

Registered pharmacy inspection report

Pharmacy Name: Medipharma Chemist, 29 Oak Tree Lane, Selly Oak,
BIRMINGHAM, B29 6JE

Pharmacy reference: 1116448

Type of pharmacy: Community

Date of inspection: 07/02/2020

Pharmacy context

This is a community pharmacy located in Selly Oak in Birmingham. The pharmacy dispenses NHS and private prescriptions. It offers Medicines Use Reviews (MURs), the New Medicine Service (NMS), seasonal flu vaccinations and a few private services including the supply of medicines to prevent malaria. The pharmacy also supplies multi-compartment compliance packs to people if they find it difficult to manage their medicines.

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 is largely well-managed and manages risks appropriately. Members of the pharmacy team deal with their mistakes responsibly. They monitor the safety of their services by recording their mistakes and learning from them. Team members understand how to protect the welfare of vulnerable people. And they protect people's private information appropriately. The pharmacy adequately maintains most of the records that it needs to. Although sometimes information is missing from its records. This could mean that the team may not have enough information available if problems or queries arise in the future.

Inspector's evidence

The pharmacy was organised and in the main, well managed. Its work spaces were kept clear of clutter and the workload was manageable. The responsible pharmacist (RP) and staff worked in separate areas. This included a separate space to prepare multi-compartment compliance aids. The RP managed the walk-in trade by self dispensing and accuracy-checking prescriptions. Staff explained that whilst they managed the processing and assembly of the repeat prescriptions, stock and multi-compartment compliance packs, they also helped the RP on the front when it became busy. Counter staff bagged prescriptions and the RP described double-checking details before completing the final accuracy-check.

Near misses were seen to be routinely recorded. They were described as reviewed every month with patient safety reports completed. The latter were not seen as the owner had taken them away for review according to the RP. However, the pharmacy was able to demonstrate the remedial activity that had taken place in response to mistakes. This included identifying look-alike and sound-alike medicines. Caution notes had been placed in front of stock as an additional visual alert. Medicines involved in errors were separated such as escitalopram and enalapril. The RP described that since the latter had happened, the numbers of near misses involving these medicines had reduced. The pharmacy had also ensured different strengths of prednisolone were stored on separate shelves.

Incidents were handled by the pharmacists and there was information on display to inform people about the pharmacy's complaints procedure. The RP's process involved apologising, rectifying the situation, investigating and reporting errors to the National Reporting and Learning System (NRLS). The team then looked to make appropriate changes to their internal procedures where possible. However, the pharmacy was using the near miss logs to record details of incidents which only contained brief details. This was discussed during the inspection and the RP was advised to use the incident reporting tool on the pharmacy's system so that more in-depth details could be captured.

The team separated confidential waste before it was shredded, and staff ensured that all confidential information was contained in the dispensary. Dispensed prescriptions awaiting collection were stored in a location where sensitive details were not visible from the retail area. Summary Care Records had been accessed by the RP for emergency supplies and for queries involving compliance packs. Consent was obtained from people verbally for this. However, there was no information on display about how the pharmacy maintained people's privacy. Staff were trained to safeguard the welfare of vulnerable people. This included team members in training who described reading about this in their course material. The pharmacist was trained to level two via the Centre for Pharmacy Postgraduate Education (CPPE). However, there were no relevant contact details available about the local safeguarding

agencies. Remedying this was discussed during the inspection.

The pharmacy held a range of documented standard operating procedures (SOPs) available to support the pharmacy's services. Staff had read and signed the SOPs. Roles and responsibilities for the team were defined within them and staff were clear about their responsibilities as well as their limitations. The SOPs were dated from 2011-2013. However, the RP provided evidence in the staff sign-off sheet that the owner had recently reviewed them. They were advised to make this information more prominent. In the absence of the RP, staff knew which activities were permissible and they knew the procedure to take, if the pharmacist failed to arrive. The correct RP notice was on display and this provided details about the RP in charge on the day.

