

Registered pharmacy inspection report

Pharmacy Name: Asterwell Pharmacy, 275 Longmore Road, Shirley, SOLIHULL, West Midlands, B90 3ER

Pharmacy reference: 1038384

Type of pharmacy: Community

Date of inspection: 18/11/2019

Pharmacy context

This is an independent community pharmacy situated in a residential area of Shirley. It sells a range of over-the-counter medicines and dispenses prescriptions. It offers Medicines Use Reviews (MURs) and New Medicine Service (NMS) checks. It supplies medicines in multi-compartment compliance packs to residents in care homes and to quite a few people living in their own homes who need help in managing their medicines. And it also administers flu vaccinations in the winter season. The pharmacy has one person receiving instalment medicine 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	2.4	Good practice	The pharmacy has a strong culture of openness, honesty and learning. Its team members are well supported with resources to help keep their skills and knowledge up to date.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.2	Good practice	The pharmacy carries out clinical audits of people on higher-risk medicines and it keeps records of interventions to help achieve positive health outcomes for people who use its services.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy has safe and effective working practices. It keeps the records it needs to by law to ensure medicines are supplied safely and legally. Members of the pharmacy team monitor the safety and quality of the services they provide so that they can improve and further protect people's safety. They record and review their mistakes so that they can learn from them. The pharmacy generally keeps people's private information safe. And it asks people for their feedback to improve services where possible. Members of the pharmacy team understand how they can help to protect vulnerable people.

Inspector's evidence

The pharmacy had the right responsible pharmacist (RP) notice on display and the RP records were complete. A range of up-to-date standard operating procedures (SOPs) were available in the pharmacy and these had been read and signed by members of the pharmacy team. Roles and responsibilities of staff members were outlined in the SOPs. And when asked, members of the pharmacy team were clear about the tasks they could not undertake in the absence of a pharmacist.

Members of the pharmacy team were particularly good at recording near misses and dispensing errors. The superintendent pharmacist (SI) often completed a reflective statement following a dispensing error. And these were submitted to the National Pharmacy Association (NPA). But there was little evidence of a formalised review to identify contributory factors, learning points or any emerging trends. Contributory factors or actions taken to prevent recurrence were noted on the near miss logs and were largely 'not to rush', 'to concentrate' or to 'double check'. The near miss logs showed that some incidents kept on recurring, which demonstrated that the actions taken to mitigate similar errors were not always effective. The SI was aware of 'look-alike' and 'sound-alike' medicines and said that he often alerted members of the pharmacy team about these. He commented that he recently noticed that the packaging for latanoprost and timolol eye drops was the same as latanoprost eye drops and so were the liveries for lisinopril and ramipril; omeprazole and atorvastatin; and mirtazapine and ramipril capsules. These had been also noted on the dispensary's notice board.

The pharmacy had appropriate indemnity insurance arrangements. Records about controlled drugs (CDs) were kept in line with requirements and running balances were checked at regular intervals. A random CD check showed that the amount of stock in the cabinet matched the running balance in the register. CDs returned by people for disposal were recorded in a separate register when received and denaturing kits were used for their safe disposal. Records about private prescriptions, emergency supplies and unlicensed specials were in order.

The pharmacy advertised its complaints policy behind the pharmacy counter. But this notice displayed was not legible. And the pharmacy's practice leaflet was not available. So, some people may not know how they can make a complaint about a pharmacy service. A survey of people who used the pharmacy was undertaken annually. And the latest survey results were very positive with 100% of respondents rating the pharmacy as very good or excellent.

Members of the pharmacy team had all signed confidentiality agreements. And the SI said that he had briefed team members about the General Data Protection Regulation when it was first introduced. The pharmacy was registered with the Information Commissioner's Office. People's personal information

was kept away from public view. Confidential waste was separated and collected by a waste contractor. The pharmacy's computers were password protected and they were positioned away from public view. Members of the pharmacy team used their own smart cards to access electronic prescriptions.

The SI and the pharmacy technician had completed Level 2 safeguarding training. The dispenser had read and signed the pharmacy's safeguarding procedures and she described what she would do if she had any concerns about a vulnerable person. Contact details for local safeguarding agencies were available for staff to escalate any safeguarding concerns.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough trained staff to provide its services safely. Members of the pharmacy team work well together, and they have access to training resources to help keep their skills and knowledge up to date. And they feel comfortable about raising any concerns or offering suggestions to help improve the pharmacy's services.

Inspector's evidence

The SI was also a pharmacist independent prescriber and covered most of the pharmacy's opening hours. The SI said that he had recently qualified as an independent prescriber and hypertension was his area of competence. He had not yet felt it necessary to prescribe any medicines to people visiting the pharmacy. Regular locums were used to cover the SI's annual leave. The pharmacy also employed a qualified dispenser and a pharmacy technician. The team appeared to work well together and people visiting the pharmacy were served promptly and prescriptions were dispensed in a timely manner.

Members of the pharmacy team had access to resources such as trade magazines, a 'CPD library' (a folder of training materials) and journal articles to help keep their skills and knowledge up to date. And they were required to keep their own records of any training undertaken. The SI said that staff meetings were held each month to discuss any dispensing errors, medical safety officer's reports issued by the National Pharmacy Association, and quality payments. Minutes of the meetings were shared with the inspector.

