General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Yardley Pharmacy, 2 Willard Road, BIRMINGHAM, West Midlands, B25 8AA

Pharmacy reference: 1084391

Type of pharmacy: Community

Date of inspection: 03/04/2019

Pharmacy context

This is a busy community pharmacy located next door to a medical centre in Yardley. There is a small shopping centre and a large supermarket across the road. The pharmacy opens for longer hours than the medical centre. The pharmacy dispenses NHS prescriptions and provides other NHS funded services. The pharmacy dispenses medicines into weekly packs for people that can sometimes forget to take their medicines.

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	1.2	Good practice	The pharmacy proactively monitors and reviews its services to make sure they are provided safely and effectively.
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 effectively manages the risks associated with the services to ensure people are kept safe. People can give feedback and make a complaint about the services. And the pharmacy proactively responds and uses this feedback to make improvements. Members of the pharmacy team are clear about their responsibilities and follow written procedures to make sure they work safely. They record their mistakes so that they can learn from them. And they make changes to stop the same sort of mistakes from happening again.

Inspector's evidence

A range of standard operating procedures (SOPs) were in place which covered the operational activities of the pharmacy and the services provided. SOPs had been prepared by the Superintendent Pharmacist (SI) in November 2018 based on the templates. Signature sheets were used to record staff training. Pharmacy staff were seen to have read and signed SOPs specific to their job role. Roles and responsibilities of pharmacy staff were highlighted within the SOPs. The pharmacy manager had started working at the pharmacy in October 2018 and had also reviewed the SOPs to ensure they reflected the actual procedures in the pharmacy.

Near miss logs were in place and the dispenser involved was responsible for correcting their own error to ensure they learnt from the mistake. A dispensing assistant explained that each near miss was discussed at the time to see if there were any reasons for the near miss, and it was used as a learning opportunity. The pharmacy manager reviewed the near miss logs for patterns and trends at the end of the month and recorded the outcome of the review on the NHS Quality Payment Scheme (QPS) monthly action plan document. This process had been in place since October 2018 and the pharmacy manager was unsure what process the previous pharmacy manager had in place. Dispensing incidents (dispensing errors for example) were recorded using a template forms and reported to the SI. An example of a previous dispensing error was discussed and the record included meeting notes from a formal discussion with the member of staff involved.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A dispensing assistant answered hypothetical questions related to pseudoephedrine sales and Responsible Pharmacist (RP) absence correctly.

The complaints, comments and feedback process was explained to people in the practice leaflet and on a poster in the shop. People could give feedback to the pharmacy team in several different ways; verbal, written and the annual NHS CPPQ survey. The branch team tried to resolve issues that were within their control and passed any formal complaints to the SI or company director. A complaint had been made about a delay in obtaining an item for a prescription. This had been recorded in branch and passed to the SI for further investigation. The pharmacy team were auditing prescription waiting times as the team felt that it was important that people coming in from the surgery did not have to wait too long for their prescriptions to be dispensed. The results of the 2017/2018 patient survey were displayed in the shop and the 2018/2019 survey was underway.

The pharmacy had up-to-date insurance arrangements in place. The Responsible Pharmacist (RP) notice was prominently displayed and the RP log was seen to be generally compliant with requirements. There were occasional instances where the RP had not signed out and a different RP signed in the next day, so the log did not fully comply with the law.

CD registers were in order. CD balance checks were completed weekly and recorded in the register. A balance check for methadone was completed weekly and the overage added into the running balance. Two random balance checks matched the balances recorded in the register. A patient returned CD register was in use and returned CDs were destroyed promptly after receipt. Private prescriptions and emergency supplies were recorded in a record book. A sample of entries was seen to comply with legal requirements and included a full reason for any emergency supplies being made.

Specials records were maintained with an audit trail from source to supply. NHS Medicine Use Review (MUR) consent forms were seen to have been signed by the person receiving the service. Prescription deliveries were made by the delivery driver and signatures were obtained as proof of delivery for controlled drugs.

