

# Registered pharmacy inspection report

**Pharmacy Name:** Bannerbrook Pharmacy, 5-7 Gramercy Park,  
Banner Lane, COVENTRY, West Midlands, CV4 9AE

**Pharmacy reference:** 1106254

**Type of pharmacy:** Community

**Date of inspection:** 23/05/2019

## Pharmacy context

This is a community pharmacy set in a row of shops in a residential area of Coventry. It is open for 100 hours per week. It sells a range of over-the-counter medicines, dispenses prescriptions and has a phlebotomy clinic. And it also supplies medicines in multi-compartment compliance packs to approximately 80 people living at home. The pharmacy has recently incorporated a post office within its premises.

## 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
<b>1. Governance</b>	Standards met	1.3	Good practice	The pharmacy team members have defined roles and accountabilities and share responsibility for ensuring that they provide services safely and effectively.
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	3.1	Good practice	The pharmacy is well maintained and has good facilities to deliver a range of services safely and effectively.
<b>4. Services, including medicines management</b>	Standards met	4.1	Good practice	The pharmacy offers a range of services which are tailored to the needs of the local community.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy has safe and effective working practices. The pharmacy manages risks well by doing regular reviews and it keeps people's private information safe. It asks people for their views and uses their feedback to improve its services. It keeps the records required by law to ensure that medicines are supplied safely and legally. The pharmacy has safeguarding procedures and its team members understand how they can help to protect vulnerable people.

### Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) for its services and these had been reviewed within the last two years. Training records were available to provide confirmation that all staff members had read and signed the SOP's.

A Responsible Pharmacist (RP) notice was prominently displayed and members of the pharmacy team wore uniforms and name badges which identified their roles within the pharmacy. They understood what their roles and responsibilities were, and these were defined within the SOPs.

The pharmacy had systems to review the safety and quality of its pharmacy services. The RP described some of the actions taken to prevent risks in the dispensing process, such as segregating sound-alike and look-alike drugs like atenolol, allopurinol, amlodipine, amitriptyline, quetiapine and quinine. Dispensing errors and near misses were recorded, reviewed and discussed to share learning and help identify emerging trends. Patient safety reports were completed each month and these were available in the pharmacy.

The pharmacy had a complaints procedure and information for people about this was included in the pharmacy's practice leaflet. Results of the most recent survey were posted on the NHS website and were generally very positive. And people's testimonials about the pharmacy had also been included. Members of the pharmacy team had received some feedback about not being provided advice on healthy living, and the RP said that they were now actively advising people where appropriate about the benefits of healthy eating, physical exercise and the importance of leading a healthy lifestyle.

The pharmacy's records for RP, controlled drugs (CDs), private prescriptions and unlicensed medicines were maintained in line with requirements. CD running balances were checked monthly. The balance of stock checked at random matched the recorded balance in the register. CDs that people had returned were recorded in a separate register when they were received.

An Information Governance policy was in place and members of the pharmacy team had all signed confidentiality agreements. The pharmacy's confidential waste was segregated and shredded in the pharmacy. Access to the pharmacy's computer was password protected and restricted to authorised team members. And computer terminals were positioned away from public view. Completed prescriptions were stored appropriately and people's personal details were not visible to the public. Members of the pharmacy team had completed training about the General Data Protection Regulation (GDPR) and records were available in the pharmacy.

The pharmacy had safeguarding procedures and details of local safeguarding agencies were available in

the pharmacy so the pharmacy team members had ready access to these if they needed to report a concern. The SI, RP, the pre-registration student and the accuracy technician had all completed Level 2 safeguarding training and the dispensers had completed safeguarding training relevant to their roles. The whole team had also completed Dementia Friends training.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy team members work well together and they are appropriately trained for the roles they undertake. They can exercise their professional judgement to act in the best interest of people they serve. And they are supported with on-going training to keep their skills and knowledge up to date.

### Inspector's evidence

A regular RP, a pre-registration student, an accuracy checking technician, a dispenser, a medicine counter assistant and a recently recruited member of staff were working at the time of the inspection. The RP covered approximately 45% of the pharmacy's opening hours and the rest were covered by the superintendent pharmacist (SI) and regular locum pharmacists.

Members of the pharmacy team were working well together and were managing their workload comfortably. The workflow in the dispensary was organised and prescriptions were processed in a timely manner.

A whistleblowing policy was in place and members of the pharmacy team said they were able to raise concerns with the RP and the superintendent pharmacist. Most of the team members had worked for the pharmacy for number of years.

Members of the pharmacy team said that the SI gave regular feedback on staff performance and staff appraisals were conducted annually. Records of staff appraisals were available in the pharmacy. The pre-registration student said that he was very well supported by his tutor and had protected training time each week.

The team had access to on-going training to help keep their skills and knowledge up to date. The training modules were provided by the pharmacy's insurers and records of training completed were kept electronically. The RP said he did not have any specific targets or incentives set but was expected to deliver good customers service.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are secure and suitable for the provision of pharmacy services.

