

Registered pharmacy inspection report

Pharmacy Name: Balsall Common Pharmacy, 192-196-198 Station Road, Balsall Common, COVENTRY, West Midlands, CV7 7FD

Pharmacy reference: 1106009

Type of pharmacy: Community

Date of inspection: 01/05/2019

Pharmacy context

This community pharmacy is located within a small parade of shops in Coventry. It dispenses NHS prescriptions and offers Medicine Use Review (MUR) and New Medicine Service (NMS) consultations.

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 generally manages its risks well. It completes regular reviews and its team members mostly use these to make improvements to its services. The pharmacy keeps the records that it needs to and generally makes sure that these are accurate.

Inspector's evidence

Standard operating procedures (SOPs) were available which covered the services offered by the pharmacy. The pharmacy had updated SOPs which had been signed by one dispenser. Other team members had not signed the SOPs. This meant that the pharmacy may not be able to prove that they had read them. The previous version of SOPs had been signed by the pharmacy's team members.

The pharmacy completed monthly patient safety reports which analysed the near misses which had occurred. Team members said that they recorded their own mistakes on the template. They said that incidents were usually individually reviewed. Recent records indicated that the team had started to double-check the quantities of medicines to make sure they were correct. 'Lookalike and soundalike' (LASA) medicines had been identified and separated by the team to try and prevent errors. The team had identified some contributing factors to errors and tried to minimise distractions.

Certificates were displayed which indicated that there were current arrangements in place for public liability and professional indemnity insurance.

Controlled drug (CD) records were kept and running balances maintained by the pharmacy. The pharmacist said that running balances were checked when entries were made in registers. A sample of CDs was chosen at random and found to match the recorded running balances.

A bag of returned CDs from 25 April 2019 was found that had not been entered in the appropriate register. By not making records of these as soon as the items were received, it is harder for the pharmacy to keep track of them.

Other records of responsible pharmacist, unlicensed specials and private prescriptions were found to be kept and maintained adequately.

The pharmacy completed regular satisfaction surveys of people that visited the pharmacy. The results of the most recent survey were positive. The pharmacy had a book to keep records of formal complaints. There were no entries in this book. The pharmacy's practice leaflet provided guidance to people about making complaints about the pharmacy.

Team members described training that they had completed about protecting vulnerable people. The team said that there were no previous safeguarding concerns. Team members provided examples of incidents that they would refer to the responsible pharmacist. Some team members were unsure how to contact local safeguarding organisations. This could make it more difficult for them to efficiently escalate relevant concerns.

The pharmacy's team members described training which they had received about information

governance. They had completed a workbook to make sure they complied with the General Data Protection Regulation (GDPR). Confidential waste was separated from other waste and then shredded. A statement that the pharmacy complied with the Data Protection Act and NHS code of conduct on confidentiality was in the practice leaflet. NHS smartcards were used to access electronic prescriptions. The pharmacy's team members did not all have their own smartcards which meant that they sometimes used the pharmacist's smartcard. This reduced the reliability of the audit trail showing which team member had accessed specific electronic prescriptions.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to safely provide its services. The pharmacy makes sure that its team members are suitably qualified to competently perform their roles and it provides some ongoing training to keep them up to date. The pharmacy's team members appropriately refer to the pharmacist when needed.

Inspector's evidence

At the time of the inspection there was: the responsible pharmacist (locum pharmacist), two dispensers and one counter assistant present. This staffing level appeared adequate to comfortably manage the pharmacy's workload. Holiday planners and rotas were displayed in the pharmacy. A team member described cover that had been arranged during a dispenser's maternity leave.

Team members were competent in their roles. A dispenser provided appropriate advice about medicines that interacted with one another. Team members provided examples of symptoms or queries that they would refer to the pharmacist.

One of the team members was currently completing a dispensing qualification. Another team member described an appropriate dispensing qualification which had been completed. The certificate for this qualification was not available. Other team members' certificates of training were available in the pharmacy and indicated that qualifications relevant to their roles had been completed.

Team members described other training which had been completed to meet contractual funding criteria. This included training on children's oral health and dementia. The team said that other ongoing training was generally informal and irregular. This may have made it harder for the team members to keep their knowledge up to date. Team members described some changes to the legal classification of pregabalin and gabapentin which had been discussed.

The team said that they used informal discussions to verbally share messages. Team members said they also used written notes.

