

Registered pharmacy inspection report

Pharmacy Name: Hingleys Chemist, 101b Hobs Moat Road,
SOLIHULL, West Midlands, B92 8JL

Pharmacy reference: 1038383

Type of pharmacy: Community

Date of inspection: 30/09/2019

Pharmacy context

This community pharmacy is one of the several owned by a family run independent chain of pharmacies. It is located within an arcade of shops in Solihull. It sells a range of over-the-counter medicines and dispenses prescriptions. It offers Medicines Use Reviews (MURs), New Medicine Service (NMS) checks and a prescription delivery service. It supplies medicines in multi-compartment compliances packs to people who need assistance in managing their medications. It also participates in a needle exchange scheme and has a small number of people who receive instalment supplies for substance misuse treatment.

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

Members of the pharmacy team generally follow safe practices. They keep records required by law to ensure medicines are supplied safely and legally. And they keep people's private information securely and understand how they can help protect vulnerable people. The pharmacy has written instructions to help make sure its services are safe. But these have not been reviewed recently so some information contained within them may be out of date. Members of the pharmacy team have recorded some of their mistakes. But the lack of detail or ability to review some of this information may mean they miss opportunities to learn and improve from these events.

Inspector's evidence

The pharmacy had a range of written Standard Operating Procedures (SOPs) which were originally issued in 2006 but had been annotated periodically to indicate they have been reviewed in the interim. Some had not been reviewed since 2010 whilst others had been reviewed around June 2017. Members of the pharmacy team had read and signed the SOPs. And their roles and responsibilities were included in their job descriptions when they started their employment.

At the time of the inspection, the pharmacy had two Responsible Pharmacist (RP) notices on display. This was brought to the attention of the pharmacy manager and it was rectified. When asked, members of the pharmacy team were clear about the tasks they could or could not undertake in the absence of a pharmacist.

The pharmacy had SOPs about dealing with dispensing errors and near misses. The pharmacy had some records about near misses but these had been made between 2017 and 2018. The pharmacy manager said that they had recently started keeping electronic records of near misses but was not exactly sure how to access them. Records of dispensing errors were annotated on the person's medication records. But the information written down was too brief to allow any meaningful analysis or identify any emerging trends. The pharmacy manager said that when she joined the pharmacy a couple of years ago, she changed the overall layout of stock medicines to minimise the risk of dispensing errors. Anti-diabetics medicines, inhalers, liquids for external and internal use, and antibiotics were separated.

The pharmacy had a complaints procedure and staff said that they would normally refer any complaints to the pharmacy manager. Although the pharmacy's complaints procedure was displayed, members of the public visiting the pharmacy could not easily see it. And some details on the complaints procedure were not up to date. For example, the details of the person to contact were of the previous pharmacy manager. So, people may find it harder to provide feedback about the quality of services provided by the pharmacy. Members of the pharmacy team undertook an annual survey of people who used the pharmacy. And the results of a survey conducted between 2018 and 2019 were largely positive. Approximately 94% of respondents had rated the pharmacy as very good or excellent. There was some feedback about updating the pharmacy especially the waiting area and having more chairs available for people waiting for services.

The pharmacy had appropriate indemnity insurance arrangements in place. The RP records were complete. Records about controlled drugs (CDs) were kept in line with requirements and running balances were recorded and checked. CDs returned by people for disposal were recorded in a separate register when they were received. Records about private prescriptions, emergency supplies and

unlicensed specials were in order.

Members of the pharmacy team had all signed confidentiality agreements. Confidential waste was separated and disposed of securely. Prescriptions awaiting collection were stored securely and people's personal details were not visible to members of the public. Pharmacy computers were password protected and were positioned away from the public view. Members of the pharmacy team used their own NHS smartcard to access electronic prescriptions. The pharmacy's notice about how it safeguarded people's information was placed below the counter and it was in a poor condition. This made it harder for people to read and be aware of how the pharmacy managed people's private information. Members of the pharmacy team were aware of the General Data Protection Regulation but could not recall if they had completed any training on it.

The SOPs for protecting children and vulnerable adults were available and the pharmacy manager had completed Level 2 safeguarding training. The details of local safeguarding agencies for escalating safeguarding concerns were available in the pharmacy. And members of the pharmacy team could explain what to do or who they would make aware if they had any concerns about the safety of a child or a vulnerable person.

Principle 2 - Staffing ✓ Standards met

Summary findings

Members of the pharmacy team work well together and are supportive of each other. They have the skills and qualifications to deliver pharmacy services safely and effectively. And they have some resources to help keep their skills and knowledge up to date.

Inspector's evidence

The pharmacy manager, three trained dispensers, a trained medicines counter assistant and a recently recruited member of staff were on duty at the time of the inspection. The pharmacy manager and two dispensers were kept very busy in the dispensary but were managing their workload adequately. The third dispenser was assembling multi-compartment compliance packs in a separate room. A recently recruited member of staff was on a probation period and was yet to be enrolled on an accredited course. Members of the pharmacy team appeared to work well together and were supportive of each other. People visiting the pharmacy were acknowledged promptly and their prescriptions processed in a timely manner.

The pharmacy manager said that staff performance appraisals were undertaken annually and these involved reviewing staff compliance with company standards. Members of the pharmacy team had access to trade magazines and information about new products to help keep their skills and knowledge up to date. But training records were not routinely kept. The pharmacy manager said that the company had set targets for services such as MURs but she was not under any pressure to achieve targets. And the pharmacy had already achieved its MUR targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are safe, secure and suitable for the services it provides. And people can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy was clean and tidy. Its retail area was spacious and the aisles leading to the dispensary were kept clear of any slip or trip hazards. The dispensary was tidy and it had adequate workbench and storage space for the current workload. But its carpet appeared worn out and stained in places. A separate room was used for the assembly of multi-compartment compliance packs. The room was spacious and clean. And assembled packs were stored tidily.

