

Registered pharmacy inspection report

Pharmacy Name: Portway Pharmacy, Tividale Family Practice, 51A
New Birmingham Road, Tividale, OLDBURY, West Midlands, B69 2JQ

Pharmacy reference: 1102845

Type of pharmacy: Community

Date of inspection: 02/10/2020

Pharmacy context

The pharmacy is located next to an optician, in a residential area of Oldbury. It dispenses prescriptions and sells a small range of over-the-counter (OTC) medicines. The pharmacy supplies some medicines in multi-compartment compliance aid packs to help make sure that people take them at the correct time. It also supplies medicines to two local care homes. The pharmacy provides several other services including Medicines Use Reviews (MURs), flu vaccinations and a substance misuse treatment service. The inspection was completed during the COVID-19 pandemic.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.1	Standard not met	The pharmacy does not adequately identify and manage the risks associated with its services. Written procedures are not followed, and the risks associated with new services are not suitably assessed in advance. This could impact on the safe provision of services.
		1.6	Standard not met	There are inconsistencies in some of the pharmacy's records, which could make it hard for team members to explain what happened in the event of a query.
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 not all met

Summary findings

The pharmacy does not adequately identify and manage the risks associated with its services. It has written procedures to ensure team members complete tasks effectively, but these are not always followed so risks may not always be suitably addressed. The pharmacy keeps the records it needs to by law, but there are some inaccuracies. This means team members may not always be able to explain what has happened in the event of a query. Pharmacy team members understand how to keep people's private information safe and they are able to raise concerns to help protect the health and wellbeing of vulnerable people.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) covering operational services. The procedures had been obtained via Numark, but they had not been reviewed or amended to reflect local practices within the pharmacy. The procedures also did not define the individual responsibilities of team members. Audit trails confirming that team members had read and understood the procedures were incomplete. Some procedures, including those relating to record keeping and dispensing were not always followed, so tasks may not always be completed effectively. The team members present worked within their roles and demonstrated an understanding of the activities which were permissible in the absence of a responsible pharmacist (RP). Professional indemnity insurance covered pharmacy services.

The pharmacist had access to the national NHS Patient Group Directive (PGD) and service specification to support the delivery of flu vaccinations. The pharmacist was trained to deliver the flu vaccination. However, he did not have access to a copy of the PGD or service specification on which he was named. Generic copies were available electronically. Due to a delay in the availability of vaccinations the service had only recently been initiated and they were planning to introduce an appointment service. The pharmacist was conducting a consultation for a flu vaccination when the inspector arrived and was observed to wear Personal Protective Equipment (PPE) for this. It was established during the inspection that the pharmacist had not completed a thorough risk assessment for this as he did not have immediate access to adrenaline at the time the vaccination was administered. The pharmacist initially stated that adrenaline auto-injectors had been ordered and were due to be delivered the following week. After a discussion regarding the risks of vaccine administration without immediate access to adrenaline, the pharmacist located some in-date ampoules of adrenaline within the dispensary, which he intended to use with syringes and needles moving forward.

The pharmacist said that near misses were discussed at the time of the event. Records of near misses were not routinely being maintained, which may mean that some underlying patterns or trends go undetected. The pharmacist said that there had been no reported dispensing incidents. If an error were reported this would be documented using a dispensing incident report form.

The pharmacy had not yet completed individual risk assessments for COVID-19 in line with NHS requirements. This was discussed with the pharmacist on the day, as were contingency arrangements for the pharmacy, should a team member be required to isolate as part of 'test and trace' protocols. Team members wore face coverings in line with Government requirements and had access to other items of PPE including gloves and aprons.

The pharmacy had a complaint procedure, but this was not advertised, so people may not always be aware of how concerns can be raised. It also sought additional feedback through a Community Pharmacy Patient Questionnaire (CPPQ).

An RP notice was not displayed at the time of the inspector's arrival; this was swiftly rectified by the pharmacist. The RP log was kept electronically. There were several instances where the time RP duties ceased was not recorded, so it was not technically compliant. The pharmacy's private prescription and emergency supply records were in order. But specials procurement records did not always record an audit trail from source to supply. Controlled Drugs (CD) registers were available and patient returned CDs were recorded in a designated register. CD record checks found some inconsistencies. These record keeping irregularities could make it harder to explain what happened in the event of a query.

The pharmacy team had not completed any formal training on confidentiality and data protection, but they understood how to keep people's private information safe. Confidential waste was segregated and taken for appropriate disposal by an external contractor and tote boxes were used to store completed prescriptions and minimise visibility from the medicine counter. Team members held their own NHS smartcards and suitable use was seen on the day.

The pharmacist had completed safeguarding training through the Centre for Pharmacy Postgraduate Education (CPPE). Team members discussed a recent concern which had been escalated regarding a vulnerable patient and the contact details of local safeguarding agencies were accessible, if required.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members hold the appropriate qualifications for their roles, and they work well together as a team. But they have limited access to ongoing learning and team members do not receive regular feedback on their development. So, they may not always be able to show how their learning needs are being met.

Inspector's evidence

On the day of the inspection, the superintendent pharmacist (SI) was working alongside two dispensers. The SI worked regular half-days at the pharmacy, with a regular locum covering the remaining hours. This was the usual staffing level at the pharmacy. Leave was usually planned and where possible, a member of staff from a nearby branch would provide cover as needed. In the few weeks leading up to the inspection this cover had not been available, and the pharmacist had been working with a single dispenser, which had created some additional pressure. The pharmacy was busy on the day but there was no backlog of dispensing.

