

# Registered pharmacy inspection report

**Pharmacy Name:** Sparkbrook Health Centre Pharmacy, Grantham Road, Sparkbrook, BIRMINGHAM, B11 1LU

**Pharmacy reference:** 1110267

**Type of pharmacy:** Community

**Date of inspection:** 16/01/2020

## Pharmacy context

This community pharmacy is in a health centre which includes GP surgeries, an optician and dentist. It is in a residential area of Birmingham. The pharmacy mostly dispenses NHS prescriptions which it receives from prescribers in the health centre. It supplies some medicines in multi-compartment compliance packs to help people to organise their medicines.

## Overall inspection outcome

✓ **Standards met**

**Required Action:** None

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
<b>1. Governance</b>	Standards met	1.2	Good practice	The pharmacy records and reviews mistakes in its dispensing process to make improvements to safety.
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy generally manages its risks well. It records and reviews mistakes in its dispensing process to make improvements to safety. The pharmacy keeps necessary legal records and makes sure that they are accurate. Its team members manage people's personal information properly. And they know how to protect vulnerable people.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which covered its services. The SOPs were reviewed every two years to keep them up to date. The SOPs were signed by the most team members to show that they had read them. There were some SOPs that had not been signed by the medicines counter assistant and this included the SOPs about the responsible pharmacist. The medicines counter assistant had read the SOPs but had forgotten to sign the records. The responsible pharmacist's name and registration number were displayed on a notice that was visible from the pharmacy counter.

The pharmacy regularly asked people visiting the pharmacy to complete annual satisfaction surveys. The previous survey's results were positive. Team members also received verbal additional feedback verbally and would escalate any complaints to the pharmacist and a company director. Information about the pharmacy's complaints process was available in the retail area.

The pharmacy's team members had received training about safeguarding vulnerable adults and children. They had completed modules from the Centre for Pharmacy Postgraduate Education (CPPE), and they had discussed the process during a recent team meeting. The pharmacy had a safeguarding policy to efficiently manage any concerns. Contact details for local safeguarding organisations were available in the pharmacy. Team members said that there were no previous safeguarding concerns.

The pharmacy's team members had received training about information governance and confidentiality. This included recent training about the General Data Protection Regulation. They had completed a workbook to help inform them about their roles and responsibilities in protecting information. Confidential waste was separated from other waste so that it could be shredded. Team members used their own NHS smartcards to access electronic prescriptions.

The pharmacy kept records about errors and near misses. It completed monthly reviews about these records to identify trends and to make improvements. The reviews were discussed during team meetings to share learning points. The pharmacy had clearly separated several different formulations of the same medicine to help its team members select the correct medicine. A follow-up review in January 2020 showed that this had led to a reduction in this type of mistake. A record about a dispensing error in June 2019 included information about contributing factors and improvements to prevent recurrence of the error.

Certificates were displayed which showed that there were current arrangements for employer's liability, public liability and professional indemnity insurance. The pharmacy kept required records about controlled drugs (CDs). The records included running balances which were regularly checked to keep the records accurate. Two CDs were chosen at random and the physical stock matched the recorded running balances. The pharmacy kept appropriate records about CDs that had been returned

by people. Other records about the responsible pharmacist and private prescriptions were kept and maintained adequately.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to provide its services. Team members are competent in their roles and know when to refer to the pharmacist. They have appropriate pharmacy qualifications and they complete some ongoing training to keep their knowledge up to date.

### Inspector's evidence

At the time of the inspection there was the responsible pharmacist (the superintendent pharmacist), dispenser and medicines counter assistant present. A company director was also present for part of the inspection. The staffing level was adequate to manage the pharmacy's workload. People visiting the pharmacy were served quickly and medicines were dispensed efficiently. The pharmacy was up to date with its workload. The pharmacy had a vacancy for an apprentice dispenser which it was recruiting for. Team members had appropriate pharmacy qualifications for their roles. The pharmacy kept a training folder which showed certificates for completed training courses and other ongoing training completed by the team. Team members shared information and updates through regular staff meetings. The pharmacy kept records about the issues that were discussed, and this included information about a higher-risk medicine that was discussed in September 2019. Ongoing training was not always regular and was generally informal, which may have made more difficult for team members to keep their knowledge up to date. The pharmacy's team members had previously attended external training evenings and completed some modules on CPPE. Feedback was generally given to team members through informal discussions with the superintendent pharmacist. The pharmacy did not have formal targets. The pharmacist said that he was comfortable to approach the company director if there were any concerns he wanted to raise.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides its services from suitable premises. It has enough space to accommodate people who visit it. And it has appropriate security arrangements to protect its premises.

