

# Registered pharmacy inspection report

**Pharmacy Name:** Ingrams Chemist, 351 High Street, WEST  
BROMWICH, West Midlands, B70 9QG

**Pharmacy reference:** 1038541

**Type of pharmacy:** Community

**Date of inspection:** 10/12/2019

## Pharmacy context

This is a busy community pharmacy located on the main high street in the centre of town. Most people who use the pharmacy are from the local area. It dispenses prescriptions and sells a range of over-the-counter (OTC) medicines, as well as other household items. It supplies medicines in multi-compartment compliance aid packs, to a large number of people who need additional help to take their medicines at the correct time. It also supplies medicines to a number of local care homes. The pharmacy offers a variety of additional services including Medicines Use Reviews (MURs), smoking cessation, travel vaccinations and flu vaccinations during the relevant season.

## 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	N/A	N/A	N/A
<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 suitably identifies and manages the risks associated with its services. It keeps people's private information safe and it maintains the records it needs to by law. The pharmacy asks for feedback on its services and uses this to make improvements. Its team members follow written procedures to help make sure they complete tasks safely and they understand how to raise concerns to help protect the wellbeing of vulnerable people.

### Inspector's evidence

The pharmacy had written standard operating procedures (SOPs) covering operational tasks and activities. The superintendent pharmacist confirmed verbally that a recent SOP update had been completed, but some of the version control details had not been amended to reflect this. The procedures defined the responsibilities of team members, who were all clear about their roles and any issues with procedures were identified and discussed on an ongoing basis. A medicine counter assistant (MCA) correctly described the activities which were permissible in the absence of a responsible pharmacist (RP). And the pharmacy had professional indemnity insurance provided by the National Pharmacy Association (NPA) which was valid until May 2020.

Near misses were recorded and each team member had a personal near miss log. There were some entries which were not recorded, which may mean that some underlying trends are not identified. Team members said that they were comfortable discussing issues when things had gone wrong in order to learn from mistakes and make improvements. Previous action that had been taken in response to near misses and incidents included the relocation of stock medicines, and the team were in the process of introducing a telephone rota, to help minimise distractions to the dispensing process, caused by people leaving tasks to answer the phone. Dispensing incidents were recorded and reviewed by the superintendent pharmacist.

The pharmacy had a complaint procedure. People using pharmacy services could raise concerns verbally. Any concerns raised were referred to the superintendent pharmacist, and the consultation room was offered for additional privacy. Feedback was also sought through a Community Pharmacy Patient Questionnaire (CPPQ), the results of which were usually positive. Comments received usually related to the waiting area and consultation room. The superintendent pharmacist discussed planned changes to this area, including work to expand the consultation area and make two separate rooms. A gondola of stock had also previously been removed to create a more open space near the waiting area. The planned work was currently in the quotation stage with contractors.

The correct RP notice was conspicuously displayed on a shelf behind the medicine counter. The electronic RP log was generally in order, but there were some duplicate entries which could cause some ambiguity. The superintendent pharmacist believed that this could be due to the web-based system being used on different computer terminals. He agreed to follow up on this post inspection. Records for private prescriptions and emergency supplies were generally in order and specials procurement records provided an audit trail from source to supply. Controlled drugs (CD) registers kept a running balance

and balance checks were carried out with each receipt and supply. A patient returns CD register was available.

The pharmacy had an information governance policy and was registered with the Information Commissioner's Office (ICO). Team members discussed some of the ways in which people's private information was kept safe. Confidential waste was segregated into a designated bin and was incinerated by the superintendent pharmacist. Completed prescriptions were stored out of view of the medicines counter and no confidential information was left visible on the day. Pharmacy team members had their own NHS smartcards, which they secured on their person when not in use.

Safeguarding guidance was located in the SOP folder. An MCA did not recall any further training but discussed some of the types of concerns that might be identified, as well as some instances where concerns regarding vulnerable people had been escalated to the superintendent pharmacist, so that suitable help could be obtained. The superintendent pharmacist had completed safeguarding training through the Centre for Pharmacy Postgraduate Education (CPPE) and the contact details of local agencies were accessible.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy team members work in an open culture. They support one another well and feel comfortable providing feedback, and the pharmacy uses this to make improvements. Team members work within their competence and complete some ongoing training. But protected training time is not routinely provided in the pharmacy, which may make it difficult for some team members to keep their knowledge up to date.

