General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Haslucks Green Pharmacy, 130 Haslucks Green Road, Shirley, SOLIHULL, West Midlands, B90 2EH

Pharmacy reference: 1038378

Type of pharmacy: Community

Date of inspection: 14/03/2024

Pharmacy context

This community pharmacy is situated in a residential area of Shirley, West Midlands. It is open from 9am to 6.30pm, Monday to Friday and 9am to 1pm on Saturdays. Its main activity is dispensing prescriptions. It also sells a range of medicines over the counter and it supplies medicines in multi-compartment compliance packs to a considerable number of people who need assistance in managing their medication at home. The pharmacy offers seasonal flu vaccinations, substance misuse treatment, the NHS hypertension case-finding service, New Medicine Service (NMS) and NHS Pharmacy First service.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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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 manages the risks associated with its services adequately. It has written procedures to help deliver services safely and effectively. And it keeps all its records required by law. Members of the pharmacy team understand how they can help to protect vulnerable people and they keep people's confidential information securely. But they do not always fully review their dispensing mistakes, so they could be missing opportunities to learn from these events.

Inspector's evidence

A range of current standard operating procedures (SOPs) were available in in the pharmacy and team members had read the SOPs that were relevant to their roles and responsibilities. The correct Responsible Pharmacist (RP) notice was on display and a team member could explain the tasks they could not undertake in the absence of a pharmacist. They knew the types of over-the-counter medicines that could be misused and under what circumstances they needed to refer requests or queries to the RP for further guidance. However, team members were not aware of recent reclassification of codeine linctus to a prescription-only status.

The pharmacy had current professional indemnity and public liability insurance. Records about RP, controlled drugs (CDs) and private prescriptions were kept in line with requirements. CD running balances were kept and audited weekly. A random balance check of several CDs reconciled with the recorded balances in the register. The pharmacy recorded patient-returned CDs at the point of receipt.

The pharmacy had systems to record mistakes that were made during the dispensing process. Team members recorded mistakes that were spotted before medicines were handed out (near misses). But there was limited evidence recorded to show that team members had reflected on these incidents and how to prevent similar mistakes in the future. The RP said that dispensing mistakes were routinely discussed with team members and learnings were identified during discussions but not always recorded. Some medicines with similar names, such as amitriptyline and amlodipine, had been separated to prevent picking errors. The RP could explain the process they would follow to record and report dispensing mistakes that had reached people (dispensing errors). A recent dispensing error involving nicorandil had been recorded.

Team members used their own NHS smartcard to access electronic prescriptions and the pharmacy's computer systems were password protected. Confidential waste was shredded and people's private information was stored securely. The pharmacy had a complaints procedure and the RP explained that team members would try and resolve complaints in-store but would always inform the superintendent pharmacist (SI) so that further contact could be made with the person, if necessary.

A chaperone policy was displayed by the entrance to the consultation room. The RP and pharmacy technicians had completed Level 2 training about safeguarding and the rest of the team had completed Level 1 training. Team members demonstrated a good understanding of what to do if they had concerns about a vulnerable person.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy is staffed appropriately and it has suitably skilled team members to manage its current workload safely. Its team members work well together, and they can raise concerns with their superintendent pharmacist where appropriate.

Inspector's evidence

The pharmacy's opening hours were covered by two regular pharmacists and the pharmacy superintendent (SI). At the time of the inspection, a regular pharmacist, two pharmacy technicians, three qualified dispensers and two medicine counter assistants were on duty. Team members had completed various mandatory training courses such as antimicrobial stewardship required under the NHS Pharmacy Quality Scheme.

At the time of the visit, the pharmacy was remarkably busy. Team members were supportive of each other, and they were managing the workload efficiently. They appeared a motivated team and cooperated very well throughout the inspection. People visiting the pharmacy were served promptly. Team members said that the SI worked regularly at the branch, and they felt comfortable raising any concerns about the way the pharmacy operated and suggest improvements.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy’s premises are kept secure and they are adequate for the services provided. And people visiting the pharmacy can have a conversation with a team member in private if required.

