

Registered pharmacy inspection report

Pharmacy Name: Hamstead Pharmacy, 409 Rocky Lane, Great Barr,
BIRMINGHAM, West Midlands, B42 1NL

Pharmacy reference: 1092497

Type of pharmacy: Community

Date of inspection: 05/12/2019

Pharmacy context

This quiet community pharmacy is located within a small parade of shops, in a residential suburb of Birmingham. It dispenses prescriptions and provides a home delivery service for people who are unable to collect their medicines. The pharmacy sells a range of over-the-counter (OTC) medicines as well as other household goods. And it offers a limited number of other services including Medicines Use Reviews (MURs) and blood pressure testing.

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
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 suitably identifies and manages risks. It maintains the records it needs to by law and it asks for feedback on its services. The pharmacy team members are clear about their roles and they follow written procedures to help make sure they complete tasks safely. They understand how to keep people's private information safe and raise concerns to help protect the health and wellbeing of vulnerable people.

Inspector's evidence

The pharmacy had written standard operating procedures (SOPs) covering operational tasks and activities. The procedures had been reviewed in January 2019 and team members had signed to confirm their acknowledgement of the procedures which were relevant to their roles. A regular locum pharmacist was working through the procedures but had not yet signed them all. The team members present were aware of their roles and a medicine counter assistant (MCA) correctly described the activities which were permissible in the absence of a responsible pharmacist (RP). Professional indemnity insurance was provided by the National Pharmacy Association (NPA) and the certificate displayed was valid until 31 December 2019.

The pharmacy used a log to record the details of near misses and a discussion also took place at the time of the event. The locum pharmacist discussed some medications which she liked to segregate due to previous issues such as similar packaging. The pharmacy also used shelf-edge labels to encourage care with selection. An example of this was seen for preparations of Betnovate cream and ointment. The pharmacist discussed the action that would be taken in response to dispensing incidents. Incident report forms were available for completion and an old record was available to view. The pharmacist had not been made aware of any more recent incidents.

The pharmacy had a complaint procedure. And a notice advising people of how concerns could be raised was displayed on the door to the consultation room. Most people provided verbal feedback. And the pharmacy also participated in an annual Community Pharmacy Patient Questionnaire (CPPQ). The results of a recent survey were positive.

The correct RP notice was conspicuously displayed behind the medicine counter and the RP log was in order, as were records for emergency supplies and private prescriptions. And records for the procurement of specials provided an audit trail from source to supply. Controlled drugs (CD) registers kept a running balance and regular balance checks were carried out. A patient returns CD register was in use and previous destructions had been signed and witnessed.

The pharmacy had a data security folder containing several procedures and a copy of its privacy policy, but audit trails confirming that team members had read them were sometimes incomplete. Through discussion team members demonstrated an understanding of the ways in which they would help to keep people's private information safe. Confidential waste was segregated and shredded on site, and completed prescriptions were stored out of view. Relevant team members had their own NHS

smartcards and appropriate use was seen throughout the inspection.

There was some safeguarding information in the SOP folder and team members had completed additional training through the Centre for Pharmacy Postgraduate Education (CPPE). They discussed some general concerns that they might identify and provided an example of a concern which had previously been escalated regarding a vulnerable child. The contact details of local agencies were available to support the escalation of concerns. The pharmacy had a chaperone policy, which was advertised in the consultation room.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members hold the appropriate qualifications for their roles. They work well together and complete ongoing training to address any gaps in their knowledge. And they can raise concerns and provide feedback about pharmacy services.

Inspector's evidence

On the day of the inspection, a locum pharmacist was working alongside an MCA. A second MCA, who was enrolled on a dispensing course arrived towards the end of the inspection. Both MCAs worked part-time and one of them was generally present alongside the pharmacist, with a short period of overlap in the middle of the day. The locum pharmacist worked at the pharmacy regularly, providing cover for the superintendent pharmacist when he worked at another branch. The MCAs provided cover for one another during periods of leave and in exceptional circumstances help could also be provided by team members at a nearby branch.

