

# Registered pharmacy inspection report

**Pharmacy Name:** Xtreme Pharmacy, 62 Witton Road, BIRMINGHAM,  
West Midlands, B6 6LE

**Pharmacy reference:** 1093137

**Type of pharmacy:** Community

**Date of inspection:** 28/06/2019

## Pharmacy context

This community pharmacy is in a residential area of Birmingham and generally dispenses NHS prescriptions that it receives from two local health centres. The pharmacy is open across extended hours and is in a large retail store that also sells non-pharmacy related items. The pharmacy also provides Medicines Use Review (MUR) consultations to help people. It supplies medicines in multi-compartment compliance packs to help people take their medicines and it supplies medicines to a care 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	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 generally manages its risks well. It has procedures that are followed by its team members to try and reduce risk. The pharmacy keeps the legal records that it needs to and makes sure these are accurate. The pharmacy's team members manage confidential information properly. And they know how to protect vulnerable people.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs) that covered its services. The SOPs had last been reviewed in July 2017 and were due to be reviewed soon. The pharmacy's team members had signed the SOPs to show that they had read them.

Confidential waste was segregated from other waste and shredded regularly. A shredder was available in the pharmacy. Team members had received training about confidentiality in the SOPs and as part of their pharmacy qualifications. Team members had their own NHS smartcards which they used to access electronic prescriptions.

The pharmacy had a SOP about safeguarding vulnerable people and adults. Some team members had completed additional training from the Centre for Pharmacy Postgraduate Education (CPPE). Team members said that they would talk to the pharmacist if they had any safeguarding concerns. The pharmacy had contact details for local safeguarding organisations available.

The pharmacy provided regular satisfaction surveys, so people could give their feedback. The latest results were positive. The pharmacy's team members advised that additional feedback was received verbally. The pharmacy had an SOP about managing complaints and team members were clear that complaints would be escalated to the pharmacist.

The pharmacist could not locate up-to-date copies of the pharmacy's public liability and professional indemnity insurance certificate. He later sent a copy of the certificate to the inspector which showed there were current insurance arrangements. The pharmacy kept required controlled drug (CD) records. The records included running balances. Running balances were generally checked every two to three weeks to make sure the records were accurate. A CD was chosen at random and the stock matched the recorded running balance. Other records about the responsible pharmacist, returned CDs and private prescriptions were kept and maintained adequately.

The pharmacy recorded near misses in a register. The register could not be located by the pharmacist. He later sent photographs of the register when it had been located. The records covered several months and included the medicines and team members involved. The records included learning points and other actions, but these were often the same for each record. There was limited analysis into trends or common errors, so some learning opportunities may have been missed.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to safely provide its services. Its team members are appropriately qualified and know when to refer to the pharmacist. They complete some ongoing training, but this isn't regular and may make it more difficult for them to keep their knowledge and skills up to date.

### Inspector's evidence

At the time of the inspection there was the responsible pharmacist (owner), one dispenser and one apprentice counter assistant present. A team member had recently joined the pharmacy and was still completing their training. There were certificates displayed which showed that most team members had pharmacy qualifications that were appropriate for their roles. The pharmacy kept records about additional training courses that had been completed by team members. This included training about oral health, safeguarding and risk management. A dispenser described training he had completed about healthy living promotions. The pharmacy's team members advised that other training was informal and was completed when team members had time.

The staffing level of the pharmacy was appropriate to comfortably manage the workload and team members generally worked the same hours each week. There were regular locum pharmacists who helped to cover the extended opening hours. The pharmacist advised that annual leave was planned so that the staffing level could be maintained and overtime was used to provide additional cover if needed. Team members said that informal discussions were used to share messages. A communication book and other notes were used to pass messages to other team members. The pharmacy had targets for its MURs. The superintendent pharmacist said that he used informal discussions to provide feedback to team members. The dispenser regularly escalated queries or offered suggestions to the pharmacist.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides its services from suitable premises. It has a consultation room that protects people's privacy. The pharmacy has appropriate security arrangements to protect its premises.

### Inspector's evidence

The pharmacy was clean and tidy. The premises were large and spacious and provided enough space for the workload. Workbenches were kept clear and organised. There was adequate heating and lighting throughout the pharmacy and there was hot and cold running water available. The pharmacy's consultation room was clean and professional. The room was suitable for private consultations and conversations. The pharmacy had appropriate security arrangements to protect its premises.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy generally manages its services well. Its team members make sure that services are organised and safe. The pharmacy stores medicines properly and it generally makes sure that people can use their medicines safely. The pharmacy's team members take the right action to make sure that people's medicines are safe to use.

