

# Registered pharmacy inspection report

**Pharmacy Name:** Tanworth Lane Pharmacy, Sans Souci Training Centre, Tanworth Lane, Shirley, SOLIHULL, West Midlands, B90 4DD

**Pharmacy reference:** 1091830

**Type of pharmacy:** Community

**Date of inspection:** 22/05/2019

## Pharmacy context

This a community pharmacy located next to a busy surgery in a residential area of Shirley, Birmingham. The pharmacy is open five days a week. It sells a range of over-the-counter medicines and dispenses NHS and private prescriptions. It also supplies medicines in multi-compartment compliance packs for people living at home.

## 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	1.3	Good practice	The pharmacy team members have defined roles and accountabilities and share responsibility for ensuring that they provide services safely and effectively.
<b>2. Staff</b>	Standards met	2.2	Good practice	The pharmacy encourages its team members to keep up to date with regular training.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	4.2	Good practice	The pharmacy is good at providing its services safely and effectively. It takes extra care with high risk medicines to make sure people take their medicines safely.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

Members of the pharmacy team understand their roles and responsibilities. And they record, review and learn from their mistakes to reduce the likelihood of these happening again. The pharmacy has procedures to protect people's private information and it asks its customers for their views on the quality of services it provides. It keeps all its records in line with requirements and its team members understand the need to protect vulnerable people.

### Inspector's evidence

The pharmacy had a range of up-to-date standard operating procedures (SOPs) in place for the services provided. The pharmacy team members had read and signed the SOPs relevant to their roles and responsibilities.

A responsible pharmacist (RP) sign was prominently displayed. The roles and responsibilities of team members were set out in the SOPs and they were aware of the tasks they could or could not undertake in the absence of a RP.

The pharmacy team members managed risks in the dispensing process by identifying and monitoring near misses and dispensing errors. Near misses were documented, reviewed and discussed with the team members to identify learning points.

A 'safer care champion' completed monthly patient safety reviews and described some of the actions taken to prevent risks in the dispensing process, such as segregating 'look alike sound alike' (LASA) medicines and different brands and strengths of valproate.

Members of the pharmacy team routinely highlighted the strength and form on valproate prescriptions to minimise the risk of dispensing errors.

The pharmacy had a complaints process and information about this was included in the pharmacy's practice leaflet. Results of the most recent survey were very positive and were posted on the NHS website.

RP records were maintained in line with requirements and were up to date. Records about controlled drugs (CDs) were maintained in accordance with requirements. Running balances were recorded and checked weekly. Patient-returned CDs were recorded in a separate register. Records about private prescriptions, emergency supplies and unlicensed specials were in order.

The pharmacy had an information governance (IG) policy and all staff had signed confidentiality agreements. They had completed annual IG and General Data Protection Regulation training. A privacy policy was advertised in the retail area of the pharmacy. Confidential waste was segregated into designated bins and collected by a waste contractor.

Access to the pharmacy's computer was password protected and restricted to authorised team members. And computer terminals were positioned away from public view. Team members used their own smart cards to access electronic prescriptions. Completed prescriptions were stored appropriately

and people's personal details were not visible to the public.

A safeguarding policy and a list of key contacts for escalating safeguarding concerns were available in the pharmacy. The locum pharmacist had completed level two safeguarding training. Members of the pharmacy team had all completed Dementia Friends and safeguarding training relevant to their job roles.

Appropriate indemnity insurance arrangements were in place and a certificate was on display in the pharmacy.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy team members work well together and are supportive of each other to deliver services safely and effectively. The pharmacy supports its team members with ongoing training to help keep their skills and knowledge up to date.

### Inspector's evidence

A locum pharmacist, a supervisor (dispenser), a healthcare partner, a dispenser and a pharmacy student were working at the time of the inspection. The pharmacy manager was on annual leave.

The locum pharmacist was undertaking medicine use reviews at the time of the inspection. But the pharmacy's supervisor led the inspection competently and was able to demonstrate good knowledge about the way the pharmacy operated.

Members of the pharmacy team appeared to work well together and were managing their workload comfortably. People who visited the pharmacy were served promptly.

A whistle blowing policy was in place. A member of the pharmacy team said they were very well supported by their pharmacy manager and would not hesitate to raise any concerns.

Team meetings were held routinely to update staff, share learning and to encourage team members to raise any concerns they may have about the pharmacy.

Team members had formal annual performance appraisals and informal feedback about staff performance was given on regular basis by the pharmacy manager.

