

Registered pharmacy inspection report

Pharmacy Name: Healthstop Pharmacy, 168 Hamstead Road,
Handsworth, BIRMINGHAM, West Midlands, B20 2QR

Pharmacy reference: 1084257

Type of pharmacy: Community

Date of inspection: 24/04/2019

Pharmacy context

This is a community pharmacy located next to a medical centre in a residential area of a Birmingham suburb. The pharmacy mainly dispenses NHS prescriptions. It supplies weekly compliance aid packs for people to use in their own homes and delivers medication to people who are housebound. It also sells a limited range of over-the-counter medicines. The pharmacy provides a number of other NHS services including Medicine Use Reviews (MURs), the New Medicine Service (NMS), smoking cessation and travel vaccinations. Substance misuse treatment services and a needle exchange service 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, but some details are missing. This may mean that the pharmacy team are not always able to show what has happened, if something goes wrong. Pharmacy team members usually follow written procedures to help to ensure that tasks are completed safely. They have some understanding of how to keep people's information private and raise concerns to protect vulnerable people. But they do not always record and review their mistakes. So, they may miss out on learning opportunities and chances to reduce risk in the future.

Inspector's evidence

The pharmacy had some systems in place to help identify and manage risk. A full set of written standard operating procedures were available. The procedures had a review date of March 2015. There was no documentation to confirm whether this review had taken place. However, one member of the team recalled procedures being reviewed and resigned in the months prior to the inspection. Audit trails showed that team members had last signed procedures to confirm their acknowledgement in 2018. The locum pharmacist, who worked regular shifts at the pharmacy said that he had read the procedures but had not signed them.

Pharmacy team members said that near misses were recorded. One record sheet in the SOP folder had the details of two near misses documented from October 2018. Team members were unaware as to where previous records or the current near miss log was kept. The locum pharmacist said that he would leave a note for the regular pharmacist about any near misses that he had identified. The team said discussions took place following any incidents and they sometimes made changes to prevent further errors, such as segregating stocks of sertraline and sildenafil. Records of previous incident reports were seen, in some instances onward reporting to the National Reporting and Learning System (NRLS) had taken place. The team were unaware of any recent incidents.

Pharmacy team members present were aware of their roles and were 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, but this was not advertised, so people may not always be aware of the details. Feedback could be provided verbally and through a mystery shopper scheme, which was completed each month.

Certificates of insurance were displayed. The correct RP notice was conspicuously displayed. The RP log appeared in order. Controlled Drugs (CD) registers had running balances. The locum pharmacist said that patient returned CDs were recorded for destruction. But the relevant register could not be located on the day. Samples of private prescriptions and emergency supply records appeared in order and specials procurement records provided an audit trail from source to supply.

The pharmacy team had completed information governance training. Confidential waste was disposed of using a shredder and no patient identifiable information was visible on the day. Some members of the team did not hold a valid NHS Smartcard. So they were reliant on other team members being able

to access the NHS spine.

Pharmacy team members had previously completed some safeguarding training and were dementia friend trained. A dispenser discussed some of the concerns that she would be watching for and explained the actions she would take in response if issues were identified. The pharmacist had completed level 2 safeguarding training through the Centre for Pharmacy Postgraduate Education (CPPE) and said that the contact details of local agencies could be found using the internet, if required.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. The pharmacy's team members receive training for their role. They complete some ongoing learning to maintain their skills. But they do not keep complete records of this. So, they are not always able to show how they keep their knowledge up to date.

Inspector's evidence

On the day of the inspection, the pharmacy team comprised of a locum pharmacist, who worked regular shifts at the pharmacy. A qualified dispenser was also present alongside two trainees who were enrolled on a level 3 Apprenticeship in Pharmacy at a local college. The team appeared to adequately manage the workload on the day. Leave was usually planned and managed by the regular pharmacist. Restrictions were in place as to the number of team members who could be absent at one time, to ensure staffing levels were appropriately maintained.

A dispenser discussed the questions that she would ask when making a sale of medication, to ensure the sale was safe and appropriate. The dispenser demonstrated knowledge of some common interactions and was aware of restrictions regarding the sale of pseudoephedrine-based medications. Sales were referred to the pharmacist for further advice, where this was appropriate.

Team members present were appropriately trained or were enrolled on training programmes and worked under supervision. Ongoing training was limited to ad hoc sessions. The most recent module covered had been a child oral health module, as part of the quality payments scheme. Previous training records were located but the team were unaware of where any recent training records were stored. Staff development was reviewed through informal discussions which took place periodically. The apprentices also had regular reviews with college tutors as part of their NVQ programme.

The environment in the pharmacy amongst colleagues appeared open and team members were happy to approach the regular pharmacist with any concerns. Members of the team were unaware as to how anonymous concerns could be raised, but one apprentice said that students were able to contact the college if they were unhappy with their placement.

