills current by completing mandatory training courses required under the Pharmacy Quality Scheme. The SI and the ACT completed their annual mandatory continuous professional development (CPD) to help keep their knowledge up to date.

Team members were aware of the whistleblowing policy and said that they would feel comfortable raising any concerns with their SI. The pharmacy manager said since starting her post, she had implemented changes in the pharmacy, such as reorganising the consultation room, and reducing stock levels in the dispensary and in the retail area to help improve the overall efficiency in the pharmacy. And these had been well received by the team. There were no formal targets or incentives set for team members.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are adequate for the services it provides. And they are kept secured against unauthorised access. However, the limited size of the premises is an on-going challenge for the pharmacy.

Inspector's evidence

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 tidy and well organised.

The limited size of the premises has been an on-going challenge for the pharmacy. The last inspection had identified issues with the overall organisation of the premises. These had been somewhat addressed and the improvements sustained. But the storage and bench space in the dispensary was still very limited, impacting on the pharmacy's ability to accommodate any additional workload safely. However, the SI said that the unit next door to the pharmacy had just become vacant and he was considering extending the pharmacy. The pharmacy's consultation room was small, but it was private and kept tidy. The premises were lockable and could be secured against unauthorised access when closed.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy manages its services adequately and people with different needs can access its services. The pharmacy gets its medicines from reputable sources, and it stores them appropriately. Team members take the right action in response to safety alerts and recalls so that people get medicines and medical devices that are fit for purpose.

Inspector's evidence

The pharmacy's opening hours and a list of services offered were advertised in-store. Team members used local knowledge to signpost people to other providers if a service required was not available at the pharmacy. This was the only pharmacy in the village and most people visiting the pharmacy were known to team members. Team members were helpful and demonstrated a good rapport with their customers.

Baskets were used during the dispensing process to prioritise workload and minimise the risks of medicines getting mixed up. Team members initialled dispensing labels to show which team members had been involved in the dispensing and checking prescriptions. 'Owing' notes were issued to people to keep an audit trail when prescriptions could not be supplied in full when first dispensed.

The pharmacy supplied medicines in disposable multi-compartment compliance packs to a handful of people who needed assistance in managing their medication at home. There were no prepared packs awaiting collection. But team members said that the packs were labelled with descriptions of medicines and patient information leaflets were routinely supplied.

Team members were aware of the risks involved in supplying valproate-containing medicines to people in the at-risk group. The stock packs on the shelves included warning cards and alert stickers. The pharmacy did not currently supply these medicines to any person in the at-risk group.

Recognised wholesalers were used to obtain stock medicines and pharmacy-only medicines were restricted from self-selection. Team members knew to be vigilant when selling higher-risk over-the-counter medicines such as codeine-containing painkillers and pseudoephedrine. The pharmacy did not sell codeine linctus over the counter.

CDs were stored in a cabinet which was securely fixed, and access to the cabinet was appropriately managed. Obsolete CD stock had been separated from the in-date stock. Patient-returned CDs were recorded and destroyed using denaturing kits. Temperature-sensitive medicines were stored appropriately, and medicine fridge temperatures were monitored and recorded daily. Stock medicines had been recently date-checked and short-dated medicines were marked so that they could be removed from stock in advance of expiry. Stock medicines were randomly checked, and no date-expired medicines were found amongst in-date stock. Waste medicines and sharps were stored in designated containers. The pharmacy had a process to deal with safety alerts and medicine recalls. Records about these and the action taken by team members were kept, providing an audit trail.

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

The pharmacy's computers were password protected and computer terminals were not visible to people visiting the pharmacy. Team members had access to current reference sources. All electrical equipment appeared to be in good working order. There were crown-stamped measures available for measuring liquid medicines. The equipment for counting loose tablets and capsules was clean. Medicine containers were capped to prevent contamination. People's private information was stored securely.

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.