

# Registered pharmacy inspection report

**Pharmacy Name:** Henley Pharmacy, 135 High Street, Henley in Arden, SOLIHULL, West Midlands, B95 5AZ

**Pharmacy reference:** 1038379

**Type of pharmacy:** Community

**Date of inspection:** 18/09/2019

## Pharmacy context

This is a community pharmacy set in a row of shops in the village of Henley in Arden. The pharmacy opens six days a week. It sells a range of over-the counter medicines and dispenses prescriptions. It supplies medication in multi-compartment compliance packs to some people who need help in managing their medicines at home. It offers seasonal influenza vaccinations and a prescription delivery service.

## 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	1.8	Good practice	Members of the pharmacy team know their responsibilities to protect vulnerable people. And they take appropriate action in the event of a concern.
<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 has safe and effective working practices. It has written instructions to help make sure its services are delivered safely. It manages risks appropriately by recording and reviewing any mistakes its staff make. And it keeps people's private information safe. It asks people for their views and uses their feedback to improve its services where possible. It keeps the records required by law to ensure that medicines are supplied safely and legally. The pharmacy has safeguarding procedures and its team members understand how they can help to protect vulnerable people. But not all of the pharmacy's written instructions have been reviewed recently. So, this could mean that they do not reflect current best practice.

### Inspector's evidence

Most of the pharmacy's written standard operating procedures (SOPs) were in date. But the SOP for supplying medicines in compliance aids had last been reviewed in June 2017. Members of the pharmacy team had read and signed the SOPs. And they were clear on their roles and responsibilities which had been defined within the SOPs. A Responsible Pharmacist (RP) notice was prominently displayed in the pharmacy and members of the pharmacy team could explain the tasks they could or could not undertake in the absence of an RP. The locum pharmacist on duty on the day of the inspection said that she had signed the SOPs at the other branch.

The pharmacy had systems to review the safety and quality of its pharmacy services. The technician described some of the actions taken to prevent risks in the dispensing process, such as separating look-alike and sound-alike medicines. Dispensing errors and near misses were recorded and reviewed. But the records of near misses were very brief and did not include much detail of learning points or any actions taken to prevent similar incidents recurring. This could make it harder to carry out any meaningful analysis or identify any emerging trends.

The pharmacy had a complaints procedure and information about this was advertised in the pharmacy. Feedback from the patient survey conducted in 2018 was posted on the NHS website and 84.4% of respondents had rated the pharmacy as very good or excellent overall. Approximately 11% of respondents had given feedback about 'having somewhere private where you could speak without being overheard'. The location of the consultation room was not obvious for people visiting the pharmacy. And its availability was not advertised in the pharmacy.

The pharmacy had appropriate indemnity insurance arrangements and the certificate was on display in the pharmacy. The RP records were up to date and complete. Records about controlled drugs (CDs) were kept in line with requirements and running balances were checked regularly. A random balance check of CD during the inspection showed that the recorded balance matched the physical stock in the cabinet. CDs returned by people for disposal were recorded when received and denaturing kits were used for safe disposal. Records about private prescriptions, emergency supplies and unlicensed specials were in order.

The pharmacy had an information governance policy and it was registered with the Information Commissioner's Office (ICO). But the ICO certificate on display in the dispensary had expired in 2018. Members of the pharmacy team had all signed confidentiality agreements and had completed training about the General Data Protection Regulation (GDPR). The notice about how the pharmacy safeguarded

people's private information was advertised in the pharmacy. But the notice was blocked by a greeting card display stand and was not visible to the people visiting the pharmacy. So, people may not be fully aware of how the pharmacy manages their private information. The pharmacy's computers were password protected and members of the pharmacy team used their own NHS smartcards to download electronic prescriptions. Confidential waste was shredded in the pharmacy. Prescriptions awaiting collection were stored securely and private information on them was not visible to people visiting the pharmacy.

The pharmacy had procedures about safeguarding vulnerable people and members of the pharmacy team had read and signed the safeguarding SOPs. The locum pharmacist on duty on the day of the inspection had completed Level 2 safeguarding training and contact details for local agencies were available for staff to escalate any safeguarding concerns. The pharmacy technician said that she had raised a concern with the GP about an elderly patient who was accumulating multi-compartment compliance packs and was not taking her medicines as required.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to adequately manage its workload and provide its services safely. Team members have the appropriate skills and qualifications for their roles and responsibilities. They are supportive of each other and work well together. And they have resources to help keep their skills and knowledge up to date.

### Inspector's evidence

On the day of the inspection, a locum pharmacist, two pharmacy technicians and a trainee medicine counter assistant were on duty. The pharmacy manager was on a day off. Members of the pharmacy team were working well together and they were managing their workload adequately.

A whistle blowing policy was in place. And most team members had worked for the pharmacy for number of years. They felt comfortable about raising any concerns they may have with the pharmacy manager or head of operations who visited the branch at regular intervals. They were no specific targets or incentives set.

Members of the pharmacy team had all completed the mandatory training required for the pharmacy to become a Healthy Living Pharmacy. Records of completed training were available in the pharmacy. They said they were given regular feedback about their performance by the pharmacy manager. And had access to on-line training (Virtual Outcomes) to help keep their skills and knowledge up to date.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are secure and adequate for the services it provides.