### Inspector's evidence

The pharmacy was well maintained, fitted to a good standard and presented a professional image. The retail area of the pharmacy was clean, spacious and well-organised. There was ample seating area available for people waiting for services. The counter in the retail area was divided into two sections, one for the sale of over-the-counter medicines and the other for postal services.

The dispensary was clean and there was ample storage and bench space to allow safe working. The dispensary's workstations were kept tidy and stock medicines were stored in an organised fashion.

The pharmacy had three treatment rooms and a well-screened consultation room. The treatment rooms were hired out for private services such as podiatry. The pharmacy's consultation room was advertised. It was spacious but appeared somewhat cluttered with folders and other paperwork. The room was kept locked when not in use.

There were systems in place to monitor ambient temperatures and the pharmacy was well lit throughout. Members of the pharmacy team had access to a staff room and good hygiene facilities. The pharmacy was secured against unauthorised access when it was closed.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides its services safely and effectively. People receive the advice and support they need to help them to use their medicines appropriately. The pharmacy stores its medicines and medical devices safely. And it takes the right actions if any medicines and medical devices are not safe to use to protect people's health and wellbeing.

### Inspector's evidence

The entrance of the pharmacy was at street level and was step free. The shopping precinct had a car park for its customers to use. The retail area of the pharmacy was clear of slip or trip hazards and could accommodate wheelchairs and prams.

The pharmacy team members used their local knowledge to signpost people to other providers if a service required was not offered at the pharmacy. The pharmacy offered a deliver service and the delivery driver kept records of signatures from people when medicines were delivered to their homes.

Baskets were used during the dispensing process to prioritise workflow and minimise the risk of prescriptions getting mixed up. Owing slips were used to provide an audit trail when a prescription could not be supplied fully. 'Dispensed by' and 'checked by' boxes were initialled on the dispensing labels to show which member of staff had been involved at each stage of the dispensing process.

The pharmacy offered a phlebotomy service commissioned by University hospital of Coventry and Warwickshire (UHCW). The UHCW provided training and annual staff assessment for the phlebotomist. Approximately 400 people accessed this service in a typical month and people could book their appointments on-line. Contingency plans were in place when the phlebotomist was not available, and patients were signposted to the pharmacy's sister branch or other pharmacies who offered the service. All relevant paperwork was available and in-date. The phlebotomist's qualifications were on display in the treatment room where the service was offered. A protocol of symptoms, and treatment of fainting, seizures and anaphylaxis was on display in the treatment room.

The pharmacy supplied medicines in disposable multi-compartment compliance packs to approximately 80 people who had difficulties in managing their medication. The pharmacy kept records for everyone who received compliance packs and these listed the medicines and administration timings. Prescriptions were checked against these records and any anomalies were discussed with the surgery. Descriptions of individual medicines contained within the compliance pack and a dispensing audit trail were both present on the packs checked. And the technician confirmed that patient information leaflets were supplied monthly.

The RP was aware of the valproate pregnancy prevention programme and knew which people needed to be provided with advice about its contraindications and precautions. The pharmacy did not currently have any people in the at-risk group. Patient information leaflets and guides were available in the pharmacy.

Prescriptions for CDs not requiring secure storage were stored separately and these were handed out by the RP. This ensured that medicines were not handed out after the prescriptions had expired. The RP

said that prescription for higher-risk medicines such as warfarin were marked with stickers so that the appropriate advice was offered to people when handing out these prescriptions. And therapeutic monitoring (INR) levels were recorded on the patient's medication records. But a completed prescription for methotrexate awaiting collection was not marked with a sticker.

Medicines were obtained from licensed wholesalers and unlicensed specials were obtained from specials manufacturers. No extemporaneous dispensing was carried out. Pharmacy only medicines were stored out of reach of the public. The pharmacy was not yet compliant with the Falsified Medicines Directive (FMD). The RP said that the equipment was in place but the pharmacy had not yet fully implemented the FMD SOPs.

Medicines requiring cold storage were kept in a pharmaceutical refrigerator and stored between two and eight degrees Celsius. The maximum and minimum fridge temperatures were monitored and recorded daily.

All CDs requiring secure storage were stored appropriately and access was controlled by the duty pharmacist. The pharmacy had denaturing kits available to dispose of waste CDs. Other medicines returned by people were segregated into designated bins and disposed of appropriately.

Medicines were date checked at regular intervals and the checks were recorded. Short-dated medicines were marked so that they could be identified and removed at an appropriate time. The pharmacy received drug alerts and recall notices electronically. The action taken was recorded and notices were filed.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy generally has the equipment and facilities it needs to provide its services safely.

### Inspector's evidence

The pharmacy had access to the internet and various other reference sources. A range of crown stamped glass measures and equipment for counting loose tablets and capsules were available at the pharmacy.

Phlebotomy trays were used to keep all equipment and supplies in an organised fashion. Tourniquets, disposable gloves and phlebotomy tubes were available and clean.

All electrical equipment appeared to be in good working order. Access to the pharmacy computers and patient medication record system was restricted to the members of the pharmacy team and was password protected. Computer terminals were not visible to customers. And a consultation room was available for private conversations and counselling. The pharmacy did not yet have the SOPs in place to comply with the FMD.

### 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.