

Registered pharmacy inspection report

Pharmacy Name: M.E.J. Hingley & Co Ltd., Regis Medical Centre,
Darby Street, Rowley Regis, WARLEY, West Midlands, B65 0BA

Pharmacy reference: 1038654

Type of pharmacy: Community

Date of inspection: 02/05/2019

Pharmacy context

This is a busy community pharmacy located next to a medical practice, on the outskirts of the town. It mainly dispenses NHS prescriptions and supplies medicines in weekly compliance aid packs for people to use in their own homes. The pharmacy sells a limited range of over-the-counter medicines as well as offering NHS services including Medicine Use Reviews (MURs), the New Medicine Service (NMS) and a popular local minor ailments scheme. Several other NHS services are offered including smoking cessation and the NHS Urgent Medicine Supply Advanced Service (NUMSAS). Substance misuse treatment services and a needle exchange scheme are also available.

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

The pharmacy's working practices are generally safe and effective. It keeps the records it needs to by law and protects people's private information. Pharmacy team members usually follow written procedures to help to make sure they complete tasks safely. And they understand how to raise concerns about vulnerable people. But they do not always record and review their mistakes. So, they may sometimes miss out on learning opportunities and the chance to reduce future risk.

Inspector's evidence

The pharmacy had some systems in place to help identify and manage risk. Records of near misses were kept, but there were some gaps in recording and limited information was captured on learning points. A review of near misses was carried out each month to identify trends. The results of which were escalated to head office. A pharmacist discussed a previous training point which had been identified involving different Symbicort inhaler devices. This had been discussed amongst the pharmacy team and an improvement in near miss rates surrounding this issue had been seen. Dispensing incidents were recorded electronically and captured more detailed information. A record was sent to the superintendent pharmacist and retained in the pharmacy for reference.

A full set of standard operating procedures (SOPs) was in place. Procedures had been reviewed every two years and had been signed by team members to confirm their acknowledgement and understanding.

The roles of pharmacy team members were outlined in the SOPs. Team members wore name badges which stated their roles, and a healthcare assistant (HCA) was clearly able to discuss the activities which could and could not take place in the absence of a responsible pharmacist (RP).

A complaint procedure was in place and this was advertised on a poster displayed in the waiting area. Complaint forms could be completed where relevant, and any issues raised were usually escalated to the pharmacist in charge. An annual community pharmacy patient questionnaire (CPPQ) was completed. The results of a recent survey were displayed and appeared positive.

Insurance arrangements were in place. The correct RP notice was conspicuously displayed near to the medicine counter. The RP log appeared generally in order, although a few entries were identified where the time RP duties ceased had not been recorded, as they should be.

Controlled Drug (CD) registers were in order and a running balance was recorded. Balance checks were regularly conducted. Patient returned CDs were recorded in a designated register and destructions were signed and witnessed. Private prescriptions and emergency supply records appeared in order and specials procurement records kept an audit trail from source to supply.

Several information governance policies were in place and pharmacy team members had completed training. A privacy notice was displayed, as well as a 'Safeguarding your Information' leaflet. A pre-registration pharmacist identified some of the ways in which confidentiality would be protected, including the appropriate segregation and disposal of confidential waste. Completed prescriptions were

stored out of public view and appropriate NHS Smartcard usage was observed during the inspection.

A safeguarding procedure was in place and registrant members of the pharmacy team had completed safeguarding training through the Centre for Pharmacy Postgraduate Education (CPPE). A HCA identified some of the types of concerns which may be seen in the pharmacy. Concerns were escalated to the pharmacist. The local contact details available for escalation were dated from 2014. A pharmacist said that up to date details could be found online. The pharmacy had a chaperone policy in place, the details of which were displayed near to the consultation room.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members receive training for their roles and they support one another to effectively deliver the services. They are comfortable raising concerns and providing feedback. But they do not have regular training time to support their development. So, they may not always be able to show how they keep their knowledge up to date.

Inspector's evidence

On the day, the pharmacy team comprised of the two regular pharmacists, a pre-registration pharmacist, a registered pharmacy technician and two qualified dispensers. The medicine counter was covered by two qualified HCAs. An accredited accuracy checking technician (ACT) was on planned leave and the pharmacy also employed two delivery drivers, who were not present.

The workload was busy, but the team felt that it was manageable, and each member of staff was allocated a role throughout the day, to help ensure tasks were completed effectively. Restrictions were in place as to how many team members could take planned leave at one time, to maintain appropriate staffing levels.

A HCA discussed the questions that would be asked to help ensure that sales of medications were safe and appropriate. Referrals were made to the pharmacist when required and sales were monitored to identify repeated and inappropriate requests.

Pharmacy team members were trained for the roles in which they were working. Their certificates were displayed in the pharmacy. The pre-registration pharmacist received protected learning time each week and was enrolled on a training programme, to support development during the pre-registration year. One of the regular pharmacists was the designated pre-registration tutor and all relevant reviews had been completed. No structured or allocated training time was provided for other team members, who said that they read training magazines to keep their knowledge up to date. Development reviews had been completed by the previous pharmacist manager and where relevant, development plans were put into place to address any learning needs.

An open dialogue was observed amongst the pharmacy team. Team members were comfortable in approaching the regular pharmacists and in discussing any concerns amongst themselves. One team member said that she would approach one of the company directors, if the event that she needed to raise an anonymous concern.

Targets were in place for services such as MURS. An update of service figures was provided to head office each month. The pharmacists said that targets were usually met and discussed how they would ensure that services were only conducted when appropriate and indicated.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a suitable environment for the delivery of healthcare services. But a lack of space impacts on organisation in some areas.