### Inspector's evidence

On the day of the inspection, the superintendent pharmacist was working alongside his son, who was also a registered pharmacist and had been providing regular double cover in a locum capacity in recent weeks. In his absence, there would usually be double pharmacist cover at least twice per week to help manage the workload. In total the pharmacy employed approximately 22 team members with a varied skill mix. On the day, the two pharmacists were being supported by a pre-registration pharmacist, two accredited accuracy checking pharmacy technicians (ACT), a pharmacy apprentice, six dispensers and an MCA. This was the usual staffing level for the day, the team worked well together in a busy environment and there was no backlog in the workload. Leave requests were approved by the superintendent pharmacist and leave was planned on a calendar to help make sure that a suitable staffing level was maintained.

Sales of medication were discussed with an MCA who outlined some of the questions that she would ask to help make sure that sales were safe and appropriate. Concerns were referred to the pharmacist, this included people who were taking other regular medicines and requests for high-risk medications, such as co-codamol. The MCA discussed how a previous refusal of a sale had been managed for an inappropriate request.

Pharmacy team members held the appropriate qualifications for their roles, one dispenser was enrolled on a training programme through the NPA and the pharmacy apprentice was completing her studies at a local college. The team completed some ongoing training, but this usually took place outside of working hours, as protected training time was not available in the pharmacy. Some team members had recently attended a local training event on defibrillation and training had also previously been undertaken on smoking cessation. The pre-registration pharmacist was enrolled on a training programme through Buttercups. He attended regular study days as well as completing additional work and taking part in webinars. The pre-registration pharmacist had changed placement provider during the year and an initial 13-week review had been completed by his previous employer. Since moving to the pharmacy, he had completed regular development reviews with the superintendent pharmacist, who had assumed the role of pre-registration tutor. Development reviews for other team members were less formal with conversations taking place on a regular basis. Team members were happy to approach the superintendent pharmacist to discuss any training needs.

There was an open dialogue amongst the pharmacy team. Team members worked closely together to monitor the workload and moved away from their set tasks to help others as needed. They were

encouraged to provide their feedback and recently all team members had been involved in the production of a telephone procedure, which was due to be implemented alongside the new telephone rota system. The procedure had been reviewed and added to by all team members, to outline how various queries should be managed and recorded. Enabling whoever was allocated to the telephone rota to answer queries effectively and minimising the disruption to others. There were no formal targets in place for professional services.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is adequately maintained but lacks space in some areas which may impact on general organisation. It has a consultation room to enable it to provide members of the public with access to an area for private and confidential discussions.

### Inspector's evidence

The pharmacy premises were suitably maintained, but fixtures and fittings in some areas were becoming worn, which may detract from the overall appearance. The superintendent pharmacist arranged for any necessary maintenance repairs using local contractors and pharmacy team members completed cleaning duties on an ad hoc basis. The premises were generally clean on the day. There was adequate lighting throughout and the temperature was appropriate for the storage of medicines.

The retail area to the front of the pharmacy was clean and tidy. The pharmacy stocked a range of household goods and pharmacy restricted medicines were secured from self-selection. There was a small selection of chocolate and carbonated drinks available, which may not be in-keeping with a healthcare-based business. Next to these items, team members had created a display indicating the sugar content of each product to help inform people and enable them to make more healthy choices. Near to the medicine counter was a seating area for use by people waiting for their medicines. The area also had some health promotion leaflets and posters displayed.

Off the retail area was an enclosed consultation room. The room was clearly signposted and suitably maintained. It had a desk and seating to help enable private and confidential discussions and it was regularly used throughout the inspection.