### Inspector's evidence

The pharmacist advised that people generally ordered their prescriptions directly with the GP surgeries. The pharmacy ordered medicines for vulnerable people who required more support with their medicines. The pharmacy kept records about the prescriptions it ordered to make sure people received the right medicines.

Dispensers used baskets to make sure prescriptions were prioritised and medication remained organised. Computer-generated labels contained relevant warnings and were initialled by the dispenser and checker to provide an audit trail. The pharmacy's dispensing software highlighted interactions between medicines. Team members said that they verbally informed the pharmacist about interactions. They said that these warnings could also be printed.

Team members advised that higher-risk medications were identified when they were supplied. This included warfarin and methotrexate. The pharmacist said that people did not always have details about their relevant blood tests, but he recorded this information when it was provided. The pharmacist was aware about pregnancy-prevention advice to be provided to people in the at-risk group who were supplied with sodium valproate. The pharmacy had up-to-date patient guides and treatment cards available. The pharmacy delivered medicines to some people. It kept records about the deliveries it did, but the records did not always include the recipient's signature. This meant that the pharmacy may not have been able to easily show that a delivery had been completed correctly.

The pharmacy supplied medicines to a care home which cared for around 25 people. The pharmacy kept records about the medicines supplied and their administration times. This was so that changes to medicines could be queried with the care home or GP surgery. Team members advised that the care home requested that patient information leaflets were not sent with the medicines. This meant that the home may not have up-to-date information about the medicines that they received from the pharmacy. This was highlighted to the pharmacist so that the leaflets could be provided in future.

The pharmacy supplied multi-compartment compliance packs to around 50 people to help them manage their medicines. The workload was arranged across four weeks which helped it to be organised. Assembled packs included descriptions which helped to identify individual medicines. Patient information leaflets were not supplied in the assembled pack that was seen. This was highlighted to the pharmacist to make sure that the required information was supplied.

The layout of the pharmacy and step-free access meant it was wheelchair accessible. There were leaflets in the retail area that provided information about the pharmacy and its services. However, some of the information inside was not up to date. The pharmacy's team members could speak several languages such as Punjabi, Hindi and Urdu which were the preferred languages for many of the people

who used the pharmacy.

The pharmacy had invoices which showed that they used licenced wholesalers. There were two fridges in the pharmacy that were used to store stock that needed cold storage. The pharmacy kept records about daily fridge temperatures to make sure the storage conditions were adequate. CDs were stored appropriately. Expired CDs were clearly separated from other stock, so they were not mixed up.

The pharmacy checked the expiry dates of its stock every four to six weeks. It kept records about when these checks had taken place and recorded medicines that were approaching their expiry date. A sample of medicines was checked and was in date. Bottles of liquid medicines had the date of opening added to their labels so the staff could check if the medicines were still safe to use in the future. Expired and returned medicines were segregated and placed into pharmaceutical waste bins. The bins were kept safely away from other medicines. A separate bin was available for cytotoxic or hazardous medicines, but the pharmacy's team members were unsure which medicines would need to be placed in this bin. This increased the risk of these medicines being inappropriately handled.

The pharmacist said that the pharmacy had registered with a third-party company and had ordered the required equipment to help verify the authenticity its medicines. And to comply with the Falsified Medicine Directive. The pharmacy received information about medicine recalls. It kept records about the recalls it received and the actions that had been taken. This included a recent recall for paracetamol tablets.

## Principle 5 - Equipment and facilities ✔ Standards met

### Summary findings

The pharmacy has the right equipment to safely provide its services and its team members use up-to-date reference sources. The pharmacy protects confidential information from unauthorised access.

### Inspector's evidence

The pharmacy's equipment was in good working order and was maintained adequately. The pharmacist said that maintenance issues were referred to him or the dispenser to resolve. Confidential information was not visible to people who used the pharmacy. Computers were password protected to prevent unauthorised access to patient medication records. Sinks had running hot and cold running water. Crown-stamped measures were available in the pharmacy to accurately measure liquids. Separate measures were used for controlled drugs. The pharmacy used the internet to access up-to-date reference sources.

### What do the summary findings for each principle mean?

Finding	Meaning
<span style="color: green;">✔</span> <b>Excellent practice</b>	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.
<span style="color: green;">✔</span> <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✔</span> <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.