

Registered pharmacy inspection report

Pharmacy Name: Villa Pharmacy, 66 Victoria Road, Aston,
BIRMINGHAM, West Midlands, B6 5HA

Pharmacy reference: 1097349

Type of pharmacy: Community

Date of inspection: 28/06/2019

Pharmacy context

This community pharmacy is in a residential area of Birmingham and is close to a large health centre. The pharmacy mainly dispenses NHS prescriptions for local people and supplies medicines to a care home. The pharmacy recently changed ownership in April 2019.

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	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 manages its risks adequately. The pharmacy's team members keep the legal records that are needed and generally make sure that these are accurate. The pharmacy team appropriately handles people's personal information. Team members know how to manage their concerns about vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which covered its services. The SOPs that were seen had been reviewed in 2018 and were due to be reviewed in 2020. The SOPs were templates which allowed the pharmacy's team members to add their name and signature. This was to show that they had been read. Most SOPs had not been signed by the team members. A dispenser had signed some SOPs in June 2019. The pharmacist said that the team members were currently reading the SOPs that had been introduced by the new owners.

The pharmacy had a SOP about safeguarding vulnerable people. A dispenser said that she had not encountered any safeguarding issues when working in the pharmacy. She said that she would refer any concerns to the responsible pharmacist or superintendent pharmacist so that they could be appropriately managed. Contact details for local safeguarding organisations were not readily available in the pharmacy which meant there may have been unnecessary delays when reporting concerns. Team members said that they would find the contact details on the internet if they were needed.

Confidential waste was separated from other waste. The pharmacist said that confidential waste was shredded. There was a shredder available in the pharmacy. Team members used their own NHS smartcards in computers to access electronic prescriptions. Team members said that they were told about confidentiality when they joined the pharmacy and knew that people's personal information should be protected. There were SOPs about information governance.

Certificates were displayed which indicated that there were current arrangements in place for employer's liability, public liability and professional indemnity insurance. The pharmacy kept required controlled drug (CD) records which included running balances. Two CDs were chosen at random and the stock matched the recorded running balances. The pharmacy had a register to record returned CDs but there were no entries inside the register. There were no returned CDs in the pharmacy. Other records about the responsible pharmacist and private prescriptions were kept and maintained adequately. Records about emergency supplies were recorded electronically, but there were several records which did not include the emergency or reason for the supply when it was needed. This was highlighted to the pharmacist because the pharmacy may not have been able to show why these medicine supplies were needed.

The pharmacy hadn't provided the annual feedback survey since its recent change of ownership. There was a book available to record complaints but there were no entries inside it. Team members said that people generally gave verbal feedback. They said that any issues were resolved informally.

The pharmacist dispensed and checked medicines in the morning before a dispenser started work. He described the processes he used to reduce the risk of errors. This included taking appropriate mental

breaks and completing only urgent prescriptions. The pharmacy had a book which was used to record near misses. The latest entry was dated in March 2019, so it was not clear if this record was being used regularly. There wasn't much evidence of improvements that had been made from monitoring or reviewing mistakes. The responsible pharmacist was not sure if the book was regularly used by other team members because he only worked one day weekly. Team members described changes which had been implemented by the new owners. This included rearranging the order of medicines on dispensary shelves. The pharmacy's team members said that dispensing errors would be reported to the responsible pharmacist and then escalated to the superintendent pharmacist for further actions. The pharmacy had SOPs about managing dispensing errors.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to safely provide its services. Its team members are appropriately qualified to competently perform their roles. They take responsibility for keeping their knowledge up to date and they know when it is appropriate to refer to the pharmacist.

Inspector's evidence

There was the responsible pharmacist (regular locum pharmacist) and a counter assistant on duty at the beginning of the inspection. After around two hours, a dispenser started her shift. A work experience student was also working with the counter assistant. The staffing level was appropriate to manage the pharmacy's workload. People visiting the pharmacy were served efficiently. There were contact details displayed for the superintendent pharmacist, head office and other local pharmacy branches. Team members said that they could use these contact details if they needed additional support.

Team members said that they used informal discussions to share information. They said that there were no formal targets in place and said that the new owners had introduced a three-monthly review which was used to provide feedback. The counter assistant referred queries to the pharmacist when needed. A dispenser and counter assistant had appropriate pharmacy qualifications. There was one dispenser that was currently training towards a pharmacy qualification. The work experience student was suitably supervised by the pharmacist and other team members. The student had been briefed at the start of her placement about confidentiality. Team members said that they used trade magazines to try to keep their knowledge up to date. They said that they would try to read these during quieter periods. This meant it may have been harder from them to regularly complete consistent ongoing training.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides its services from suitable premises. It has appropriate security arrangements to prevent unauthorised access. The pharmacy's consultation room protects people's privacy and is used appropriately by team members.