An Information Governance (IG) folder was in place and members of the pharmacy team had signed an overarching statement to show that they had read and understood the company IG policies and procedures. Completed prescriptions were stored out of public view. Confidential waste was stored separately and shredded for destruction. Confidential information i.e. documents for pharmacy services were stored in areas which had restricted access. The RP could access NHS Summary Care Records (SCR) and confirmed that smartcard passwords were not shared.

Pharmacy staff answered hypothetical safeguarding questions correctly. Local safeguarding contacts were available in the dispensary. The pharmacy professionals (pharmacist and pharmacy technician) had completed CPPE training on safeguarding.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough team members to manage the current workload and the services that it provides. The pharmacy team members try to plan absences so they always have sufficient cover to provide the services. They work well together in a supportive environment and can raise concerns and make suggestions. And they receive ongoing training so that they can keep their skills and knowledge up to date.

Inspector's evidence

The pharmacy team comprised of a pharmacy manager (RP at the time of the inspection), accuracy checking technician (ACT), 3 dispensing assistants, a medicine counter assistant and a delivery driver. A regular locum pharmacist covered the pharmacy managers day off. Training certificates were displayed in the consultation room as evidence that accredited training courses had been completed.
Staffing levels were reviewed by head office and the pharmacy manager felt that the current staffing level met the workload. Pharmacy staff managed the workload well throughout the inspection and prioritised various tasks throughout the day. The medical centre closed on a Wednesday afternoon so the team used that time to complete other tasks.

Annual leave was booked in advance and only one person was allowed annual leave at any one time. Locum pharmacy technicians were available as contingency cover, staff worked overtime or rotas were adjusted to provide cover. A member of staff had recently completed the dispensing assistant course and covered annual leave in the pharmacy.

Pharmacy staff had access to various training modules and recorded training in a training folder. Certificates were awarded after some training course completion and these were stored in the training folder. The most recent course completed by staff had been the CPPE module for oral health for NHS QPS. The pharmacy professionals had also completed a CPPE module on risk management for NHS QPS. Locum cover had been booked for May so that the pharmacy manager could complete performance reviews with the pharmacy team. The pharmacy manager was unsure when the previous review had taken place.

The team worked well together during the inspection and were observed helping each other and moving onto the healthcare counter when there was a queue. Pharmacy staff had regular discussions in the dispensary to communicate messages and updates. The pharmacy staff said that they could discuss any ideas, concerns or suggestions with the pharmacy manager and would speak to the pharmacy manager, superintendent or company director if they had any concerns.

The RP was observed making herself available to discuss queries with people and giving advice when she handed out prescriptions. No formal targets were set for professional services.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. The pharmacy team uses a consultation room for services and if people want to have a conversation in private.

Inspector's evidence

The pharmacy was smart in appearance and appeared to be well maintained. Any maintenance issues were reported to head office. The dispensary was an ample size for the services provided; an efficient workflow was seen to be in place. Dispensing and checking activities took place on separate areas of the worktops. The premises had been refitted around 2 years ago. A dispensing assistant said that people using the pharmacy had been very positive following the refit and had said it felt more open, bright and professional looking.

There was a private soundproof consultation room which was used by the pharmacist during the inspection. It was professional in appearance and the door was kept closed when not in use.

The pharmacy was clean and tidy with no slip or trip hazards evident. It was cleaned by pharmacy staff. The sinks in the dispensary and staff areas had running water, hand towels and hand soap were available.

The pharmacy had air conditioning and the temperature in the dispensary felt comfortable during the inspection. Lighting was adequate for the services provided.

Prepared medicines were held securely within the pharmacy premises and pharmacy medicines were stored behind the medicines counter.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy manages its services and supplies medicines safely. The pharmacy team supports members of the public that may forget to take their medicines by placing them into weekly packs. People are actively given advice about their medicines when collecting their prescriptions. The pharmacy gets its medicines from licensed suppliers, and the team members make sure that medicines are stored securely and at the correct temperature, so that they are safe to use.