The pharmacy's professional indemnity insurance was through BGP and due for renewal after 01 September 2020. Records of the maximum and minimum temperatures for the fridge were maintained electronically to verify that medicines were appropriately stored here. Most of the pharmacy's other records were, in general, maintained in line with statutory requirements. This included records of unlicensed medicines, most of the RP record and apart from some dated, crossed out entries, a selection of registers checked for controlled drugs (CDs). Balances were checked regularly for the latter and on randomly selecting CDs held in the cabinet, the quantities held matched the balances recorded within the corresponding registers. However, pharmacists had occasionally failed to record the time that their responsibility ceased and there was the odd missing entry for CDs that had been returned to the pharmacy for destruction by the team. Some entries within the private prescription register were being recorded with the prescriber's name and GMC number but without their address.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. The pharmacy's team members understand their roles and responsibilities. And, they are suitably qualified or undertaking the appropriate training for their role. Members of the pharmacy team are informed about recent updates and in the main, have kept their knowledge up to date. But they are provided with only a few resources to do this. And this is not completed or delivered in a structured way. This could affect how well they care for people and the advice they give.

Inspector's evidence

Staff present during the inspection included the regular RP, two trained dispensing assistants and four medicines counter assistants (MCAs). Some of the latter were undertaking accredited training with Buttercups in line with their role. The team covered each other as contingency for absence or annual leave. Staff wore name badges. Counter staff were observed asking a range of relevant questions before selling medicines over-the-counter. They referred to the RP when unsure or when required and held a suitable amount of knowledge of these medicines. Team members in training completed their course material at home and described being able to complete this in a timely manner. To assist with ongoing training needs, the team described reading available literature, booklets and trade publications as well as taking instructions from pharmacists. The team's progress was described as monitored informally and they felt supported by the pharmacists. Updates were provided to them verbally. The RP had not been set any formal targets to complete services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a suitable environment to deliver its services. The pharmacy has plenty of space to provide its services safely. And it has separate areas where private conversations and services can take place.

Inspector's evidence

The pharmacy's premises were very spacious. This included a large retail space and dispensary. Staff areas were at the rear and a large stock room was upstairs. There was plenty of space to dispense prescriptions safely and provide services. In addition, the dispensary consisted of separate workstations for staff and the RP to work on. However, the fire door area was cluttered with cardboard boxes and this restricted free access to this area. The RP was advised to ensure this area was kept clear of clutter going forward. The pharmacy was clean. It was professional in its appearance, suitably lit and well ventilated. There were a few signposted consultation rooms available for private conversations and services. They were of a suitable size for this purpose. The rooms were kept open. There was no confidential information here although a sharps bin was present. Due to a risk of potential needle-stick injury, locking the door or removing this was discussed at the time. Pharmacy (P) medicines were stored behind the medicines counter and staff were always within the vicinity. This helped prevent their access by self-selection.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services in a satisfactory manner. Members of the pharmacy team ensure the pharmacy's services are easily accessible to people with different needs. The pharmacy obtains its medicines from reputable sources, stores and generally manages its medicines appropriately. But team members don't always identify or record relevant information when people receive higher-risk medicines. This makes it harder for them to show that they have provided appropriate advice when supplying them.

Inspector's evidence

The pharmacy's opening hours and details about the services that it provided were on display. There were four seats available for anyone wanting to wait for their prescription and some leaflets available about other services. Staff could signpost people to other organisations from documented information that was present and from their own knowledge. Entry into the pharmacy was from the street via an automatic door. This led into wide aisles inside the premises and clear, open space which meant that people with wheelchairs could easily use the pharmacy's services. Staff described taking people who were partially deaf to a quieter area of the pharmacy, speaking slowly, facing them or using written details to help communicate. For people who were visually impaired, packs of medicines with braille were supplied or staff verbally instructed them. Team members could speak Czechoslovakian, Romanian and South Asian languages to help assist people whose first language was not English.

During the dispensing process, the team used baskets to hold prescriptions and medicines to prevent any inadvertent transfer. Staff involvement in processes was apparent through a dispensing audit trail that was used. This was through a facility on generated labels. Dispensed medicines awaiting collection were stored with prescriptions attached. The team could identify whether dispensed prescriptions had fridge items and CDs (Schedules 2 and 3) as this information was highlighted. Although uncollected medicines were described as checked every month, Schedule 4 CDs were not routinely identified.

