

Registered pharmacy inspection report

Pharmacy Name: Robin Hood Pharmacy, 1518 Stratford Road, Hall Green, BIRMINGHAM, B28 9ET

Pharmacy reference: 1112626

Type of pharmacy: Community

Date of inspection: 16/01/2020

Pharmacy context

This community pharmacy is located along a parade of shops in a residential area and has extended opening hours. It dispenses NHS prescriptions which it receives from several local GP surgeries. It provides a repeat prescription collection and delivery service to help supply people with their medicines. The pharmacy supplies some medicines in multi-compartment compliance packs to help people 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
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 adequately manages its risks. It records near misses to make improvements to the safety of its dispensing process. The pharmacy keeps necessary legal records and generally makes sure 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 regularly reviewed to keep them up to date. The pharmacy's team members signed records to show that they had read SOPs relevant to their roles. The pharmacy had a notice to display the responsible pharmacist's name and registration number, however this was covered with retail stock and it displayed the details of another pharmacist. This was highlighted to the responsible pharmacist so that the notice could be corrected and clearly displayed to people visiting the pharmacy.

The pharmacy kept records about near misses on a template. There were recent records made by team members and they included information about factors which contributed to the mistakes occurring. A recent record involved the incorrect formulation of a medicine being dispensed. The pharmacy had clearly separated several medicines to help its team members select the correct medicine. Near misses were generally discussed on an individual basis with the team members involved. Reviews of the records were generally informal which may have made it harder for trends to be identified. The responsible pharmacist said that there was a template to record dispensing errors and they would be reported to the pharmacy's indemnity insurance provider.

The pharmacy asked people to complete annual satisfaction surveys. The latest survey's results were generally positive. Team members also received verbal feedback from people using the pharmacy. Complaints would be escalated to the responsible pharmacist and the owner. Team members also used a communication book to share messages with one another. Information about the pharmacy's complaints policy was available in the retail area.

Team members received training about safeguarding vulnerable people. Information managing safeguarding concerns was discussed verbally during induction and the pharmacy had a safeguarding policy. Some team members had received additional training from the Centre for Pharmacy Postgraduate Education (CPPE). The pharmacy had previously escalated a concern about the mental health of a vulnerable adult. A team member had discussed their concern with a keyworker so more support could be provided. The responsible pharmacist said that he would use the internet or contact the National Pharmacy Association if he needed the contact details for local safeguarding organisations. This may have reduced the speed that the team's concerns could be escalated.

The pharmacy had SOPs about information governance and confidentiality. Team members received training during their induction and then received regular updates about the pharmacy's processes. A dispenser was clear about his role in managing people's personal information properly. Confidential waste was separated from other waste so that it could be shredded. Pharmacists used their own NHS smartcards to access electronic prescriptions.

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), but sometimes headers were not completed in individual registers and this may have led to entries being made in the incorrect place. The records included running balances, and these were checked by the team members to keep the records accurate. Two CDs were chosen at random and the physical stock found 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 manage its workload. Its team members are competent in their roles and they have appropriate pharmacy qualifications. They receive some ongoing training to help keep their knowledge up to date.

Inspector's evidence

At the time of the inspection there was the responsible pharmacist (a regular locum pharmacist) and one dispenser present. A team member was also working but was on break at the time. The staffing level was appropriate to manage the pharmacy's workload. The pharmacy used overtime to provide additional staffing cover. Certificates were displayed which showed that the team members had appropriate pharmacy qualifications for their roles. Ongoing training was generally informal. The pharmacist discussed new products with team members when they were released. The superintendent pharmacist gave team members annual appraisals so they could receive feedback about their performance. Informal discussions were used to share messages and allowed team members to raise any concerns. The pharmacy's team members were encouraged to offer the pharmacy's collection service to people, and to identify eligible people for MUR consultations. The responsible pharmacist said that he was comfortable to raise concerns with the superintendent pharmacist when needed. He said that he wasn't under any undue pressure to achieve targets. He had reduced the number of MUR consultations he completed so he could make sure the dispensary workload was adequately managed.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides its services from suitable premises. It has enough space to store and dispense its medicines. And it has appropriate security arrangements to protect its premises.

Inspector's evidence

The pharmacy was clean and tidy. It had an up-to-date cleaning rota displayed. There was enough space in the pharmacy's retail area to accommodate people visiting the pharmacy. Team members kept workbenches tidy so that there was enough space to complete tasks safely. A separate area was used to dispense multi-compartment compliance packs to reduce distractions. There was adequate heating and lighting throughout the pharmacy. The pharmacy had hot and cold running water available. It 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 adequately manages its services. It stores its medicines appropriately, so that they are safe for people to use. The pharmacy's team members identify higher-risk medicines and provide appropriate advice to help people to use their medicines safely.

Inspector's evidence

The pharmacy's layout and step-free access made it easier for people in wheelchairs to use the pharmacy. The pharmacy had leaflets that provided information about its services. The pharmacy didn't have its practice leaflet displayed in the retail area which may have reduced some people's access to information about the pharmacy and its services.

The pharmacy supplied medicines in multi-compartment compliance packs to several people. Most people received their medicines every month. The frequency that medicines were supplied was decided by the prescriber. Prescriptions were ordered around one week before the packs were supplied, so there was enough time to assemble them. The pharmacy kept appropriate records about the medicines inside the packs and their administration times. Team members made amendments to the records when they were told about changes to people's medicines. Assembled packs generally included descriptions which helped people to identify individual medicines in the packs. Patient information leaflets were supplied with the packs, so people had 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 which showed 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 using stickers. Several medicines were checked at random and were in date. The pharmacy mostly 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. There were some bottles where this had not been recorded and these were highlighted to the responsible pharmacist, so these medicines could be appropriately managed.

Date-expired and medicines people had returned were placed in to pharmaceutical waste bins. These bins were kept safely away from other medicines. The pharmacy's team members didn't have a list to easily identify and separate hazardous or cytotoxic medicines. This may have made it more difficult for the team to appropriate dispose of these medicines.

The superintendent pharmacist had made arrangements for appropriate equipment and software to help verify the authenticity of its medicines and to comply with the Falsified Medicines Directive. The pharmacy received information about medicine recalls through email. 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 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. The pharmacists generally labelled prescriptions which helped them to identify clinical information. Team members printed information about interactions to inform the pharmacist. Prescriptions were kept with checked medicines awaiting collection.

The pharmacist used stickers to highlight dispensed medicines that needed more counselling. This included methotrexate, lithium and some insulins. The pharmacy kept records about relevant blood tests when it supplied warfarin to people. 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 records about these deliveries, but these did not always include the recipient's signature. This may have reduced the pharmacy's proof that these deliveries had been completed correctly.

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 to report maintenance issues, so they can be 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 the pharmacy's owner 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. The pharmacy had appropriate equipment to accurately measure liquids and to count loose tablets. 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.