

Registered pharmacy inspection report

Pharmacy Name: Sparkbrook Pharmacy, 153A Stratford Road,
Sparkhill, BIRMINGHAM, West Midlands, B11 1RD

Pharmacy reference: 1097725

Type of pharmacy: Community

Date of inspection: 26/06/2019

Pharmacy context

This community pharmacy is located on a busy road in Sparkhill, Birmingham. It dispenses NHS prescriptions, offers sexual health services and a prescription delivery service. And it supplies medicines in multi-compartment compliance packs to people who have difficulty in managing with their medicines. It also has a small number of people who receive instalment supplies for substance misuse treatment. The pharmacy participates in a needle exchange scheme and provides influenza vaccinations seasonally.

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 has written instructions to help make sure that its services are delivered safely. And members of the pharmacy generally follow safe practices. They keep the records required by law. And they keep people's private information securely. But the pharmacy's written instructions have not been reviewed for a few years so some information contained within them may be out of date. Members of the pharmacy team record some of their mistakes so that they can learn from them. But they do not consistently record everything that goes wrong, so they may miss opportunities to identify learning points.

Inspector's evidence

The pharmacy had a full range of written standard operating procedures (SOPs) which had been reviewed in 2015. Members of the pharmacy team had all signed the SOP's and their roles and responsibilities had been defined within the SOPs. The locum pharmacist on duty who had covered the branch on several occasions said he had not yet had the opportunity to sign the SOPs. Members of the pharmacy team were aware of the tasks they could or could not undertake in the absence of a responsible pharmacist (RP).

A RP notice was displayed in the pharmacy. But it was not prominent enough for members of the public visiting the pharmacy to see the details on it. The RP records were maintained in line with requirements and were up to date.

Members of the pharmacy team were clear about how to manage dispensing errors and near misses. They said that the superintendent pharmacist discussed any dispensing errors the staff made and learning points were identified and discussed. Dispensing errors and near misses were occasionally recorded but the information written down was too brief to allow any meaningful analysis or identify any emerging trends.

The pharmacy had a complaints procedure, but this was not advertised in the pharmacy and the pharmacy's practice leaflets were not available. This meant that people visiting the pharmacy may not have known how to raise concerns or provide feedback about the quality of services received from the pharmacy. Members of the pharmacy team conducted an annual patient satisfaction survey and the results from the most recent survey were overall very positive. These were also posted on the NHS website. There was some feedback from a small percentage of respondents about not being provided advice on healthy eating and the pharmacy had not yet identified how it proposed to address this feedback.

Records about private prescriptions, controlled drugs (CDs) and unlicensed medicines were maintained in line with requirements. Running balances on CDs were recorded and checked at the time of dispensing. CDs returned by people were recorded in a separate register.

An Information Governance policy was available and all staff had completed on line training about General Data Protection Regulation (GDPR). But the pharmacy's privacy policy was not advertised in the pharmacy. So, people may not be fully aware of how the pharmacy manages their private information. A shredder was used for the disposal of confidential waste. The pharmacy's computers were password

protected and people's information on prescriptions awaiting collection were not visible to members of the public visiting pharmacy.

The pharmacy had procedures about safeguarding vulnerable people and members of the pharmacy team had completed training relevant to their job roles. The locum pharmacist had completed Level 2 training about safeguarding and contact details for local safeguarding agencies was available for members of the pharmacy team to escalate any concerns.

The pharmacy had appropriate indemnity insurance arrangements in place.

Principle 2 - Staffing ✓ Standards met

Summary findings

Members of the pharmacy team work well together and have the skills to provide services effectively. They are supported by their superintendent pharmacist to undertake on-going training to keep their skills and knowledge up to date.

Inspector's evidence

The Superintendent Pharmacist (owner) normally worked at the pharmacy as the RP. A regular locum pharmacist was employed to cover his days off and occasionally worked as a second pharmacist. The pharmacy employed a full and a part-time pharmacy technician and a new starter who was yet to be enrolled on an accredited course. On the day of the inspection, the pharmacy was covered by a locum pharmacist, the two pharmacy technicians, the new starter and two work experience students. The team was kept busy throughout the inspection and was managing the workload adequately.

A member of the pharmacy team was observed using the WWHAM protocol when selling pharmacy-only medicines to ensure these were sold safely and were suitable for people requesting them. She said she would refer to the pharmacist if in any doubt. She was aware that pseudoephedrine products could be abused and said on a few occasions she had referred people who were making repeat requests to the pharmacist, and that he had refused the sales.

Members of the pharmacy team appeared to work closely together, and one of the pharmacy technicians said he would feel comfortable talking to the owner about any concerns he might have. A whistle blowing policy had been read and signed by the members of the pharmacy team. No performance targets were set.

