

Registered pharmacy inspection report

Pharmacy Name: Brettell Lane Pharmacy, 108B Brettell Lane,
STOURBRIDGE, West Midlands, DY8 4BS

Pharmacy reference: 1121458

Type of pharmacy: Community

Date of inspection: 29/05/2019

Pharmacy context

The pharmacy is located in the outskirts of Stourbridge. The pharmacy provides a range of services including the provision of services to substance misuse clients, a repeat prescription collection and delivery service for patients, medicines dispensed in multi-compartment compliance aids for community patients, medicines use reviews, new medicine service, minor ailments service, a local alcohol awareness scheme and NHS health checks.

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

Staff follow written instructions to help make sure they work in a safe and effective way. The pharmacy team members record mistakes they make so that they can learn from them. And action is taken to help stop the same sort of mistakes from happening again. The pharmacy keeps the records that are required by law and they are generally well maintained.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs). The SOPs specifically defined the roles and responsibilities of all of the staff. Training records in the SOP folder had been signed by all staff to show they had read and understood the SOPs relevant to their roles.

The director said that any dispensing errors were recorded and reported to the superintendent pharmacist using the reporting form available. Completed forms were printed off and available for reference. They were also reported using the National Reporting and Learning System (NRLS). A recent dispensing error that had been reported was where risperidone 1mg tablets had been dispensed instead of ropinirole 1mg tablets. To avoid this happening again, the medicines were separated on different shelves.

A near miss record was available. The director confirmed that individuals involved were always made aware. A common near miss that had occurred was propranolol and prednisolone being mixed up. Stock had been separated on different shelves to help avoid this from happening. The error records were reviewed once a month and safety reports were completed to identify trends and learning points. The director said these were discussed with staff. A recent trend that had been identified was that errors often involved medicines with similar names. This had been discussed with staff and where specific risks had been identified the stock had been moved to make sure the products were clearly separated.

A responsible pharmacist (RP) notice was displayed. When questioned, the trainee dispenser was aware she could not sell P medicines in the absence of the RP or hand out any dispensed medication. A complaints procedure was in place. There was a current professional indemnity insurance certificate available.

Responsible pharmacist records were available and were up to date. The CD registers were in order and running balances were recorded and checked regularly. The patient returned CDs register was in order. Emergency supplies and private prescriptions were recorded. But, the details of the prescriber, the date of supply and the date of issue were missing from some private prescription records. This information is required by law to provide a complete audit trail.

A pharmacist said staff were provided with information governance training when they started working in the pharmacy and when any changes occurred such as General Data Protection Regulation training. Confidential waste was collected in a bin and shredded periodically. The patient medication records (PMR) were protected with username and password access. Confidential information such as prescription repeats were stored securely. Prescriptions awaiting collection were not visible from the medicines counter. Staff had access to their own Smart cards which were kept on their person when

not in use and stored securely overnight.

The two pharmacists and the trainee technician had completed CPPE level 2 safeguarding training. The trainee dispenser had read the Safeguarding and Child protection SOPs and had prior knowledge on the subject before working in the pharmacy. The director said he would report any concerns to the superintendent and the local safeguarding team using the contact details that were available in the dispensary.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough staff to manage the pharmacy's workload. And pharmacy team members receive the training they need for the work they do.

Inspector's evidence

Two pharmacists were present - one was a director and the other a locum pharmacist who worked regularly at the pharmacy. The pharmacy employed two pharmacists in a job share position to cover the working hours when the pharmacy was open. The locum pharmacist worked as a second pharmacist three days a week.

The pharmacy also employed a trainee dispenser, a dispenser who was training as a technician, a work experience student (working in branch for two months) who helped on Saturday and a delivery driver. The work experience student was always supervised by the pharmacist on duty.

The staff appeared to be able to comfortably manage their workload during the inspection and the staffing levels appeared adequate to handle the level of business. The trainee dispenser was able to describe appropriate questions she would ask when selling medicines and she was clear about the circumstances under which she would seek advice from the pharmacist. She said anyone requesting medication over the counter would always be asked WWHAM questions to check whether it was suitable for them. She was aware that codeine and pseudoephedrine products might be abused and said she would always ask the pharmacist to approve the sale, if she was unsure.

Staff had access to various learning booklets received through the post and completed some, but not on a regular basis. No records were kept to show what had been done. Ongoing training was not provided in a structured or consistent manner so training needs may not always be identified or addressed.

The dispensary team appeared to work closely together, and all staff said they would feel very comfortable talking to the pharmacists about any concerns they might have. Staff said they got on well together and were able to informally make suggestions or criticisms. They had direct access to head office should they need to raise any concerns. Appraisals were carried out every six months. No specific incentives or targets were set.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy environment is safe and appropriate for the services provided.

Inspector's evidence

The pharmacy was clean and tidy. The pharmacy was an adequate size for the volume of work. There was a cleaning checklist in place for tasks to be completed. Staff shared the responsibility for cleaning and regularly cleaned floors, workbenches and shelves.