As only one of the MCAs was completing dispensary training there were periods of time where the pharmacist self-checked medication. The pharmacist explained how the risks surrounding this were managed, including taking a short mental break between dispensing and checking. But self-checking may increase the risk that errors are undetected. The team felt that the current staffing level was suitable for the workload and there was no dispensing backlog on the day.

Sales of medication were discussed with an MCA who outlined the questions that she would ask to help make sure that sales of medicine were safe and appropriate. Concerns were referred to the pharmacist and frequent requests for high-risk medicines such as co-codamol were identified and recorded. Referrals had previously been made for issues such as this and the pharmacist said that inappropriate requests for medicines had previously been refused. One such instance of a frequent request was discussed on the day.

Pharmacy team members were trained for their roles and their certificates were displayed on a wall near to the consultation room. They completed various types of ongoing learning and development to keep their knowledge up-to-date. This included modules provided by CPPE and through a Reckitt Benckiser e-Learning portal. Training records were reviewed, and recent modules completed included digestive health, oral health and 'look alike, sound alike' medicines. Protected learning time was not provided in the pharmacy and most training was completed outside of working hours.

Team members' development was reviewed on an ongoing basis. The pharmacy team was small, and the pharmacist said that feedback was given immediately after a learning point was identified. For example, where a sale could have been managed differently. An MCA said that she was happy to receive feedback as it helped her to learn and improve in her role. The team had an open dialogue and were happy to raise concerns and provide feedback. Management were also approachable, and the MCA said that she had recently raised an issue, where her development review had been conducted by a pharmacist who did not routinely work alongside her. The MCA voiced her concerns around this and

said that the superintendent pharmacist had been receptive to this and had made time to then go through the review process with her, which she found to be beneficial. The pharmacist was aware that concerns regarding registrants could be raised to the GPhC, but the team were unsure on whether the company had a whistleblowing policy to help them raise concerns anonymously. They said the need for this had never previously occurred and agreed to discuss it with the management. The pharmacist was not aware of any targets being in place for professional services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a suitable environment for the provision of healthcare. It has a consultation room to enable it to provide members of the public with access to an area for private and confidential discussion.

Inspector's evidence

The pharmacy's premises including the external facia were in good state of repair and appeared clean and tidy. The superintendent pharmacist was responsible for arranging any necessary maintenance repairs and pharmacy team members carried out cleaning duties. Air conditioning maintained a temperature suitable for the storage of medicines and there was adequate lighting throughout.

The pharmacy had a spacious retail area. At the front there was a table with some health promotion literature and additional posters were also displayed on the entrance windows. The walkways were free from obstructions and trip hazards and two chairs were available for use by people waiting for their medicines. The pharmacy stocked a range of goods which were generally suitable for a healthcare-based business and pharmacy restricted medicines were secured from self-selection. Off the retail area was an enclosed consultation room. The room was clearly signposted and suitably maintained. It had a desk and seating to enable private and confidential discussions.

The dispensary was of an adequate size for the volume of dispensing. A large work bench surrounded both sides of the dispensary and several large shelving units were used to maximise storage capacity. The work benches were generally clean and clear. The dispensary also had a separate sink for the preparation of medicines which was equipped with suitable hand sanitiser and cleaning materials. The pharmacy had additional storage areas and staff tearoom and WC facilities which were appropriately maintained.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are generally accessible, and they are suitably managed, so that people receive appropriate care. The pharmacy gets its medicines from licensed wholesalers and its team members carry out checks to help to make sure that medicines are appropriately stored and fit for supply.

Inspector's evidence

The pharmacy had a small step to the front and a manually operated door. The MCAs said that anybody requiring additional assistance knocked at the entrance door and a team member would go to provide help. They said that they had not encountered any previous difficulties in helping people access the premises. Additional adjustments could be made to help those with different needs including the provision of large print labels from the PMR system.