The sink in the dispensary for preparation of medicines was clean and it had a supply of hot and cold running water. Antibacterial hand wash and hand sanitiser gel were also available. The dispensary was clearly separated from the retail area and afforded good privacy for the dispensing operation and any associated conversations or telephone calls.

The consultation room was by the entrance to the pharmacy and quite a distant away from the dispensary. The room was advertised, and it was kept tidy. But it was not kept locked when not in use. There was a sharps bin and some equipment that was not safeguarded against unauthorised access. This was addressed with the pharmacy manager who said she would locate the keys and keep the room locked in the future. Members of a pharmacy team had access to a staff room and good hygiene facilities. The premises were lockable and were secured against unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy provides its services safely. And people with a range of needs can access its services. It obtains its medicines from licensed suppliers and stores them appropriately. And It takes the right action if any medicines and medical devices are not safe to use to protect people's health and wellbeing. But it does not always highlight prescriptions for higher-risk medicines. And this may mean that it misses opportunities to speak with people when they collect these medicines.

Inspector's evidence

The pharmacy's entrance had a ramp to assist people with mobility difficulties to access the pharmacy. And its opening hours and services were advertised. There were chairs available for people waiting for services. A range of leaflets were on display providing information about various healthcare matters. Members of the pharmacy team were aware of signposting requirements and used their local knowledge to signpost people to other providers if a service someone needed was not offered at the pharmacy. A delivery service was offered to people who couldn't come to the pharmacy to collect their medicines. But the audit trail for this was incomplete.

The workflow in the dispensary was organised. Baskets were used during the dispensing process to prioritise workload and minimise the risk of prescriptions getting mixed up. Owing notes were used to provide an audit trail when the prescription could not be fully supplied. Members of the pharmacy team initialled 'dispensed by' and 'checked by boxes' on the dispensing labels to provide an audit trail to show which members of staff had been involved at each stage of the dispensing process.

Members of the pharmacy team did not routinely conduct a needs assessment for people requesting their medicines to be dispensed in multi-compartment compliance packs. The pharmacy manager said that most people using the service had been referred by their GPs and were already receiving compliance packs before she joined the pharmacy. The pharmacy had a quite a few people receiving compliance packs. An experienced member of staff was responsible for managing the service. The pharmacy manager clinically assessed the prescriptions and checked dispensed packs in the morning before the pharmacy opened. The pharmacy had a tracking system to prompt staff when people's prescriptions were to be ordered so that medicines could be supplied in a timely manner. And records were kept for each person using the service which included the current medication the person was on and the time of day it should be taken. Any changes to the person's medication were documented. A pack checked during the inspection included descriptions of medicines contained within it. The dispensing labels were initialled and patient information leaflets were supplied.

The uptake for the pharmacy's needle exchange scheme was moderate. But the rate of return of used needles was comparatively low. Members of the pharmacy team did not routinely ask about returns. The pharmacy manager said she will ensure members of the pharmacy team remind people who use the scheme to return their used needles to the pharmacy for safe disposal. The SOPs for the provision of injecting equipment and paraphernalia to drugs had not been recently reviewed. But members of the pharmacy understood how to manage sharps waste safely and how to minimise the risk of needle stick injury.

Members of the pharmacy were aware of the valproate Pregnancy Prevention Programme (PPP) and

knew which patient groups needed to be provided with advice about the medicine's contraindications and precautions. Patient information leaflets and guides were available in the pharmacy. The pharmacy did not currently have any people in the at-risk group taking valproate.

The pharmacy obtained its medicines from licensed wholesalers and specials were obtained from specials manufacturers. No extemporaneous dispensing was carried out. Medicines were stored in an organised fashion and pharmacy-only (P) medicines were stored out of reach of the public. At the time of the inspection, the pharmacy was not fully compliant with the Falsified Medicines Directive (FMD). Members of the pharmacy team had some knowledge about the directive but were awaiting further guidance from their superintendent pharmacist.

Completed prescriptions were handed out by members of the pharmacy team who confirmed people's names and addresses before handing out their medicines. The pharmacy did not have any specific systems to mark higher-risk medicines such as warfarin, insulin or methotrexate. And evidence of therapeutic monitoring such as INR level was not recorded on the person's medication records.

Expiry date checks on stock medicines were carried out every three months, and a record of checks was available in the pharmacy. Short-dated stock was highlighted for removal at an appropriate time. Liquid medicines with limited stability were marked with opening dates. Medicines requiring refrigeration were stored between 2 and 8 degrees Celsius. Fridge temperatures were checked and recorded each day. All CDs were stored appropriately. Prescriptions for CDs that did not need to be stored in the cabinet were sometimes highlighted with a CD sticker. The pharmacy manager said that the prescription retrieval system was checked every month for any expired prescriptions and members of the pharmacy team were aware that all CD prescriptions were valid for 28 days. Designated bins were available to store waste medicines. And denaturing kits were available to denature waste CDs safely. The pharmacy had a process in place to deal with safety alerts and drug recalls. These were received electronically and actioned. But records of actions taken in response to alerts and recalls were not kept. The pharmacy manager said they would do so in the future.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy generally has the equipment and facilities it needs to provide pharmacy services safely. And its equipment is adequately maintained.

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. Equipment for counting loose tablets and capsules was clean. And a range of clean, crown-stamped, glass measures were available. Some were reserved for specific purposes to avoid cross contamination. All electrical equipment appeared to be in good working order.

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.