Staff explained that compliance packs were supplied after the person's GP initiated them and the RP assessed their suitability. Prescriptions were ordered by the pharmacy and cross-checked when received, against people's records on the system. If any changes were identified, staff confirmed them with the prescriber and documented the details as an audit trail. There were also individual records for people available. Descriptions of the medicines within the compliance packs were provided. All medicines were de-blistered into the compliance packs with none left within their outer packaging. Compliance packs were not left unsealed overnight. Mid-cycle changes involved obtaining new prescriptions and supplying people with new packs. However, patient information leaflets (PILs) were not routinely supplied. This is a legal requirement and could mean that people are not always provided with enough information about their medicines.

The pharmacy provided a delivery service and maintained audit trails to verify this service. CDs and fridge items were highlighted and checked prior to delivery. The driver obtained people's signatures when they were in receipt of their medicines. Failed deliveries were brought back to the pharmacy and notes were left to inform people about the attempt made. Medicines were not usually left unattended unless prior consent had been obtained and relevant risks checked (such as whether pets or children were present).

The owner who was also the superintendent pharmacist was accredited to provide the private services under Patient Group Directions (PGDs). The RP described the sexual health services being popular with the local student population. The pharmacy had information about healthier living on display in one section of the retail space although staff stated that they were not yet providing this service. One member of staff was trained to provide the smoking cessation service. She had been trained through attending a training event and from updates about the service. Her certificate to verify this was seen. Some quits had resulted from the service and this member of staff described people liking the service as they were able to talk through their issues and were motivated by the pharmacy.

Team members were aware of the risks associated with valproates. The RP had counselled people in the past and the pharmacy held appropriate educational literature to provide to people at risk, upon supply of this medicine. The pharmacy had completed an audit about people prescribed lithium and had found that the regular monitoring and routine checks had been taking place. The pharmacy had also completed an audit for people with diabetes about whether they had been receiving regular foot and eye checks. The RP described not identifying anyone as requiring a referral for this. Prescriptions for people prescribed high-risk medicines were not routinely identified so that pharmacist intervention or relevant checks could be made. The RP explained that people newly prescribed these medicines were counselled, however, as there was a local clinic nearby, most people prescribed higher-risk medicines were stable and were regularly checked at the clinic. The pharmacy was therefore not routinely asking about relevant parameters or documenting information about this which could help verify whether any checks had been made. This included information about the International Normalised Ratio (INR) level for people prescribed warfarin.

The pharmacy obtained its medicines and medical devices from licensed wholesalers such as Lexon, DE Midlands, Bestway and Alliance Healthcare. The pharmacy was registered with SecurMed but not yet fully set up to comply with the decommissioning process under the European Falsified Medicines Directive (FMD). Medicines were stored in an organised manner and were described as date-checked for expiry every two to three months. Short-dated medicines were identified using stickers. There were no date-expired medicines seen. However, there was no recent schedule in place to indicate when the checks had taken place. Medicines were stored evenly and appropriately within the fridge. CDs were stored under safe custody. Keys to the cabinet were maintained during the day and overnight in a manner that prevented unauthorised access. The occasional poorly labelled container and loose blister of medicines were also seen. This was discussed at the time. The pharmacy used the Pharmdata database to help identify and manage drug alerts. Stock was checked, and action taken as necessary. An audit trail was available to verify this process.

The pharmacy used designated containers to hold medicines returned for disposal. However, there was no list available for the team to identify hazardous and cytotoxic medicines. People returning sharps for disposal, were referred to the local council. Returned CDs were brought to the attention of the RP, details were noted, the CDs were segregated and stored in the CD cabinet prior to destruction.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has a suitable range of equipment and facilities. This helps it to provide its services safely. It keeps its equipment clean and uses its facilities appropriately to help protect people's privacy.

Inspector's evidence

The team had access to a range of equipment to provide the pharmacy's services. This included current versions of reference sources, counting triangles and clean, crown-stamped, conical measures for liquid medicines. The dispensary sink for reconstituting medicines was clean and there was hot and cold running water available as well as hand wash present. Medicines requiring cold storage were stored at appropriate temperatures within a large medical fridge. Computer terminals in the dispensary were positioned in a manner that prevented unauthorised access. A shredder was available to dispose of confidential waste. Staff used their own NHS smart cards to access electronic prescriptions. They either took them home overnight or stored them securely. There were lockers available for the staff to store their personal belongings.

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.