Members of the pharmacy team had access to on-going training which was provided by an external training provider. They had recently completed training about oral health in children. Records of completed training were maintained electronically.

No performance targets were set.

Principle 3 - Premises ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy's premises were clean and tidy. The layout of the premises was such that confidential information was not visible from the public areas. Some parts of the premises had recently been refurbished. There was just about adequate storage space and workbench available within the dispensary for its current workload. A few bulky items were stored on the floor.

Workbenches were segregated for specific tasks such as processing walk-in prescriptions or dispensing repeat prescriptions. This enabled an efficient workflow in the dispensary and members of the pharmacy team could prioritise their workload.

A consultation room was available in the pharmacy, which was suitable for private consultations and counselling. The room was kept locked when not in use.

The pharmacy's sinks were clean and had a supply of hot and cold water. Antibacterial hand-wash and alcoholic hand gel were available. Members of the pharmacy team had access to adequate hygiene facilities.

The premises were lockable and secured against unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services effectively. People receive the advice and support they need to help them use their medicines appropriately. The pharmacy obtains its medicines from reputable sources. And it generally takes the right actions if any medicines are not safe to use to protect people's health and wellbeing. But it could do more to show how it keeps medicines requiring refrigeration at the right temperature.

Inspector's evidence

The pharmacy had automated doors and its entrance was step free. The retail area of the pharmacy was clear of any slip or trip hazards. And there was some seating available for people waiting for services. The pharmacy's opening hours and services offered were advertised in-store. Members of the pharmacy team knew where to signpost people if a service required was not provided at their pharmacy. A range of leaflets and posters were prominently displayed providing information about various healthcare matters.

The pharmacy offered a prescription delivery service mainly to housebound and vulnerable people. And signatures were obtained from recipients to ensure a safe service.

The workflow in the dispensary was well-organised. 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 a 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 disposable multi-compartment compliance packs to people who had difficulties in managing their medicines. These were labelled with descriptions to enable identification of the individual medicines. The pharmacy technician said patient information leaflets were normally supplied every month. A master sheet was kept for each person receiving multi-compartment compliance packs showing their current medication and dosage times, and these were checked against the prescriptions before dispensing. Any anomalies were queried with the person's prescriber.

Members of the pharmacy team were aware of the valproate pregnancy prevention programme and knew which patient groups needed to be provided with advice about its contraindications and precautions. Patient information leaflets and guides were available in the pharmacy.

The pharmacist said that people receiving higher-risk medicines such as warfarin were provided with appropriate advice when these were handed out. And the pharmacy recorded evidence of therapeutic monitoring such as INR on the patients' medication records.

The pharmacy did not have a specific system to mark CD prescriptions. A prescription for pregabalin was not marked with the date the 28-day legal limit would be reached. This could increase the chances that such prescriptions could be supplied beyond their validity period albeit members of the pharmacy team were aware that all CD prescriptions had the 28-day legal limit.

A member of the pharmacy team said that the pharmacy had the right equipment for scanning medicines in line with the Falsified Medicine Directive (FMD) but was not sure if the pharmacy was fully compliant as yet. They could not recall signing any FMD SOP's.

Medicines and medical devices were obtained from licensed wholesalers and specials were obtained from a specials manufacturers. No extemporaneous dispensing was carried out. Medicines were generally stored in an orderly fashion and pharmacy-only (P) medicines were stored out of reach of the public.

Expiry date checks on stock medicines were carried out every six months, and a record maintained. Short-dated stock was highlighted for removal at an appropriate time. Liquid medicines with limited stability were marked with opening dates.

The medicines refrigerator was equipped with a maximum and minimum thermometer but temperature checks were not recorded daily. The temperature records available in the pharmacy showed gaps between checks and on several occasions the temperatures were outside the required range of 2 and 8 degrees Celsius. And no remedial actions were documented. The fridge temperatures were checked at the time of the inspection and they were within the required range.

All controlled drugs were stored appropriately. Designated bins were available to store waste medicines. And denaturing kits were available to denature waste CDs safely.

The pharmacy had systems to deal with safety alerts and drugs recalls. Records of these and the actions taken by the members of the pharmacy team were recorded and kept in the pharmacy.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides.

Inspector's evidence

Members of the pharmacy team had access to the internet and a range of up-to-date reference sources. Pharmacy computers were password protected and computer terminals were not visible to customers visiting the pharmacy. Confidential waste was appropriately managed, and a consultation room was available for private conversations and counselling. The dispensary was clearly separated from the retail area and afforded good privacy for the dispensing operation and any associated conversations or telephone calls.

Equipment for counting loose tablets and capsules was clean. And a range of clean crown-stamped glass measures were available at the pharmacy with some reserved only for dispensing methadone mixture, to avoid cross contamination. All electrical equipment appeared to be in good working order.

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.