

# Registered pharmacy inspection report

**Pharmacy Name:** Olive Tree Pharmacy, 463 Stratford Road, Sparkhill,  
BIRMINGHAM, West Midlands, B11 4LD

**Pharmacy reference:** 1091775

**Type of pharmacy:** Community

**Date of inspection:** 20/06/2019

## Pharmacy context

This is a community pharmacy located on a busy road in Sparkhill, Birmingham. It is open for 100 hours per week. It sells a range of over-the-counter medicines and dispenses NHS prescriptions. It also provides people with substance misuse treatment.

## 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 has safe and effective working practices. And it is generally managing the risks associated with its services. It maintains all its records required by law. Its team members understand how they can help protect vulnerable people. And they protect people's private information properly. But, the pharmacy's written procedures have not been recently reviewed. So, they may not reflect the pharmacy's current practices.

### Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) for the services offered. These were signed by the superintendent pharmacist (SI) when they were first issued and the SOPs were last reviewed in 2016. A part-time dispenser had signed the SOPs relevant to his role and responsibilities. The SI was working at the time of the inspection and the right responsible pharmacist (RP) sign was displayed in the pharmacy.

The pharmacy had systems to review the safety and quality of its services. The SI explained the procedure she would follow to record and report dispensing errors, and this included submitting the report to the National Reporting and Learning System. The SI said hardly any near misses or dispensing errors occurred in the pharmacy as the volume of dispensing was low and she normally incorporated a mental break between labelling, dispensing and checking prescriptions. And she was able to prioritise her workload effectively. She also ensured that medicines were always stored in an organised fashion to minimise picking errors when dispensing prescriptions. The SI also said she was the only member of the team who was involved in ordering and putting away stock on the shelves. And often noticed similar looking packaging and ensured these were well segregated. Some of the actions taken to minimise risks in the dispensing process included segregating 'sound alike' and 'look alike' medicines such as omeprazole, lansoprazole, atenolol, amlodipine, amitriptyline and various strengths of ramipril tablets and capsules.

The pharmacy had a complaints procedure. But this was not advertised in the pharmacy. Results of the most recent survey and people's testimonials about the pharmacy were posted on the NHS website and these were generally very positive.

The pharmacy's records for RP, controlled drugs (CDs), private prescriptions and unlicensed medicines were generally maintained in line with requirements. Most of the CD register's running balances were not checked monthly as required by the SOPs. The physical balance of an item checked at random did not match the recorded balance in the register. The SI confirmed after the inspection that the discrepancy had been resolved. A separate register was used to record CDs that people had returned to the pharmacy.

The pharmacy was registered with the Information Commissioner's Office and the NHS information governance tool kit for the year 2019 had been completed. Access to the pharmacy's computer was password protected and restricted to authorised team members. And computer terminals were positioned away from public view. Completed prescriptions were stored appropriately and people's personal details were not visible to the public. An incinerator bin was used to destroy the pharmacy's confidential waste. The SI was aware of the General Data Protection Regulation. But the pharmacy's

privacy notice was not advertised. This may mean that people visiting the pharmacy may not know how their private information is managed.

A safeguarding policy was in place and details of local safeguarding agencies were available in the pharmacy. The SI had completed level 2 safeguarding training. The pharmacy had current public liability and professional indemnity insurance in place.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

There are enough team members to manage the pharmacy's workload. They work effectively and work well together. They have the appropriate skills and qualifications for their roles.

### Inspector's evidence

The SI who worked at the pharmacy on a regular basis was the RP working at the time of inspection. Also present was a trained part-time dispenser who was the SI's husband. A regular locum pharmacist was used to cover the SI's annual leave.

Members of the pharmacy team were working well together and were managing their workload comfortably. The workflow in the dispensary was adequately organised albeit the dispensary was very compact and had limited space.

The dispenser had access to trade magazines and to help keep his skills and knowledge up to date. But training records were not routinely kept. There were no targets or incentives set. The SI did not routinely undertake any MURs or NMSs.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are secure and adequate for the pharmacy's services.