The dispensary was compact given the number of items dispensed. To the front there was a labelling terminal and a segregated area used for checking by the pharmacist. A further work bench to the side, which ran the length of the dispensary was used to stack baskets of prescriptions which were awaiting an accuracy check and a second labelling terminal was at the other end of the bench. In the centre of the dispensary was a large island work bench. Half of which was used by two dispensers to organise the repeat prescription and community compliance aid packs and the other half for general dispensing. A third labelling terminal was also located in this area. Large shelving units created storage for medicines, but there were several items temporarily stored on the floor, which could pose a trip hazard for team members. A further dispensing area had been created at the rear of the premises for the assembly of compliance aid packs and nursing home supplies. The area was again compact and had a large work bench divided into three sections, two for dispensing and one for accuracy checking. The pharmacy had an additional storage area and tearoom and WC facilities which were adequately maintained. Several waste bins for obsolete medicines were stacked above head height which may cause a health and safety risk. This was highlighted to the superintendent pharmacist on the day.

## Principle 4 - Services ✓ Standards met

### Summary findings

Pharmacy services are generally accessible and suitably managed so that people receive appropriate care. Team members are knowledgeable and offer advice to promote healthy living. The pharmacy gets its medicines from licensed wholesalers and it carries out some checks to help make sure that they are fit for supply.

### Inspector's evidence

The pharmacy had step-free access and a manually operated door. A bell at the front entrance could be used by people who required additional assistance and further adjustments could be made for people with different needs, including generating large print labels, for people with visual impairment.

There was some advertisement of the pharmacy's services, including on a health promotion leaflet, which was updated each month and on posters placed in the retail area. Further health promotion materials were displayed near to the seating area and the pharmacy encouraged healthy lifestyle choices through additional visual displays. Throughout the retail area, next to certain stock items were bags of sugar to enable people to see the sugar content. The MCA said that the displays often prompted conversations and that she used those opportunities to engage in discussions about related topics such as obesity and diabetes. The pharmacy had access to information to support signposting to other local services.

Prescriptions were dispensed using colour coded baskets to keep them separate and prioritise the workload. Team members signed 'dispensed' and 'checked' boxes on dispensing labels as an audit trail. The pharmacist used stickers to identify prescriptions for high-risk medicines, to help make sure that people received appropriate counselling. There was an ongoing audit on the use of valproate-based medicines in people who may become pregnant. This was being managed by the pre-registration pharmacist who had identified several patients in the 'at-risk' criteria. Patients had been counselled and provided with the necessary safety literature. The supply process was documented in a SOP which had been recently reviewed and updated by the pre-registration pharmacist. The pharmacy also used stickers to identify other high-risk prescriptions, including some for CDs. But there were some CDs which were not highlighted, which may increase the risk that a supply could be made after the valid 28-day prescription expiry date.

People were able to contact the pharmacy to request their repeat prescription each month. An audit trail was kept of requests which had been issued. This was checked and reconciled each day to identify unreturned requests. The pharmacy also managed some repeat medications, for people who had difficulty in managing their medicines. People were allocated to one week of a four-week ordering system and the pharmacy kept records to ensure that all requests were returned. Medications for community-based patients who had their medicines in compliance aid packs were also managed using the same four-week system. Requests for bulk items such as 'when required' pain medications were checked to help prevent over ordering. Returned prescriptions were reviewed for discrepancies and where necessary, master patient records were updated to reflect any confirmed changes to medicines.



Backing sheets and labels were produced and medications were picked from the main dispensary, before being assembled in the compliance aid dispensing area and checked by the ACT. Prior to being assembled prescriptions were clinically checked by the pharmacist. A stamp had been ordered to ensure that the audit trail confirming this was clearer. The pharmacy had one patient who received warfarin in a compliance aid pack. The team were aware of the risks surrounding this and an ACT explained how they were managed. An INR reading and dose was confirmed following each anticoagulant appointment, as was the date of the next appointment. Supplies were made up until the date of the next appointment and no further issues were made until further confirmation had been received. The pharmacy team were in regular contact with the patient representative and the anticoagulant clinic and audit trails of all records were maintained for reference. Completed compliance aid packs had an audit trail for dispensing, but they did not routinely record descriptions of individual medicines, which could make it more difficult for people to identify them. Patient leaflets were supplied.

