

Registered pharmacy inspection report

Pharmacy Name: Bellevue Pharmacy, 69 Pershore Road, Edgbaston,
BIRMINGHAM, B5 7NX

Pharmacy reference: 1117032

Type of pharmacy: Community

Date of inspection: 22/05/2019

Pharmacy context

This is a community pharmacy located on the busy Pershore Road, in Birmingham. It is open for 100 hours per week. It sells a range of over-the-counter medicines, dispenses NHS prescriptions and has clients on substance misuse treatment. It also supplies medicines in multi-compartment compliance packs to people living at home.

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 is generally managing the risks associated with its services. It maintains all its records required by law. Its team members understand how they can help to protect vulnerable people. And it has procedures in place to ensure people's private information is protected. But, the pharmacy's written procedures have not been recently reviewed and they do not set out clearly the roles and responsibilities of its team members. This may mean that team members are not always sure about their role or how to undertake certain tasks safely.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOP) for the services it provided. These were last reviewed in 2017. Training records were available to provide confirmation that all staff members had read and signed the SOPs. However, roles and responsibilities were not described within the SOPs. A Responsible Pharmacist (RP) notice was prominently displayed and the pharmacy team members were clear on the tasks they could or could not undertake in the absence of a RP.

The pharmacy kept records of near misses and dispensing errors. Near misses were discussed with the team members as and when they happened. A dispensing error had been recorded in 2017. Records of near misses and dispensing errors were vague and did not include much detail about contributory factors or learning points. This could make it harder for the pharmacy to carry out any meaningful analysis of such events or mitigate future dispensing errors.

The pharmacy had a complaints procedure and information for people about this was advertised in the pharmacy. Results of the survey conducted in 2017-2018 were posted on the NHS website and included actions the pharmacy were taking to address areas for improvement.

The pharmacy had appropriate indemnity insurance arrangements in place. The pharmacy's records for RP, controlled drugs (CDs), private prescriptions and unlicensed specials were maintained in line with requirements. CD running balances were checked weekly and any manufacturer's overage was accounted for and documented in the register. The physical stock balance of an item checked at random matched the recorded balance in the register.

The pharmacy had an information governance (IG) policy and its team members had signed a confidentiality agreement. But they could not recall if they had completed training about the General Data Protection Regulation (GDPR). The pharmacy's confidential waste was shredded and people's personal details on the prescriptions awaiting collection were not visible to the public.

A safeguarding policy was in place and the locum pharmacist on duty had completed level 2 safeguarding training. 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.

Principle 2 - Staffing ✓ Standards met

Summary findings

Members of the pharmacy team have the appropriate skills and qualifications for their roles. And they are supportive of each other and work well together. They are supported by the superintendent pharmacist and undertake ongoing training. This helps them keep their knowledge and skills up to date.

Inspector's evidence

A regular locum pharmacist and a dispenser were working at the time of the inspection. The team members were working well together and supporting each other. The pharmacy was quiet, and the team were managing their workload adequately. The superintendent pharmacist (SI) was the RP for approximately 50% of the pharmacy's opening hours and regular locum pharmacists were employed to cover the rest of the pharmacy's opening hours.

Member of the pharmacy team said that the SI gave regular feedback on staff performance and staff appraisals were conducted informally. The pharmacy team members had access to counter skills books, trade magazines and journal articles to help keep their skills and knowledge up to date. The pharmacy did not routinely keep records of training undertaken by its team members.

The dispenser described the questions he would ask when selling over-the-counter medicines and when he would refer people to a pharmacist; for example, requests for morning after pill or repeated requests for medicines that were liable to abuse.

Members of the pharmacy team said they had worked for the pharmacy for number of years and felt very comfortable to discuss any concerns they may have with their superintendent pharmacist who worked most days with them and was very approachable. The locum pharmacist did not have any specific targets or incentives set.

Principle 3 - Premises ✓ Standards met

Summary findings

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

Inspector's evidence

The front fascia of the pharmacy appeared dated but was adequately maintained. The shutters were daubed with graffiti. The pharmacy had not received a refit for some time, and this was reflected in the appearance of some of its fixtures and fittings.

The dispensary was clean and there was adequate storage and bench space to allow safe working. The dispensary's workstation was kept tidy and stock medicines were stored in an organised fashion. A well-screened consultation room was available for private conversations and counselling. But the room doubled-up as an office and staff room. The room was somewhat cluttered, and this detracted from the image presented.

Members of the pharmacy team had access to adequate hygiene facilities. The heating, lighting and ventilation were adequate, and the pharmacy was secured against unauthorised access when it was closed.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally provides its services safely and effectively. The pharmacy obtains its medicines and medical devices from reputable sources. It stores them in accordance with legal requirements and at the appropriate temperature. But some people who receive higher-risk medicines may not be getting all the information they need to take their medicines safely. And the pharmacy has not kept recent records of what it has done in response to safety recalls, making it harder for the pharmacy to show that it always takes the right action to protect people's health and wellbeing.

Inspector's evidence

The entrance to the pharmacy was at street level and was step free. The retail area of the pharmacy was clear of slip or trip hazards and could accommodate wheelchairs and prams. And there was some seating available for people waiting for services. The pharmacy team members used their local knowledge to signpost people to other providers if a service required was not offered at the pharmacy. Members of the pharmacy could speak to people in several languages including Urdu and Punjabi. The pharmacy offered a delivery 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 supplied medicines in disposable multi-compartment compliance packs to approximately 100 people who had difficulties in managing their medication. The pharmacy kept electronic records for each individual who received compliance packs and these listed the medicines and administration timings. Prescriptions were checked against these records and any anomalies were raised with the surgery. Descriptions of individual medicines contained within the compliance packs and a dispensing audit trail were both present on the packs checked. A member of the pharmacy team confirmed that people were supplied with patient information leaflets each month.

The pharmacy had some clients who received substance misuse treatment. The instalments doses were prepared in advance to reduce the waiting time and clients were routinely advised to store their medicines safely and to keep their medicines out of the reach and sight of children. Clients were monitored for any missed doses and concerns were shared with the local community drug team.

The locum pharmacist 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 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 like gabapentin and tramadol were not marked with their validity dates. This may increase the chances of medicines being handed out after the prescription has expired. The pharmacy had stickers available to mark prescriptions for higher risk medicines but these were not used routinely. For example, prescriptions for warfarin were not marked and member of

the pharmacy team said that the therapeutic monitoring (INR) levels were not recorded routinely on the patient's medication records. This could make it harder for the pharmacists to demonstrate that they have provided appropriate advice to people if there was a future query.

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 locum pharmacist was not sure when the pharmacy was planning to implement FMD.

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 recalls by email. Members of the pharmacy team explained how they checked the stock and recorded any action taken. But records of recent recalls or the action taken had not been kept. A drug alert folder in the pharmacy showed that the last recall was actioned in 2018.

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

A range of crown stamped glass measures and equipment for counting loose tablets and capsules were available at the pharmacy. The pharmacy had access to the internet and various other reference sources. The pharmacy did not yet have the appropriate equipment in place to comply with the FMD.

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.

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.