One of the dispensers was still completing training and was enrolled on an accredited programme through Buttercups. Team members had access to an e-Learning portal provided by Numark, but training had been limited in recent months and there was no planned training time. There were no regular development reviews for team members so learning needs may not always be identified and addressed.

The dispensers were aware of high-risk medications which may be susceptible to abuse and concerns regarding repeated requests for medications were referred to the pharmacist for further support.

Pharmacy team members had open discussions with one another on the day. Concerns could be escalated to the pharmacy owner, but issues raised were not always swiftly addressed. For example, a smoke alarm which was identified as being broken at the last inspection, still did not appear to have been fixed. There were no targets in place for professional services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is generally suitably maintained, and it has a consultation room to enable it to provide members of the public with an area for private and confidential discussions. But the dispensary lacks space, which impacts on general organisation and limits the workspace available.

Inspector's evidence

The pharmacy was suitably maintained. The superintendent pharmacist arranged for any necessary repair work to be completed. There was adequate lighting throughout the premises and the temperature was suitable for the storage of medicines. There was a small retail area to the front of the premises, which stocked a small range of products which were suitable for a healthcare-based business. During the COVID-19 pandemic, access to the retail area was restricted and lines were marked on the floor to support social distancing measures. Pharmacy restricted medicines were secured from self-selection behind the medicine counter.

Off the retail area was a signposted and enclosed consultation room. The room was fitted with a desk and seating, but was cluttered with boxes, previous display materials and excess boxes of leaflets, which detracted from the overall professional appearance and limited some of the space available.

The dispensary was compact. There was one main work bench with two computer terminals available. And another work bench over the other side of the dispensary, provided some additional space if required. The pharmacy also had a sink, and suitable handwashing and cleaning materials were available.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy sources and stores its medicines appropriately. Its team members complete some checks to make sure medicines are fit for supply. The pharmacy effectively manages most of its services but it could make improvements to ensure that people on high-risk medicines get all the information they need about their medicines.

Inspector's evidence

The pharmacy entrance was step-free, and the manual door was visible from the medicine counter, enabling those who required assistance to be identified. There was limited advertisement of the pharmacy's services and some health promotion leaflets were displayed, including some public health materials providing information on the COVID-19 pandemic.

Prescriptions were dispensed using baskets to keep them separate. Dispensing labels were not always signed by dispensers, so a complete audit trail identifying those involved in the dispensing process was not always available. The pharmacy used stickers to identify prescriptions for CDs to help make sure a supply was made within a valid 28-day expiry date. The pharmacist was observed to discuss warfarin dosage and INR readings with a patient during the inspection. But this was not routine and prescriptions for other high-risk medicines, such as lithium were not routinely identified to make sure people received additional counselling. The pharmacist was aware of the risks of valproate-based medicines in people who may become pregnant and copies of safety literature were available for supply.

The pharmacy kept a basic audit trail to help reconcile repeat prescription requests and identify unreturned prescriptions. Signatures were not currently obtained to confirm the delivery of medicines. In line with current social distancing measures, the delivery driver was supervising doorstep collection.

Medications for people using multi-compartment compliance aid packs were managed using a four-week cycle. The pharmacy kept a list which recorded when compliance aid packs were due. Records of medications in compliance packs were held on the pharmacy computer system. Completed packs had a backing sheet which contained a description of medicines. Some descriptions were inaccurate in the example viewed and the backing sheet was not securely attached to the pack, so it may become separated. This could make it difficult to identify who's packs they were and the contents of the pack, as there were no additional dispensing labels providing these details. The pharmacist said that the pack was still due to be accuracy checked and he agreed to review these points. Patient leaflets were usually supplied with compliance aid packs.

The pharmacy also supplied medicines to two local care homes. Team members at each of the care homes identified the medications which were required and informed the pharmacy using a medication administration record (MAR) sheet. One care home received their medicines in multi-compartment compliance aid packs and the other used the Multimed device whereby medicines were placed into individually labelled pods. Patient leaflets were supplied with each cycle.

Stock medicines were obtained through licensed wholesalers and specials from a licensed manufacturer. Medications were stored in a generally organised manner. The team discussed date checking and said that some recent checks had been completed, but records of this were not seen. No

expired medicines were identified from random checks. Obsolete medicines were stored in medicine waste bins. The pharmacy was not yet compliant with the requirements of the European Falsified Medicines Directive (FMD). Alerts for the recall of faulty medicines and medical devices were received electronically. Recent emails had been marked as read, but the pharmacy did not keep an audit trail indicating the action that had been taken in response. The pharmacist agreed to review this moving forward.

CDs were suitably stored, with returned and expired medicines segregated from stock and CD denaturing kits were available for use. The pharmacy fridge had a maximum and minimum thermometer and the temperature was checked and recorded each day. It was within the recommended temperature range.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services. Team members use the equipment in a way that protects people's privacy.

Inspector's evidence

The pharmacy had access to a paper edition of the British National Formulary (BNF) and Drug Tariff. General internet access was also available for further research. Glass crown-stamped measures were available for measuring liquids. The measures were clearly marked to indicate their use with different liquids. Counting triangles were available for loose tablets and a separate triangle was marked for use with cytotoxic medicines.

The pharmacy's computer systems were in working order and they were password protected, as was the PMR system. Cordless phones were available to enable conversations to take place in private, if necessary. Pharmacy team members had access to PPE including face masks and gloves and a Perspex screen had been installed at the medicine counter for additional protection.

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.