

# Registered pharmacy inspection report

**Pharmacy Name:** Five Ways Pharmacy, 192A St. Vincent Street West,  
Ladywood, BIRMINGHAM, B16 8RP

**Pharmacy reference:** 1119029

**Type of pharmacy:** Internet / distance selling

**Date of inspection:** 23/10/2023

## Pharmacy context

This is a pharmacy which provides its services at a distance. It is situated in a residential area in Birmingham. The pharmacy dispenses prescriptions and it supplies medicines in multi-compartment compliance packs to some people who need assistance in taking their medicines at the right time. And it also offers seasonal flu and Covid-19 vaccinations on-site.

## 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	N/A	N/A	N/A
<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

Overall, the pharmacy delivers its services safely. It keeps the records required by law to show that medicines are supplied safely and legally. Its team members record and review their mistakes so that they can learn and improve from these events. They keep people's private information securely and they understand how to respond to concerns about vulnerable people. The pharmacy has written instructions to help make sure its services are delivered safely and effectively. But these haven't been reviewed recently, so its team members may not be following current best practice.

### Inspector's evidence

The superintendent pharmacist (SI) was the responsible pharmacist (RP) on duty on the day of the inspection. The workflow in the pharmacy was organised and the team was managing the workload comfortably. The correct RP notice was on display and the dispenser understood her role and responsibilities. And she could explain the tasks she could or could not undertake in the absence of a pharmacist. The pharmacy had a range of standard operating procedures (SOPs) that were due to be reviewed in 2019. The SI said that she was in the process of implementing new SOPs over the next few months.

Team members routinely recorded and reviewed dispensing mistakes that were detected before the medicines left the pharmacy (near misses). The records viewed showed that team members had reflected on how a mistake had happened and actions were taken to prevent similar events in the future. The SI said that higher-risk medicines such sodium valproate and medicines with similar names or similar packaging, such as omeprazole and olanzapine, paroxetine and pantoprazole had been marked with cautionary stickers and separated to minimise chances of picking errors. The pharmacy had procedures for recording, reporting, and reviewing dispensing mistakes that had reached people (dispensing errors) and team members were aware of this.

The pharmacy's contact details and a link to report complaints were available on its website. And it was registered with the Information Commissioner's Office. Team members used their own NHS smart cards to access electronic prescriptions. Confidential information was stored securely, and confidential waste was managed appropriately. The pharmacy had recently completed the NHS Digital Data Security and Protection tool kit.

The pharmacy had current professional liability and public indemnity insurance. Records about controlled drugs (CDs) were kept in line with requirements. CD running balances were kept and audited at regular intervals. The pharmacy had a separate register for patient-returned CDs. The stock of a randomly selected CD matched the recorded balance in the register. Records about RP and private prescriptions were in order. The SI had completed Level 2 training about safeguarding. And contact details for safeguarding agencies were available. A chaperone policy was on display in the pharmacy's consultation room.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its current workload. Team members work well together, and they have access to some training resources to help keep their skills and knowledge up to date.

### Inspector's evidence

The SI was the RP on duty on the day of the visit and she was supported by a qualified full-time dispenser. The pharmacy also employed two other part-time dispensers who were not on duty at the time of the inspection. The team was managing the workload well and team members were working well together. Team members received some informal training, such as updates on new medicines and journal articles from pharmacy magazines to help keep their skills and knowledge up to date. The dispenser said that she felt comfortable about raising concerns or making suggestions to help improve pharmacy's services. The SI completed her annual mandatory continuous professional development (CPD) to help keep her knowledge and skill up to date. There were no targets or incentives set for team members.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are adequate for the services it provides. And they are kept secured against unauthorised access.

### Inspector's evidence

The pharmacy had a reception area and a consultation room which were located by the entrance of the pharmacy. The dispensary was fitted to an adequate standard. It had enough space to store medicines safely and undertake the pharmacy's current dispensing workload efficiently. Access to the dispensary was restricted to authorised personnel only and it was not visible to members of the public attending the pharmacy for advanced services. The premises were well lit, and the ambient temperatures were suitable for storing medicines. The premises could be secured against unauthorised access. The pharmacy's website included the SI's name and registration number. And it also included the address of where the medicines were supplied from.

## Principle 4 - Services ✓ Standards met

### Summary findings

Overall, the pharmacy manages its dispensing services safely. It obtains its medicines from reputable sources and stores them correctly. It takes the right action in response to safety alerts and recalls so that people get medicines that are fit for purpose.

### Inspector's evidence

The pharmacy provided its dispensing service at a distance, and members of the public could access this service via the internet or telephone. Its current activity was predominantly dispensing NHS prescriptions. It also provided flu and Covid-19 vaccination services which members of the public attended the pharmacy for in person. The pharmacy was not linked with any on-line prescribers and it did not sell or supply any pharmacy-only medicines from its website. Team members used their professional judgement to signpost people to their GP or other local service providers where appropriate. The pharmacy offered a delivery service, and an audit trail was kept for all deliveries to ensure medicines were delivered safely and correctly. The pharmacy's three delivery drivers had completed NPA training about delivering medicines safely.

Team members used baskets during the dispensing process to prioritise workload and minimise the risk of prescriptions getting mixed up. 'Owing' notes were issued to people to keep an audit trail when prescriptions could not be supplied in full when first dispensed.

The pharmacy's multi-compartment compliance pack service was organised and these packs were assembled in a separate room to minimise risk from interruptions. Most of the dispensed packs seen were labelled appropriately and included descriptions of medicines so that people and their carers could identify individual medicines. Patient information leaflets were routinely supplied. Vulnerable people or those not stabilised on their current medication were supplied with weekly packs. Medicines with variable doses such as methotrexate, warfarin or 'when required' medicines were generally supplied as original packs.

Team members were aware about pregnancy prevention advice to be given to people in the at-risk group when supplying sodium valproate. The stock packs on the shelf included warning cards and alert stickers. And additional leaflets and safety stickers were available in the dispensary. The SI was aware of recent MHRA guidance about original pack dispensing of valproate-containing medicines. The pharmacy did not supply sodium valproate in multi-compartment compliance packs.

The pharmacy got its medicines from licensed suppliers. Medicines were generally stored tidily on shelves in the dispensary. Waste medicines were stored in designated bins. Short-dated medicines were highlighted and when checked, there were no date-expired medicines found amongst in-date stock. Temperature-sensitive medicines were stored in the pharmacy's fridges. Maximum and minimum fridge temperatures were monitored and recorded and the records seen showed that these had remained within the required range of 2 and 8 degrees Celsius. All CDs were stored securely and in line with requirements. Access to the CD cabinet was appropriately managed. Patient-returned CDs and obsolete CDs were well separated from in-date stock. The pharmacy had a process to deal with safety alerts and medicines recalls. Records of these and the action taken by the team members were kept, providing an audit trail.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. And it maintains its facilities and equipment well.

### Inspector's evidence

The pharmacy had an internet connection and team members had access to current reference sources. All electrical equipment appeared to be in good working order and well-maintained. The pharmacy had calibrated glass measures available for measuring liquid medicines. The equipment for counting loose tablets and capsules was clean. Medicine containers were capped to prevent contamination.

### What do the summary findings for each principle mean?

Finding	Meaning
<span style="color: green;">✓</span> <b>Excellent practice</b>	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.
<span style="color: green;">✓</span> <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✓</span> <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.