### Inspector's evidence

The front fascia of the pharmacy appeared to be adequately maintained. A small retail area of the pharmacy was not routinely manned. But the CCTV in the dispensary and the door chimes alerted the team members when people entered the pharmacy.

The dispensary was on the first floor. It had been recently refurbished and it appeared bright and well organised. There was just about adequate storage and bench space to allow safe working. The dispensary was separated from the rest of the shop and was not accessible by the members of the public.

A private room behind the retail counter was available for people to use and it was adequate for private conversations and counselling. The room was small and it doubled-up as a storage room. The SI said she did not undertake any MURs or NMSs.

A dispensary sink was available for medicines preparation. And it had a supply of hot and cold water. Members of the pharmacy team had adequate access to hygiene facilities. The heating, lighting and ventilation were adequate, and the pharmacy was secured against unauthorised access when it was closed.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy generally provides its services safely. It gets its medicines from reputable sources and stores them appropriately. And it takes the right action if any medicines or devices are not safe to use, to protect people's health and wellbeing.

### Inspector's evidence

The entrance to the pharmacy was at street level and was step free. The retail area of the pharmacy was clear of slip or trip hazards and could just about accommodate a wheelchair or a pram. And there was a chair available for people waiting for services.

The SI used her local knowledge to signpost people to other providers if a service was not offered at the pharmacy. Members of the pharmacy team could speak to people in several languages including Urdu and Punjabi.

The workflow in the pharmacy was well organised and baskets were used during the dispensing process to prioritise workflow and minimise the risk of prescriptions getting mixed up.

The SI was aware of the valproate pregnancy prevention programme and knew which people needed to be provided with additional advice about its contraindications and precautions. The pharmacy did not have any people in the at-risk group. The pharmacy had patient information leaflets available and patient cards for the supply of valproate.

The pharmacy had one person who received warfarin and prescriptions were generated by the hospital. The SI was aware about ensuring therapeutic monitoring (INR) levels were within the required range and said that this was generally monitored by the hospital.

The pharmacy had a handful of people who received substance misuse treatment. The instalment doses were prepared in advance by the SI to reduce the waiting time for people when they came into the pharmacy. People were routinely advised to store their medicines safely and to keep their medicines out of the reach and sight of children.

There were no prescriptions for CDs not requiring secure storage awaiting collection but the SI said she knew about a 28 day validity period. But prescriptions for these were generally collected within 28 days.

Medicines were obtained from licensed wholesalers and unlicensed medicines were obtained from specials manufacturers. No extemporaneous dispensing was carried out. Pharmacy (P) medicines were stored out of reach of the public. The pharmacy was not yet compliant with the Falsified Medicines Directive (FMD). But the SI said the pharmacy was registered with a provider and she was in the process of implementing the SOPs.

Medicines requiring cold storage were kept in a pharmaceutical refrigerator and stored between 2 and 8 degrees Celsius. The maximum and minimum fridge temperatures were monitored and recorded daily.

All CDs requiring secure storage were stored appropriately in the CD cabinet. The pharmacy had denaturing kits available to dispose of waste CDs. Other medicines returned by people were segregated into designated bins and disposed of appropriately.

Stock medicines were date checked at regular intervals and recorded. Short-dated medicines were marked so that they could be removed at an appropriate time.

The pharmacy had a process to deal with safety alerts and medicines recalls. Records of these and the actions taken by the SI were recorded and kept in the pharmacy to provide an audit trail.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy generally has the equipment and facilities it needs to provide its services safely.

### Inspector's evidence

The pharmacy had access to the internet and various other reference sources. The pharmacy had a couple of crown stamped glass measures and equipment for counting loose tablets and capsules. All electrical equipment appeared to be in good working order.

Access to the pharmacy's computers and patient medication record system was restricted to the members of the pharmacy team and were password protected. Computer terminals were not visible to the members of the public. A private room was available for private counselling. All confidential information was stored securely.

### 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.