Inspector's evidence

The pharmacy’s entrance was stepped but there was a notice to the entrance of the pharmacy for people with mobility difficulties about seeking assistance. The retail area of the pharmacy was free of any trip or slip hazards and there was some seating available for people waiting for services. The dispensary had enough space to store medicines and undertake dispensing activities safely. Fixtures and fittings in the pharmacy were dated and the carpet in the dispensary was soiled and worn out. A clean sink with hot and cold running water was available for preparing medicines. There was enough lighting throughout the premises and the ambient temperatures were suitable for storing medicines. A signposted consultation room was available for services and to enable people to have private conversations if required. The room was private and kept tidy, but it was very narrow. And it had just about enough space for the services undertaken or to fit a wheelchair. The pharmacy could be secured against unauthorised access when it was closed.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides a range of services and people with different needs can access its services. It obtains its medicines from reputable sources and it addresses concerns about medicines to ensure people get medicines and medical devices that are fit for purpose. However, it doesn't always keep records about medicine recalls and safety alerts. This could make it harder for the pharmacy to show that it addresses concerns about relevant medicines safety alerts and recalls appropriately and in a timely manner.

Inspector's evidence

The pharmacy offered a range of services and information about these was displayed by the entrance to the pharmacy. There was also a range of healthcare leaflets displayed in the retail area of the pharmacy. Team members used their local knowledge to signpost people to other healthcare providers where appropriate. A prescription delivery service was offered to people who could not attend the pharmacy in person and delivery records were kept to show that medicines were delivered safely. And separate records were kept for deliveries of CDs.

The workflow in the pharmacy was organised and baskets were used during the dispensing process to help prioritise workload and minimise the chances of medicines getting mixed up. Dispensing labels were initialled at the dispensing and checking stages to show team members involved during each stage of the process. The pharmacy's multi-compartment compliance pack service was well organised and packs were assembled in a separate area to minimise risks from interruptions. Dispensed packs seen during the inspection were labelled appropriately and included descriptions of medications so that people and their carers could identify individual medicines. Records were kept for each person receiving compliance packs so any regime or medication changes could be recorded, monitored, and queried where appropriate.

The pharmacy had signed up to deliver the NHS 'Pharmacy First' service and the RP said that the service had been well-received and approximately 30 people had accessed the service to date. Team members had all completed the relevant training required to deliver the service safely. And relevant training records and accompanying patient group directions were available in the pharmacy.

Team members knew about the recent changes regarding supplying valproate-containing medicines in their original pack. And they knew about the information that needed to be provided to people about pregnancy prevention when supplying these medicines.

The pharmacy used licensed wholesalers to obtain its medicines. Pharmacy-only medicines were restricted from self-selection. All relevant CDs were stored securely and prescriptions for CDs not requiring storage in the cabinet had been marked to minimise the chances of these being handed out when no longer valid. Medicines returned for disposal were stored in designated bins.

Temperature-sensitive medicines were stored appropriately. Maximum and minimum temperatures were recorded and records showed that temperatures had remained within the required range of 2 and 8 degrees Celsius. Team members kept records of short-dated medicines and these were marked for removal from in-date stock at an appropriate time. Stock medicines were randomly checked during the

inspection and no date-expired medicines were found amongst in-date stock.

The pharmacy had a process to deal with safety alerts and medicine recalls. Team members could explain how these were dealt with and they were aware of and had recently actioned a recall of Nurtramigen baby milk. But team members had recently stopped keeping records of actioned alerts. This could make it harder for team members to show that they were addressing concerns about medicines not fit for purpose in a timely manner.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities to provide its services safely.

Inspector's evidence

The pharmacy had appropriate equipment for counting loose tablets and had calibrated glass measures available for dispensing liquids. Medicine bottles were capped to prevent contamination. All electrical equipment appeared to be in good working order. Team members had access to current reference sources and the pharmacy had a cordless telephone which meant that conversations could take place in private if required. Patient medication records were password protected and confidential 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.