Inspector's evidence

The pharmacy was generally clean and tidy. The dispensary had been extended to provide additional storage and dispensing space. There were enough workstations for dispensers to efficiently dispense medicines. There was adequate heating and lighting throughout the pharmacy and it had hot and cold running water available.

A suitably sized consultation room was available in the pharmacy which was suitable for private consultations. Team members removed confidential information from the room when it was used by people. The pharmacy had appropriate security arrangements available.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally manages its services well. It makes sure services are organised and provided efficiently. It largely stores medicines properly and its team members provide appropriate advice to help people take their medicines. The pharmacy makes sure that its medicines are safe to use but it doesn't always fully record how it does this.

Inspector's evidence

There was step-free access to the pharmacy and there was an open-plan retail area. There weren't any practice leaflets available which may have restricted people's access to information about the pharmacy and its services. Team members could speak the first languages of many people that visited the pharmacy. This included Urdu and Bengali. This helped team members to develop a rapport with people who visited the pharmacy and helped them to communicate some messages more easily.

Most prescriptions dispensed in the pharmacy were from the nearby health centre. The pharmacy's team members would frequently visit the surgery to manage queries about prescriptions or prescription orders. The pharmacy kept records about prescriptions it had ordered.

Dispensers used baskets to make sure prescriptions were prioritised and medication remained organised. Computer-generated labels contained relevant warnings and were generally 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.

Team members said that notes and stickers were used to highlight prescriptions that the pharmacist wanted to speak to people about. This was also used for people who received warfarin or methotrexate. The pharmacy asked for relevant blood test results so that it could provide appropriate advice to people using these medicines. The pharmacist was aware about pregnancy-prevention advice to be provided to people in the at-risk group who took sodium valproate. The pharmacy had current versions of patient guides and treatment cards available. The pharmacy delivered medicines to some people and kept appropriate records. The records included recipient signatures.

The pharmacy supplied medicines to one care home. The dispenser said that the process was currently managed by the regular pharmacist and a second pharmacist. She said that the pharmacy planned to train her about the software that was used to dispense the medicines so that she could also take part in this service. The pharmacy supplied multi-compartment compliance packs to around ten people to help them take their medicines. It kept records about the medicines included and their administration times. There were no assembled packs available to see. The dispenser said that patient information leaflets were provided to people every month.

The pharmacy had invoices which showed that its medicines were obtained from licenced wholesalers. Stocked medicines were organised on the dispensary shelves. There were some blisters of medicines stored outside of their original packaging and did not include the batch number or expiry date. This meant that team members may not have been sure if these medicines remained fit for purpose. The fridge was used to store stock requiring cold storage. The pharmacy kept an electronic record of fridge

temperatures on its dispensing software, but there were several missing entries in the current month. A portable temperature probe was also inside the fridge that continuously logged fridge temperatures on a USB drive. The current fridge temperature was in an appropriate range. The pharmacy stored CDs appropriately.

Stickers were used to highlight medicines that were approaching their expiry dates. The pharmacy's team members said that stock was date checked every three months, but there weren't any records to see when this process had occurred. There was a box of medicines that had been removed from the shelves because they had expired. A sample of medications was chosen at random and found to be in date. Bottles of liquid medicines were generally labelled with the date when they were opened. This was so team members could make sure the stock remained fit for purpose when being used for dispensing.

Expired and returned medicines were segregated and placed in pharmaceutical waste bins. These bins were kept safely away from other medications. A separate bin was available for cytotoxic or hazardous medicines. Team members said that they hadn't come across any returns of these medicines. The pharmacy had registered with a supplier so that it could obtain and use scanners. This was to help the pharmacy verify the authenticity of its medicines and comply with the Falsified Medicines Directive. The pharmacy's team members were unsure how information about medicine recalls was received. They said that the regular pharmacist usually managed medicine recalls. There were no records seen about recent recalls that had been received or actioned. The pharmacy did not stock any medicines from recent medicine recalls that were checked by the inspector.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment to safely provide its services. It keeps its equipment in good condition. The pharmacy's team members make sure that confidential information is stored properly.

Inspector's evidence

The pharmacy's equipment was in good working order and was maintained adequately. Team members said that they would refer maintenance issues to the pharmacy's head office or superintendent pharmacist. Confidential information could not be seen by people using 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 used to accurately measure liquids. Separate measures were used for controlled drugs. The pharmacy had access to up-to-date reference sources on paper and the internet.

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.