### Inspector's evidence

The front fascia of the pharmacy was clean and adequately maintained. The pharmacy was located in a listed building. The retail area of the pharmacy was clean and tidy. And although the dispensary was spacious, it had not received a refit for some time. Its layout was somewhat awkward and not very conducive to seamless workflow. Some non-public facing areas were in need of maintenance. There was some seating available for people waiting for services.

The sink in the dispensary for preparation of medicines was clean and had a supply of hot and cold running water. There were separate handwashing facilities for members of the pharmacy team. And they had a staff room and adequate hygiene facilities. Antibacterial hand-wash and alcoholic hand gel were available. There was adequate lighting throughout the premises. A consultation room was available for counselling and it was suitable for private conversations. The room was clean but its availability was not advertised. The premises were lockable and secured against unauthorised access.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides its services effectively. People receive the advice and support they need to help them take their medicines safely. The pharmacy obtains its medicines from appropriate suppliers and manages them properly. And it generally takes the right actions if any medicines are not safe to use to protect people's health and wellbeing.

### Inspector's evidence

The pharmacy had a stepped entrance. There was a notice on the door advising people with mobility difficulties to ring the bell for assistance. The retail area of the pharmacy was clear of slip or trip hazards and could accommodate wheelchairs and prams. And there was some seating available for people waiting for services. A range of leaflets and posters were on display providing information about various healthcare matters. Members of the pharmacy team used their local knowledge to signpost people to other providers if a service required was not offered at the pharmacy. The pharmacy offered a chargeable prescription delivery service to people who were unable to collect their medicines from the pharmacy. But people receiving multi-compartment compliance packs who lived within a two-mile radius of the pharmacy had their medicines delivered free of charge. The delivery driver obtained signatures from recipients to show that medicines had reached the right people. The workflow in the pharmacy was adequately organised and different coloured baskets were used during the dispensing process to prioritise workload and minimise the risk of prescriptions getting mixed up. Owing slips were issued to provide an audit trail when a prescription could not be fully supplied.

The pharmacy supplied medicines in disposable multi-compartment compliance packs to people who had difficulties in managing their medication. The pharmacy kept records for everyone who received compliance packs, and these listed the medicines and administration timings. Prescriptions were checked against these records and any anomalies were raised with the surgery. Descriptions of individual medicines contained within the packs and a dispensing audit trail were both present on the packs checked. Patient information leaflets were supplied routinely with these packs. The pharmacy's SOP for supplying medicines in compliance packs included criteria to consider when assessing patient suitability for receiving their medicines in the packs. However, a member of the pharmacy team said that they would only accept a formal referral from the person's GP and did not conduct a needs assessment in the pharmacy before starting people on the compliance packs.

Members of the pharmacy team were aware of the valproate pregnancy prevention programme and knew which people needed to be provided with additional advice about its contraindications and precautions. The pharmacy did not have any people in the at-risk group. Educational material was available for supply to people when valproate was dispensed. The pharmacy used stickers to highlight warfarin prescriptions. The technician said that they always ensured that yellow books were checked when handing out these prescriptions but therapeutic monitoring (INR) levels were not routinely recorded on patient's medication records. This could make it harder for the pharmacy to show that people are being monitored regularly and to find out previous blood test results.

Medicines were obtained from licensed wholesalers and unlicensed medicines were obtained from specials manufacturers. No extemporaneous dispensing was carried out. Pharmacy-only medicines were stored out of reach of the public. At the time of the inspection, the pharmacy was not yet fully compliant with the Falsified Medicines Directive (FMD). The scanning equipment had been installed and

the members of the pharmacy team said that were awaiting further guidance from the head office.

Medicines requiring cold storage were kept in a pharmaceutical refrigerator and stored between 2 and 8 degrees Celsius. The maximum and minimum fridge temperatures were monitored and recorded daily. All CDs were stored in line with requirements. Denaturing kits were available to dispose of waste CDs safely. Other medicines returned by people were segregated into designated bins and disposed of appropriately. Prescriptions for CDs were highlighted to ensure these were not handed out beyond their validity period. Medicines were date checked at regular intervals and the checks were recorded. Short-dated medicines had been marked so that they could be identified and removed at an appropriate time. The pharmacy had a process to deal with safety alerts and medicines recalls. Records of these and the actions taken by members of the pharmacy team were kept to provide an audit trail.



## Principle 5 - Equipment and facilities ✔ Standards met

### Summary findings

The pharmacy generally has the equipment and facilities it needs for the services it provides.

### Inspector's evidence

Members of the pharmacy team had access to the internet and a range of up-to-date reference sources. Pharmacy computers were password protected and computer terminals were not visible to customers visiting the pharmacy. A consultation room was available for private conversations and counselling. The dispensary was clearly separated from the retail area and afforded good privacy for the dispensing operations and any associated conversations or telephone calls. Equipment for counting loose tablets and capsules was clean. And a range of clean crown-stamped glass measures were available at the pharmacy with some reserved only for dispensing methadone mixture, to avoid cross contamination. And all electrical equipment appeared to be in good working order.

### What do the summary findings for each principle mean?

Finding	Meaning
<span style="color: green;">✔</span> <b>Excellent practice</b>	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.
<span style="color: green;">✔</span> <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✔</span> <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.