The locum pharmacist confirmed that there were no formal targets in place for professional services and said that he felt no undue pressure.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a suitable environment for the delivery of pharmacy services. But some fittings are worn, which may detract from the overall professional appearance.

Inspector's evidence

The interior of the premises appeared dated in some areas and there was some minor damage to the floor in some places. Maintenance issues were escalated to the regular pharmacist and daily cleaning duties were carried out by the pharmacy team.

The retail area stocked a limited range of healthcare-based goods and pharmacy medications were restricted from self-selection. There were chairs available for use by people less able to stand. An enclosed consultation room was accessible from the retail area. The room had the appropriate equipment to facilitate private and confidential discussions and was suitably maintained.

The dispensary had adequate space for dispensing. Two computer terminals were available for labelling and there was a separate work bench space for prescription assembly. Shelves were used to store prescriptions which were awaiting a final check and a separate area was reserved for accuracy checking. Some work areas were cluttered, which may increase the likelihood of an error.

There was adequate lighting throughout the premises and the temperature was appropriate for the storage of medicines. A sink was available for the preparation 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 may not always make enough checks with higher risk medicines. Which may mean that people do not always have access to the information they need to take their medicines safely. The pharmacy obtains medicines from reputable sources, but team members do not always carry out regular checks to ensure that medicines are suitable for supply.

Inspector's evidence

The premises had a step-free access to the front. Additional adjustments could be made for those with disabilities, including large print labels for those with visual impairment.

There was limited advertisement of pharmacy services on the premises. A signposting SOP was in place and internet access was available to locate other services available in the area. Several health promotion leaflets were also displayed.

Baskets were used as part of the dispensing process to keep prescriptions separate and reduce the risk of medications being mixed up. Audit trails were usually maintained to enable those involved in the dispensing process to be identified. There were no systems in place to routinely highlight prescriptions for high-risk medications. An example seen on the day showed no records of monitoring parameters such as INR readings being recorded as an audit trail. The pharmacy team were aware of requirements regarding the supply of valproate-based medications. Safety alert cards were available for supply. Other safety materials such as patient guides and additional warning labels could not be located on the day. Prescriptions for CDs were usually highlighted. This did not always include schedule 3 and 4 CDs which were not subject to safe custody requirements, and an expired prescription for diazepam awaiting collection and was not marked in any way.

The pharmacy kept audit trails of repeat prescriptions which had been requested from nearby GP surgeries. Prompts on the computer system were used to identify when repeat prescriptions were due to be requested. Prescriptions for weekly compliance aid packs were organised by an apprentice and an audit trail was again maintained to ensure all repeat prescription requests were returned. Master lists of medications were maintained and were updated with the details of any changes. Completed weekly compliance aid packs did not record descriptions of individual medications and patient leaflets were not always supplied. So, people may not always have access to all of the information they need to take their medicines safely.

Stock medications were sourced through reputable wholesalers and specials from a licensed manufacturer. Stock medications were generally organised on shelves in the dispensary. The storage boxes used to hold most medications were marked to indicate when a date check had been conducted. Some were last marked in 2017. The team said checks were carried out more frequently than this but may not have been recorded as they should be. No records were kept for some stock items such as liquid preparations, which were stored in a separate area. Short dated medications were marked and no out of date medications were identified during random checks. Out of date and returned medicines were stored in DOOP bins. The pharmacy did not have access to a cytotoxic waste bin. The pharmacist

described the steps that he would take to segregate any returned hazardous waste. The pharmacy did not currently have equipment and software in place to enable compliance with the European Falsified Medicine Directive (FMD). The team were unaware as to the progress that had been made by the regular pharmacist to support the necessary measures being implemented.

CDs were secured appropriately, and out-of-date and returned CDs were marked and segregated. CD denaturing kits were available for use. Needle exchange kits were pre-packed. The team were aware of the information that was recorded as part of a supply and sharps bins were available for the collection of returns. Pharmacy team members had not received a hepatitis b vaccination for personal protection and said that a needle stick injury would be referred to the pharmacist for immediate advice.

The pharmacy had two refrigerators which were fitted with maximum/minimum thermometers, the temperature was checked and recorded daily and was within the recommended range. Drug alerts were received via post and email. In the absence of the regular pharmacist the team were unaware of how to access the email system. Once received alerts were printed, displayed in the dispensary and actioned. The team were unaware as to where alerts were archived after having been actioned.

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 to facilitate additional research.

A range of plastic measuring cylinders were available. The measures were marked to indicate use with CDs but contained no British Standard approval markings. This may lead to minor inaccuracies when measuring liquids. Counting triangles were available for loose tablets.

Electrical equipment appeared to be in working order. Computer systems were password protected and screens were positioned out of public view, to protect privacy. A cordless telephone was available to enable conversations to take place in private, if 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.