The pharmacy offered a small range of services and these were listed in the pharmacy practice leaflet, which was available from the medicine counter. There was a small health promotion zone at the pharmacy entrance which displayed some health promotion literature and team members had access to resources to support signposting. The team were aware of services in the local area such as the Umbrella sexual health services and they kept records where referrals and interventions had been made.

The pharmacist dispensed one prescription at a time on a set area of the workbench, completing both dispensing and checking and bagging the prescription, prior to undertaking further dispensing. Walk-in prescriptions which were presented throughout the day were assembled one prescription at a time, on a separate part of the work bench creating clear segregation. Where the dispensing process could not be completed, for example due to an owing medication. The prescription and any medication were placed in a basket and stored in a designated area. The pharmacist signed dispensing labels as an audit trail. The pharmacy had a range of stickers, including some to mark CD prescriptions, which recorded the date of expiry. Stickers were also used to highlight some prescriptions for high-risk medicines. The pharmacist provided an example of where she had recorded a patient's INR reading in the days prior to the inspection. She was also aware of the risks of using valproate-based medicines in people who may become pregnant. The pharmacist was aware that safety literature was available, but this could not be located on the day. The inspector advised on how further copies could be obtained, if the materials could not be located.

Patients contacted the pharmacy to request their repeat medications and a diary was used to identify any unreturned requests. Prescriptions for delivery were segregated into a tote box and a log sheet was completed with dispensing labels, indicating the prescriptions to be delivered. The pharmacist believed that signatures were obtained to confirm the secure delivery of medicines, but records of delivery sheets were only available up until April 2019. The pharmacist believed that some previous sheets may be being stored at the other nearby branch but was not certain of this. So, the pharmacy may not always be able to demonstrate that medicines have been delivered securely or have access to relevant information in the event of a query.

An MCA had completed training for the blood pressure testing service and discussed how she would proceed with a consultation. Paperwork was available to record blood pressure readings and if these were outside of the usual range referrals were made to the pharmacist. The team discussed a recent example where a patient had repeated checks which showed an elevated blood pressure. The patient was referred to their GP and returned with a prescription for anti-hypertensives. A re-check following the initiation of treatment showed that the patient's blood pressure had returned to within normal parameters. A record of this intervention had been made so there was an audit trail.

Stock medications were sourced from licensed wholesalers and specials from a licensed manufacturer. Medicines were generally organised and stored in the original packaging provided by the manufacturer. Date checking was carried out periodically and short-dated medicines were identified and marked with a sticker. No expired medicines were identified during random checks. Obsolete medicines were stored in appropriate waste bins. There were a small number of returned medicines in bags which required sorting. And a box of returned zopiclone was identified in a standard medicine waste bin. This was removed and given to the pharmacist for suitable destruction. The pharmacy was compliant with the requirements of the European Falsified Medicines Directive (FMD). Medications were verified during the dispensing process and an aggregate bar code was produced for prescriptions containing more than one item. Medications were then decommissioned at the point of prescription handout. A manual was available for reference for the Spider FMD system in the event of any queries. Drug alerts were received via email, which was checked regularly, and an audit trail was maintained, documenting the action taken in response.

The pharmacy fridge was fitted with a maximum and minimum thermometer. The temperature was checked and recorded each day and no recent deviations had been documented. CDs were stored securely, and patient returned CDs were clearly segregated from stock. Random balance checks were found to be correct and CD denaturing kits were available.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment in needs to provide its services and team members use equipment in a way that protects privacy.

Inspector's evidence

The pharmacy had access to an up to date British National Formulary and Drug Tariff. Internet access was also available for additional research and the pharmacist carried some of her own personal reference sources as well. The pharmacy had a range of approved glass measures, which were suitably maintained. Counting triangles for lose tablets were clean and clear and a separate triangle was reserved for use with cytotoxic medications.

Electrical equipment was in working order. Computer systems were password protected and screens were located out of public view. The pharmacy had cordless phones 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.