Inspector's evidence

The pharmacy was appropriately maintained, but compact and space was limited. Maintenance issues were escalated through company management. Cleaning duties were carried out by members of the pharmacy team on an ad hoc basis.

A small waiting area to the front of the premises had several chairs available for use by those less able to stand. Two enclosed consultation rooms were accessible from the waiting area. The rooms were appropriately presented and contained equipment to facilitate private and confidential discussions.

The dispensary lacked space. Large shelving units were used to store medications. Work benches were segregated to keep dispensing and checking separate, and an additional area was used to assemble weekly compliance aid packs. There were several boxes being temporarily stored on the floor of the dispensary, which created a trip hazard for team members. The dispensary had a sink with appropriate cleaning materials, which could be used for medicine preparation.

A small separate storage area was available, as well as a tearoom and WC facilities which had appropriate handwashing materials available. There was adequate lighting throughout the premises and the temperature was appropriate for the storage of medicines.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy suitably manages its services and makes them available to people with different needs. But pharmacy team members do not always make additional checks with high-risk medications. So, there is a chance people may not always get the information they need to take their medicines safely. The pharmacy obtains medicines from reputable sources and carries out some checks to help to ensure that medicines are suitable for supply. But medicine storage areas are untidy, which may increase the chance of an error.

Inspector's evidence

The pharmacy had a step-free entrance to the front and a manual door. The adjacent GP surgery also provided a step-free access to the premises and was fitted with an automatic door to facilitate wheelchair access. Additional adjustments could be made for people with disabilities, such as large print labels to aid people with visual impairment.

There was some advertisement of services in the waiting area, along with other health promotion literature. A signposting folder provided information on local services and was used to direct people to other healthcare providers, when necessary.

Prescriptions in the pharmacy were dispensed using baskets to keep them separate and reduce the risk of medications being mixed up. Dispensing labels were signed as an audit trail. The pharmacy also kept an audit trail to identify which prescriptions were suitable for a final accuracy check by the ACT. There was limited highlighting of prescriptions for high-risk medications, and records of monitoring parameters such as INR readings were not maintained.

The pharmacy staff were aware of the valproate pregnancy prevention programme, and the pharmacy had participated in an audit to identify affected patients. However, the team were not always confident on the supply of safety materials required by recent guidance. Prescriptions for CDs were usually highlighted, including schedule 3 and 4 CDs which were not subject to safe custody requirements.

The pharmacy kept a record of repeat prescriptions which had been requested for delivery patients, but not for those who collected their medicines directly from the pharmacy. This may mean that some unreturned prescription requests are not always proactively identified. Signatures were obtained to confirm the delivery of medicines. Where a delivery was unsuccessful a card was left, and the medication was returned to the pharmacy.

Weekly compliance aid packs were organised by a dispenser. A record was kept of when medicines were due for supply and repeat prescription requests were submitted in advance of this date. Master records of medications were updated with the details of changes. Some record sheets were seen to have multiple amendments made, which may cause confusion. Completed weekly compliance aid packs had patient identifying details and descriptions of individual medicines were in place. Patient leaflets were supplied.

Pharmacy team members who provided the smoking cessation service had completed appropriate

training. Records of supplies were kept, and carbon monoxide readings were taken at each consultation. Equipment was available to facilitate this. Additional training was being undertaken by the pharmacist, to enable supplies of additional stop smoking treatments to be provided.

Stock medications were sourced through reputable wholesalers and specials from a licensed manufacturer. Stock medications were stored in the original packaging, but were very unorganised on dispensary shelves, with different strengths of medications intermixed. A pharmacist said that a recent delivery issue had left the pharmacy with surplus stock, which added to the storage difficulties. Steps were being taken to reduce the level of stock held.

Date checking systems were in place. Records indicated that a last full check of stock had taken place in November 2018, with some intermittent checks since. During random samples an out of date medicine was identified. This was not marked to indicate that it was short dated, as it should be. Other medications which were expiring in the month of the inspection had also not been highlighted. Out of date and returned medicines were stored in DOOP bins. A cytotoxic waste bin was also available for hazardous materials. The pharmacy had recently completed registration with SecurMed, as part of the European Falsified Medicine Directive (FMD). But the relevant hardware was not yet in place to enable medicines to be decommissioned in line with requirements.

CDs were appropriately secured, and random balance checks were found to be correct. CD denaturing kits were available for use. Needle exchange kits were pre-packed. The details of supplies were recorded, and sharps bins were available for the storage of returns. Team members asked had received hepatitis b vaccinations for personal protection.

The pharmacy fridge had a maximum and minimum thermometer and the temperature was checked and recorded daily. The fridge was within the recommended temperature range. Alerts for the recall of faulty medicines and medical devices were received directly by one of the pharmacists, as well as to a pharmacy email account. The account was accessible to all team members in the event of the pharmacist being absent. Alerts were printed, and the relevant action taken was recorded.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment to deliver its services.

Inspector's evidence

Paper reference materials were available and internet access was in place for additional research.

Several glass crown-stamped and ISO approved measures were available for measuring liquids. Separate measures were marked for use with CDs. Counting triangles were available for loose tablets, with a separate triangle reserved for use with cytotoxic medications. A carbon monoxide reader used as part of the smoking cessation service was calibrated periodically by the service provider.

Electrical equipment appeared to be in working order. Computer systems were password protected and regular back-ups were performed. Screens were located out of public view and a cordless telephone enabled conversations to take place in private, when required.

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.