There were designated areas for the unpacking of medicine orders, assembly of prescriptions, assembly of multi-compartment compliance aids and checking of prescriptions. There was a separate area only accessible for staff members where they could take their rest breaks.

A consultation room was available for private consultations and counselling. There was a dispensary sink for medicines preparation, and separate sinks in the toilet and in the consultation room, all had hot and cold running water. There was adequate lighting in the dispensary. There was a seating area in the retail area for patients to be seated whilst waiting for their prescriptions.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a range of services and takes steps to make them easy to access. The pharmacy's working practices are generally safe. But the pharmacy team may not always know when higher risk medicines are being handed out. So, they may not always make extra checks to be sure that they are still needed. The pharmacy obtains its medicines from appropriate suppliers and keeps them safely. And the team regularly checks the medicines to make sure they are in good condition.

Inspector's evidence

Entrance to the pharmacy was via a flat surface and a single door. Healthcare posters were clearly displayed in the pharmacy window and in the retail area. Various health care leaflets were on display in the retail area and in the consultation room. The opening hours for the pharmacy were displayed at the entrance.

Staff were aware of the need to signpost patients requiring services not available at the pharmacy. An example was given that patients who needed to dispose of used sharps were signposted to the local council who arranged for their collection.

The pharmacy offered a delivery service. Signatures were obtained from the recipient to provide an audit trail. If there was a fridge item or a CD item to be delivered, this was indicated by a sticker or note affixed to the delivery sheet. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy.

Dispensed medicines awaiting collection were stored in a retrieval system and prescription forms were filed separately so that they could be retrieved when the medicines were handed out. Stickers were used to indicate when a fridge line or CD needed to be added.

The pharmacist said that he identified schedule 3 and 4 CD prescriptions by writing a note in the corner of the prescription form. But, there were prescriptions for zopiclone 3.75mg tablets (expiry 16 May) and diazepam 5mg (expiry 29 May) present in the retrieval system that were not highlighted, so staff would not be aware that they needed to check if the prescription was in date at the time of supply. This meant there was a risk that the medicines could be supplied after the prescriptions had expired. High risk medicines such as lithium were not highlighted, so staff may not be aware when they were being handed out and patients may not be appropriately counselled.

An audit had been carried out to identify any valproate patients who may become pregnant and one patient was identified. The pharmacist confirmed that the patient had been counselled about the pregnancy prevention programme. There was educational material available to provide to the patient but both pharmacists were unaware that patients should be counselled, and educational material should be provided every time the medicines were dispensed. So, patients taking this medication may not always be provided with all relevant information.

Dispensing labels were initialled by the dispenser and checker to provide an audit trail. Baskets were used to separate different prescriptions to avoid them being mixed up during dispensing. Multi-compartment compliance aids were used to dispense medicines for some patients who had compliance

difficulties, and these were organised into a four week system. The compliance aids were labelled with descriptions to enable identification of the individual medicines. The dispenser and checker signed checking boxes on the compliance aids to provide a clear audit trail. Staff confirmed patient information leaflets were always supplied with compliance aids at the beginning of the month.

Stock medicines were stored in an orderly fashion. Medicines were obtained from licensed wholesalers and specials were obtained from a special's manufacturer. Expiry date checks of medicines in stock were carried out regularly and documented. Stickers were in use for near dated medication that needed to be used first. Some stock packs were found to contain mixed batches and expiry dates. These included: - carbidopa/levodopa 25mg/100mg mr tablets and flecainide 50mg tablets. This does not meet statutory labelling requirements and may increase the risk of error. Open dates were indicated on part opened bottles. Waste medication was disposed of in designated bins for storing waste medicines which were collected quarterly.

Scanners and software were in place to meet the safety requirements of the Falsified Medicines Directive, but they were not yet operational, so the pharmacy was not able to comply with legal requirements. Pharmacy team members had been given some training about the procedure they would need to follow. The medicines fridge was equipped with a thermometer and temperatures were checked daily and recorded. The records showed the temperatures had remained within the required range. Fridge stock items were kept clearly segregated from dispensed items awaiting collection.

Pharmacy medicines were stored behind the medicine counter so that sales could be controlled. There was a CD cupboard in use. Obsolete CD stock and patient CD returns that required destruction were separated from other CD stock items. Drug alerts were received by email from the superintendent and the MHRA. They were printed off, signed by staff when they had been actioned and then filed.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy team has the equipment they need for the services they provide.

Inspector's evidence

A range of crown stamped conical measures were available including some that were used only for the measurement of CDs. There was a counting triangle available only for counting methotrexate tablets which was cleaned after each use. There were current reference resources in use such as a BNF, a Children's BNF and a Drug Tariff.

The pharmacist used online resources to access the electronic medicines compendium to reproduce patient information leaflets. The pharmacist also used patient.co.uk, NHS choices and electronic copies of the BNF and Children's BNF. All Electrical equipment appeared to be in good working order.

Patient medication records were stored on the pharmacy computer, which was password protected. The dispensary was clearly separated from the retail area and afforded good privacy for the dispensing operation and any associated conversations or telephone calls.

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.