The pharmacy team members received regular updates from the company about professional matters and to share learning from adverse events. They were supported to complete ongoing learning via a web based portal and training records were maintained.

The pharmacy had company targets, and incentives for the services provided. But the pharmacy team members did not feel their professional judgement or patient safety was compromised by these in any way.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are safe, secure and suitable for the provision of pharmacy services.

### Inspector's evidence

The pharmacy's retail area was spacious, clean and tidy. There was some seating available for people waiting for services.

The dispensary was well organised and it had enough storage and bench space available to allow safe dispensing.

The sinks in the dispensary and in the washroom were clean and had hot and cold water. Hand sanitisers and antibacterial hand wash were available.

A consultation room was available for private consultations and its availability was clearly advertised. All information and equipment were stored securely. A chaperone policy was advertised in the room.

The staff had access to a staff room and adequate hygiene facilities.

The premises were secured against unauthorised access.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides its services safely and effectively. It gets its medicines from reliable 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. Members of the pharmacy team take extra care with higher risk medicines. They make sure that people get the information they need to take their medicines safely.

### 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 accommodate wheelchairs and prams.

The pharmacy's opening hours and a list of the services available were published within the pharmacy's practice leaflet and advertised in the store.

The pharmacy team members used local knowledge to signpost patients to other providers when a service required was not offered at their pharmacy.

A range of healthcare leaflets and posters were available and suitably displayed. The pharmacy participated in healthy living campaigns and at the time of the inspection was promoting awareness about oral health in children and stroke.

The pharmacy offered a delivery service mainly to housebound and vulnerable people. And signatures were obtained from recipients to ensure a safe service. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy.

The workflow in the dispensary was generally organised. Different coloured baskets were used during the dispensing process to prioritise workload and minimise the risk of prescriptions getting mixed up. Owing slips were issued to provide an audit trail when the prescription could not be fully supplied. 'Dispensed by' and 'checked by' boxes were initialled on the dispensing labels to provide an audit trail of which members of staff had been involved in these stages.

The pharmacy supplied medicines in multi-compartment compliance packs to approximately 63 people who had difficulties in managing their medicines. Assembled compliance packs included a dispensing audit trail and descriptions of individual medicines. The dispenser confirmed that patient information leaflets were routinely supplied with the compliance packs.

Team members were aware of the valproate pregnancy prevention programme and knew which people needed to be provided with additional advice about its contraindications and precautions. Patient guides and cards were available.

Clear bags were used for assembled CDs and refrigerated medicines to allow an additional check at hand out. Stickers were used to highlight higher risk medicines such as anticoagulants, methotrexate, controlled drugs and insulin so that people could be provided with appropriate advice when these were handed out.

Team members had produced a notice which was displayed by the medicines counter, reminding people to bring warfarin, lithium, methotrexate books and insulin passports to ensure safe supply of their medicines.

Prescriptions for CDs not requiring secure storage were highlighted to ensure that these were not handed out to people after the prescription had expired. All other CDs were stored appropriately in the CD cabinet. Access was appropriately managed by the duty pharmacist.

Medicines were obtained from licensed wholesalers and specials were obtained from specials manufacturers. No extemporaneous dispensing was carried out. Medicines were generally stored in an orderly fashion and pharmacy only medicines were stored in glass cabinets. People were required to ask for assistance when buying these medicines.

The pharmacy had not yet fully implemented procedures to comply with the Falsified Medicines Directive. The scanners had been installed but the pharmacy team members were awaiting further guidance from the head office.

Stock medicines were date checked at regular intervals and the checks were recorded. Short-dated medicines were marked so that they could be identified and removed at an appropriate time. Liquid medicines with limited stability were marked with opening dates. Stock medicines requiring refrigeration were stored between two and eight degrees Celsius. Temperatures were checked and recorded daily.

Designated bins were used to store waste medicines and denaturing kits were available to denature waste CDs safely.

The pharmacy had a process to deal with safety alerts and drug recalls. Records of these and the actions taken by the pharmacy team members were kept by 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 a range of crown stamped glass measures and equipment for counting loose tablets and capsules. All electrical equipment appeared to be in good working order. The pharmacy had access to the internet and various up-to-date reference sources.

Access to the pharmacy computers and patient medication record system was restricted to the members of the pharmacy team and was password protected. Computer terminals were not visible to customers.

A private consultation room was available for private counselling conversation and counselling. All confidential information was stored appropriately.

### 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.