A whistle blowing policy was in date and had been signed by members of the pharmacy team. The pharmacy technician said that he would have no hesitation in raising any concerns with the SI.

There were no targets and incentives set.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are safe, secure and suitable for the services it provides. And it has facilities to protect people's privacy when using the pharmacy's services.

Inspector's evidence

The pharmacy was clean and tidy. The retail area of the pharmacy was spacious. There was some seating for waiting customers. But the chairs were placed too close to the dispensary and there was no physical barrier to prevent unauthorised access. And any phone calls or staff conversation could be heard. This was pointed out the SI and he said he would relocate the chairs. A separate room was used for the assembly of multi-compartment compliance packs. The room was tidy, well-organised and there was enough space to undertake workload safely. The sink in the dispensary for preparation of medicines was clean and it had a supply of hot and cold running water. The pharmacy's consultation room was well laid out, bright and spacious. It was suitable for private counselling and conversations. And it was also equipped with an examination couch. The premises were lockable and could be secured against unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and effectively. Its services are accessible to people. And people receive the advice and support they need to help them take their medicines safely. The pharmacy obtains its medicines from reputable suppliers and it manages them properly. It takes the right action in response to drug recalls and safety alerts, so that people receive medicines that are fit for purpose.

Inspector's evidence

The entrance to the pharmacy was at street level and was step free. The pharmacy's opening hours and a list of the services available were advertised in the store. Members of the pharmacy team used local knowledge to signpost people to other providers when a service required was not offered at the pharmacy. A range of healthcare leaflets and posters were on display in the pharmacy. Members of the pharmacy team participated in Healthy Living campaigns and were currently raising awareness about sepsis. The SI said that the pharmacy was currently undertaking clinical audits on lithium, non-steroidal anti-inflammatories and a diabetes foot and eye audit. Records of any interventions and recommendations made were sent to the person's GP. And evidence of all the interventions made to date was provided during the inspection.

The workflow in the dispensary was organised and baskets were used during the dispensing process to prioritise workload and minimise the risk of prescriptions getting mixed up. 'Owing' notes were issued to keep an audit trail when a prescription could not be fully supplied. Members of the pharmacy team initialled 'dispensed by' and 'checked by' boxes on the dispensing labels. This was to keep an audit trail of staff involved in each stage of the dispensing process.

The uptake of the pharmacy's seasonal flu vaccinations service was moderate. It had an in-date patient group direction in place and the pharmacists had received appropriate training to deliver the service. The vaccines were stored in accordance with the manufacturer's instructions. And the anaphylaxis kit was in-date. Each person requiring the vaccination was required to complete a consent form before being administered the vaccine. And the copy of the consent form was sent to the person's GP where appropriate. A needle stick injury procedure, a chaperone policy and protocol to follow in the event of fainting or seizure were not displayed in the pharmacy's consultation room. The SI said that the protocols were available on his computer, and he would ensure these are displayed in the consultation room.

The pharmacy supplied medicines in multi-compartment compliance packs to residents in several care homes and to some people living at home. Assembled compliance packs checked during the inspection included a dispensing audit trail and descriptions of the medicine contained within them. Patient information leaflets were routinely supplied with the compliance packs. The pharmacy had a tracking system to prompt members of the pharmacy team when people's prescriptions were to be ordered and processed so that medicines were supplied in a timely manner. Most prescriptions were received electronically. Records were kept of each person using the service which included the current medication the person was on and the time of day it should be taken. Members of the pharmacy team kept records of any communication about medication changes, which helped make sure people received the correct medicines in their compliance packs. The pharmacy technician oversaw the

running of the service and it was well managed.

Members of the pharmacy team were aware of the valproate pregnancy prevention programme (PPP) and knew which people needed to be provided with additional advice about its contraindications and precautions. The pharmacy did not currently have anyone in the at-risk group who was taking valproate. The pharmacy had a small number of people taking warfarin and the team routinely enquired about people's latest blood test results. And there was evidence to show that these had been recorded on the patient medication records. The pharmacy highlighted CD prescriptions to ensure these were handed out within the 28-day validity period.

Medicines were obtained from licensed wholesalers and unlicensed specials 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 compliant with the Falsified Medicines Directive (FMD). The SI said that he was still exploring the most cost-effective solution and was in talks with various providers.

Medicines requiring cold storage were kept in a pharmaceutical refrigerator and these were stored between 2 and 8 degrees Celsius. The maximum and minimum fridge temperatures were monitored and recorded daily. All CDs were stored appropriately. Medicines returned by people for disposal were separated into designated bins. Stock medicines were date checked at regular intervals and records were available in the pharmacy. Short-dated medicines had been marked for removal at an appropriate time. Liquid medicines with limited stability had been marked with the date of opening. The pharmacy received drug alerts and recalls via email from head office. 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 people visiting the pharmacy. A consultation room was available for private counselling. A range of clean, crown-stamped, glass measures were available. And equipment for counting loose tablets and capsules was clean. A separate triangle was used for cytotoxic medicines to prevent 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.