Inspector's evidence

The pharmacy was situated next door to a medical centre and on a main road into Birmingham. There was an automatic door and step-free access from the street. A home delivery service was available for people that could not access the pharmacy. Pharmacy staff could communicate with people in English, Punjabi and Urdu.

A range of health promotion leaflets and posters were available and pharmacy staff used local knowledge and the internet to support signposting. The services provided by the pharmacy team were displayed. The pharmacy was open for at least 30 minutes after the surgery so that anyone issued with a prescription during evening surgery had time to have the prescription dispensed before the pharmacy closed.

A dispensing audit trail was seen to be in place for prescriptions through the practice of staff signing their initials on the dispensed and checked by boxes provided on medicine labels. A quad stamp was printed onto the bottom of the prescription as an additional audit trail to record which members of staff had been involved in the dispensing, accuracy checking, clinical checking and hand-out process.

Dispensing baskets were used to keep medication separate. Different coloured baskets were used to prioritise workload. The number of prescription forms brought in by the person was written on the top of the prescriptions to prevent prescriptions being separated during the dispensing process.

Any prescriptions that were for the accuracy checking technician (ACT) to check were clinically checked by a pharmacist. The pharmacist initialled the 'cc' quadrant of a '4-way stamp' once the clinical check had been completed. The ACT reported that she could not perform an accuracy check of the prescription if she had been involved in the dispensing process. The ACT usually checked repeat prescriptions rather than compliance-aid trays.

Records of prescription interventions were kept and logged on the NHS monthly patient safety report. Stickers were attached to completed prescriptions to assist counselling and hand-out messages i.e. eligibility for a service, specific counselling or fridge item. The RP was aware of the MHRA and GPhC alerts about valproate and had shared the information with the medical centre.

Weekly packs were dispensed to around 110 people in the community. A dispensing assistant managed the process but kept thorough records so that any other member of staff could continue the process in her absence. Prescriptions were ordered in advance to allow for any missing items or prescription changes to be queried with the surgery ahead of the intended date of supply. A sample of dispensed

packs were seen to have been labelled with descriptions of medication and an audit trail for who had been involved in the dispensing and checking process. Patient information leaflets were not routinely supplied for repeat prescriptions. The backing sheet which contained the information required was not fixed to the tray so it may become separated from the weekly tray.

The original prescription for any items owing and an owing docket was kept until hand out to allow for any counselling to be given. A prescription collection service was in operation. The pharmacy had audit trails in place for the prescription collection service and prescriptions collected were routinely checked against requests and discrepancies followed up. The pharmacy offered different services dependent on what the person preferred and the surgery allowed.

No out-of-date stock was seen during the inspection. The dispensary was date checked every 3-6 months and short dated products were marked. Medicines were obtained from a range of licenced wholesalers. Medicines were stored in an organised manner on the dispensary shelves. Medicines were stored in their original packaging. Split liquid medicines with limited stability once opened were marked with a date of opening. The RP was aware of Falsified Medicines Directive (FMD) requirement but the pharmacy was not yet compliant. The SI was researching a new pharmacy computer system so this would be equipped for FMD, barcode scanners had been purchased and SOPs required updating.

The CD cabinets were secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. There were two medical fridges in place to hold stock medicines and assembled medicines. These were well organised. Temperature records were maintained and records showed that the pharmacy fridges were working within the required temperature range of 2°C and 8°C.

Patient returned medicines were stored separately from stock medicines in designated bins. The pharmacy received MHRA drug alerts through NHS email. Each alert was printed and annotated to show it had been actioned and stored in a drug recall folder.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide services safely.

Inspector's evidence

The pharmacy had a range of up-to-date reference sources including BNF and cBNF. Internet access was available. Patient records were stored electronically and there were enough terminals for the workload currently undertaken.

A range of clean, crown stamped measures were available. Separate measures were available for preparation of methadone. Counting triangles were available. There was a separate, marked triangle used for cytotoxic medicines.

Patient medication records were stored electronically and access was password protected. Screens were not visible to the public. Cordless telephones were in use and staff were observed taking phone calls in the back part of the dispensary or consultation room, to prevent people using the pharmacy from overhearing.

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.