Team members said that the regular pharmacist was approachable and provided informal feedback to help them develop in their roles. They said that there were no targets that were set for the team.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides its services from suitable premises.

Inspector's evidence

The pharmacy was clean and tidy. Workbenches were segregated for different tasks which helped to create an efficient workflow.

There was adequate heating and lighting throughout the pharmacy. There was hot and cold running water in the premises.

A consultation room was available on the premises, which was suitable for private consultations and conversations.

The pharmacy had appropriate security arrangements for safeguarding its premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy manages its services safely. Its team members source its medicines from reputable suppliers and make sure that they are safe to use. Team members identify some higher-risk medicines and generally provide appropriate advice, so people can use their medicines safely. But people who receive their medicines in compliance aids don't always get the manufacturers' package information leaflets. So, they may not have the most up-to-date information about their medicines.

Inspector's evidence

The layout of the pharmacy and step-free access meant it was wheelchair accessible. Leaflets in the retail area described the services that were offered.

The pharmacy supplied medicines in multi-compartment compliance packs to people. A diary was used to monitor the supply of these medicines and any communications about this service. The workload was arranged across four weeks. This allowed this work to be completed in advance. The team kept records of medications and administration times. Changes to medicines were also seen to be recorded. Packaged medicines included descriptions. This allowed individual medicines to be identified. Assembled packs included the initials of the dispenser and checker. This provided an audit trail for their assembly. Team members said that patient information leaflets were not supplied unless new medicines were supplied to people.

Team members said that most people ordered their prescriptions directly with GP surgeries. The pharmacy kept records for prescriptions ordered by its team.

A record of invoices indicated that medicines were obtained from licensed wholesalers. Medicines were appropriately stored. Stock requiring cold storage was stored in the fridge. The pharmacy kept a record of temperatures to make sure that they were within the required ranges.

CDs were stored appropriately. Expired CDs were segregated from stock to prevent them becoming mixed up.

The pharmacy checked the expiry dates of medicines and medical devices every three months. The pharmacy's records indicated that the latest check had been completed in April 2019. A sample of medications was chosen at random and found to be within date. Opened bottles of liquid medications were marked with the date of opening. This was to make sure they were fit for purpose when being used for dispensing.

Expired and returned medicines were segregated and disposed of in pharmaceutical waste bins. These bins were kept safely away from other medicines. A dispenser described the process for managing returned controlled drugs and sharps. A separate bin was available for cytotoxic medicines. Some team members were unsure how they would identify cytotoxic medicines. This may have reduced the team's efficiency when processing these medicines for destruction.

Dispensers used baskets to make sure prescriptions were prioritised and medicines remained organised. Computer-generated labels contained relevant warnings and were initialled by the dispenser

and checker to produce an audit trail. The dispensing software highlighted interactions. Team members said that they verbally informed the pharmacist about interactions. They said that these warnings could also be printed if needed.

The pharmacy had made appropriate adjustments to meet the Falsified Medicines Directive. This included the introduction of new SOPs and scanning equipment. The pharmacy team was observed scanning the barcodes of medicines.

Team members said that they did not ask people receiving warfarin about relevant blood test results. They said that the GP surgeries would not issue these medicines without appropriate testing. This may have made it more difficult for the team to monitor the safe use of this medicine.

The pharmacist described guidance that should be provided about pregnancy prevention to the at-risk group of people when supplied sodium valproate. The pharmacy had suitable leaflets and treatment cards for this medicine, so they could be appropriately supplied to people.

The pharmacy delivered medications to patients. A record of deliveries was available to view in the pharmacy. The recipient's signature was seen on previous records.

Alerts and recalls of medicines and medical devices were received electronically. This included a recent recall for prednisolone 5mg tablets. The alert message had been annotated to indicate that it had been checked and appropriately actioned.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy maintains appropriate equipment and facilities for providing its services.

Inspector's evidence

The pharmacy's equipment appeared in good working order and was appropriately maintained. The team said that maintenance issues were referred to and resolved by the pharmacy manager. Sinks had running hot and cold running water. Crown-stamped measures were available in the pharmacy to accurately measure liquids.

The pharmacy had access to up-to-date reference sources in paper and online formats. The layout of the pharmacy and use of screening meant that people's confidential information was not visible to the public. Computers were password protected to prevent unauthorised access to people's medication records.

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.