### Inspector's evidence

The pharmacy was clean and tidy. The dispensary and retail area were spacious and had space for the pharmacy to provide its services. The pharmacy's team members kept workbenches tidy so that there was enough space to complete tasks safely. There was adequate heating and lighting throughout the pharmacy. The pharmacy had hot and cold running water available. The pharmacy had a suitably-sized consultation room which was used for private consultations and conversations. And it had appropriate security arrangements to protect its premises.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy generally manages its services well. The pharmacy stores its medicines in suitable conditions and generally makes sure they are safe for people to use. Its team members identify higher-risk medicines, so they can provide appropriate advice to people.

### Inspector's evidence

The pharmacy's layout and step-free access made it easier for people in wheelchairs to use the pharmacy. There were no practice leaflets in the retail area which may have reduced some people's access to information about the pharmacy and its services. The superintendent pharmacist printed additional copies of the leaflet to display when this was highlighted to him.

The pharmacy had recently started supplying medicines to a care home which provided care for a small number of people. The pharmacy kept appropriate records about the medicines that should be supplied and their administration times. The pharmacy had recently made its first delivery to the care home.

The pharmacy supplied medicines in multi-compartment compliance packs to some people. It kept appropriate records about the medicines that were supplied to people. It kept records about changes to medicines that they were informed about. Most people received their packs every month. The frequency that the medicines were supplied was decided by the prescriber. Assembled packs included descriptions which helped to identify individual medicines in the packs. Assembled packs included initials of the dispenser and accuracy checker to provide an audit trail. The pharmacy supplied patient information leaflets with the packs which provided people with up-to-date information about their medicines.

The pharmacy ordered prescriptions for some people. It kept records about prescription orders it had made so that its team members could check the prescriptions included all the required medicines. The pharmacy had invoices which showed that its medicines were obtained from licenced wholesalers. It used a fridge to store medicines that needed cold storage. The pharmacy's team members recorded daily fridge temperatures to make sure the fridge stayed at the right temperatures. CDs were stored appropriately. CDs which had gone past their 'use-by' date were separated from other stock to prevent them being mixed up.

The pharmacy checked its stock's expiry dates every month. It kept records about recent checks that it completed and medicines that had gone past their 'use-by' date. Medicines that were approaching their expiry date were highlighted to the team. Several medicines were checked at random and were in date. The pharmacy wrote the date onto medication bottles when they were first opened. This helped the team members to know that the medicine was suitable if they needed to use it again.

Date-expired and medicines people had returned were placed in to pharmaceutical waste bins. These bins were kept safely away from other medicines. A separate bin was used to separate cytotoxic and other hazardous medicines. The pharmacy displayed a list about cytotoxic and hazardous medicines to help team members identify and separate these medicines.

The superintendent pharmacist was making arrangements to help verify the authenticity of its

medicines and to comply with the Falsified Medicines Directive. The pharmacy was registered with the appropriate organisation to complete the necessary tasks. The pharmacy received information about medicine recalls through emails. It kept records about the recalls it had received and the actions that had been taken. This included a recent recall about ranitidine.

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 provide an audit trail. The pharmacy's dispensing software highlighted interactions to the team and this information was printed to pass this information to the pharmacist. The team had recently identified an interaction involving an antibiotic with another prescription item. Prescriptions were kept with checked medicines awaiting collection.

The pharmacist used stickers to highlight dispensed medicines that needed more counselling and to highlight fridge items or CDs. The pharmacy kept records about relevant blood tests when it supplied people with warfarin. The pharmacy team was aware about pregnancy prevention advice to be provided to people in the at-risk group taking sodium valproate. The pharmacy had up-to-date guidance materials to support this advice. The pharmacy delivered some people's medicines. It kept appropriate records about these deliveries which included the recipient's signature.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the right equipment and facilities to provide its services. Its team members know how to report maintenance issues, so they can be efficiently resolved. They use up-to-date reference sources when they provide the pharmacy's services.

### Inspector's evidence

The pharmacy's equipment appeared to be in good working order. Team members referred maintenance issues to a company director, so they could be resolved. Confidential information was not visible to people visiting the pharmacy. Computers were password protected to prevent unauthorised access to people's medication records. Crown-stamped measures were available in the pharmacy to accurately measure liquids. The pharmacy had suitable equipment to count loose tablets. Separate equipment was used to for cytotoxic medicines. The pharmacy's team members accessed up-to-date reference sources on 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.