The pharmacy supplied medicines to several care homes with varying bed numbers. The compliance packs in which medicines were supplied were agreed with each care home in advance. Staff members at each care home requested the repeat medications that were required each month. A number of homes received prescriptions on FP10 forms, which they checked for any discrepancies before sending them to the pharmacy for dispensing. Electronic prescriptions were reconciled with the care home team by pharmacy team members, to ensure discrepancies were identified. The pharmacy was notified of any interim medications required outside of the usual cycle of supply. Prescriptions were placed into white baskets to highlight them as a priority and a supply was made with an accompanying medication administration chart.

Signatures were not routinely obtained for deliveries, except for CDs which were recorded. So, the pharmacy may not always be able to demonstrate what has happened in the event of a query. A card was left for any patient who was not in at the time of delivery and medication was returned to the pharmacy.

The smoking cessation service was managed by an ACT and a dispenser, who were able to supply a range of nicotine replacement products. Supplies of varenicline were made by the pharmacist, using a valid patient group directive (PGD). The ACT kept records of appointment due dates. Patients attended each week for the first four-weeks and then every two weeks. Carbon monoxide readings were taken at each attendance to monitor progress and the pharmacy reported several successful quit stories. The service had previously been promoted using stickers on prescription bags and via letters to local GP surgeries and care homes.

The pharmacy had valid PGDs for both the private and NHS flu vaccination services. The superintendent pharmacist had completed training for the administration of vaccines in August 2019. The injection training also enabled the superintendent pharmacist to provide a travel vaccination service. PGDs for each of the vaccines were available for reference and the pharmacy also had access to a sharps bin and adrenaline to support the administration of vaccines. The pharmacy provided NHS health checks, they had suitable equipment to carry out tests and the equipment seen on the day was clean. A service specification was available to support service delivery.

Stock medicines were sourced from licensed wholesalers and specials from a licensed manufacturer. Stock medicines were stored in the original packaging. There were some areas where stock was becoming unorganised, which may increase the risk of a picking error. Date checking was carried out periodically, but records to indicate when checks were taking place were not completed consistently. Short dated medicines were highlighted, and no expired medicines were identified from random

checks. Obsolete medicines were placed in suitable waste containers. The pharmacy had completed registration with SecurMed as part of the requirements of the European Falsified Medicines Directive (FMD). Scanners were in place to allow for medication checks, but the systems were not yet fully operational within the pharmacy. Alerts for the recall of faulty medicines and medical devices were received via email. The system was checked each day and an audit trail was kept demonstrating the action taken in response to alerts which had been received.

The pharmacy had two refrigerators, which were both equipped with a maximum and minimum thermometer. Temperatures were checked and recorded each day and were within the recommended range. CDs were stored appropriately with returned CDs segregated from stock items. Random balance checks were found to be correct and CD denaturing kits were available.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services and team members use equipment in a way that protects people's privacy.

### Inspector's evidence

The pharmacy had access to paper-based reference materials including the British National Formulary (BNF) and internet access was available for additional research. A range of ISO approved, and crown-stamped measures were available for measuring liquids and they were cleaned after each use. Counting triangles were available for loose tablets and a separate triangle was marked for use with cytotoxic medications. The pharmacy's carbon monoxide reader was provided by the service provider and was well maintained. It did not require calibration. The pharmacy had a blood pressure reader, a cholesterol testing machine and blood glucose testing machine to support the delivery of health checks. Calibration records were not seen. The superintendent pharmacist reported that checks had previously been carried out by a quality assurance team at an NHS hospital, but the last date on which this had occurred was not confirmed. So, the pharmacy may not always be able to easily demonstrate that equipment is regularly checked to make sure it is fit for purpose. Minimal health checks were carried out.

Electrical equipment appeared to be in working order. Computer systems were password protected and passwords were changed regularly, when prompted by the system. Screens were located out of public view to help protect privacy and cordless phones enabled conversations to take place in private.

### 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.