

Registered pharmacy inspection report

Pharmacy Name: Tower Hill Pharmacy, 435 Walsall Road, Perry Barr,
BIRMINGHAM, B42 1BT

Pharmacy reference: 1121889

Type of pharmacy: Community

Date of inspection: 07/03/2023

Pharmacy context

This busy pharmacy is situated within Tower Hill Partnership Medical Centre in the Perry Barr area of Birmingham. People who use the pharmacy are from the local community and a home delivery service is available. The pharmacy dispenses NHS prescriptions, and it provides a range of other NHS funded services including treatments for minor ailments, seasonal 'flu vaccinations, and sexual health services. Private services are also available, and these include travel vaccinations, and ear wax removal. The pharmacy team dispenses some medicines into multi-compartment compliance packs for people to help make sure they remember to take them.

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 effectively manages the risks associated with its services to make sure people receive appropriate care. Members of the pharmacy team follow written procedures to make sure they work safely. They record their mistakes so that they can learn from them, and they make changes to stop the same sort of mistakes from happening again. The pharmacy team keeps people's information safe and team members understand their role in supporting vulnerable people.

Inspector's evidence

A range of bespoke standard operating procedures (SOPs) were in place which covered the activities of the pharmacy and the services provided. Signature sheets were used to record staff training. The SOPs had been designed in a flow-chart format and the team said that this made them easy to refer to. Roles and responsibilities were highlighted within the SOPs.

The pharmacy used an online near miss recording tool and the dispenser involved was responsible for correcting their own error to ensure they learnt from the mistake. The superintendent (SI) explained that the pharmacists discussed the near miss with the dispenser at the time and asked them to reflect on why the mistake may have occurred before recording it using the tool. A pharmacist reviewed the near miss record on a regular basis and identified any patterns or trends and how they could be addressed. The outcome was also discussed with the pharmacy team so that they were all aware. The pharmacy team were each sent a summary of their personal near misses every two months so that they could review their dispensing accuracy and learn from any mistakes they might make. A dispensing assistant gave some examples of different types of mistakes and demonstrated some examples of how he had adapted his working practices to try and avoid the same mistake happening again. There was an SOP for investigating dispensing incidents and these were recorded and reviewed. An annual patient safety report had been recently produced for the NHS Pharmacy Quality Scheme (PQS).

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A medicines counter assistant correctly answered hypothetical questions related to high-risk medicine sales and safeguarding.

People could give feedback to the pharmacy team in several different ways; verbal, written and through the pharmacy's website. The pharmacy team tried to resolve issues that were within their control and would involve one of the senior members of the pharmacy team if they could not reach a solution.

The pharmacy had up-to-date professional indemnity insurance. The Responsible Pharmacist (RP) notice was clearly displayed, and the RP log met requirements. Controlled drug (CD) registers were in order and a random balance check matched the balance recorded in the register. Private prescription and emergency supply records were seen to comply with requirements. Specials records were maintained with an audit trail from source to supply.

Confidential waste was stored separately from general waste and destroyed securely by a specialist company. The pharmacy team members had their own NHS Smartcards and they confirmed that passcodes were not shared. The pharmacists had completed level three training on safeguarding. The

pharmacy team understood what safeguarding meant. A medicine counter assistant gave examples of types of concerns that she may come across and described what action she would take.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage the workload and the services that it provides. The team members plan absences in advance, so the pharmacy has enough cover to provide the services. The team works well together in a supportive environment, and team members can raise concerns and make suggestions.

Inspector's evidence

The pharmacy support team comprised of the pharmacy manager (dispensing assistant), nine dispensing assistants, an apprentice, three pharmacy students, two medicine counter assistants, an administrative assistant and two home delivery drivers. There were four regular pharmacists, including the superintendent (SI) working across the extended opening hours and the pharmacy operated with either two or three pharmacists across the busy parts of the day.

The pharmacy manager co-ordinated annual leave requests and the rotas for the support team and asked members of the team to adjust their hours or work overtime when there were gaps in the rota due to annual leave or sickness. The pharmacy manager planned the rotas well in advance to ensure there was sufficient staffing to meet the high volume of prescriptions dispensed by the pharmacy and the extended opening hours. Several members of the team worked part time and were available to work additional hours as required. Pharmacy students worked part time and could also work additional hours across the busier periods including Easter, Christmas and summer holidays..

The pharmacy team worked well together during the inspection and were observed helping each other and moving from their main duties to help with more urgent tasks when required. Tasks were delegated to different members of the team so that the workload was well managed, and this allowed the pharmacists to carry out tasks that only they were able to do, such as checking prescriptions and carrying out services. Pharmacy team members completed ongoing training and training needs were identified to align with new services, seasonal events and the NHS Pharmacy Quality Scheme (PQS). The team had annual appraisals with the SI.

The pharmacy staff said that they could raise any concerns or suggestions with the pharmacist manager and felt that they were responsive to feedback. Team members said that they would speak to other members of the team, contact head office or GPhC if they ever felt unable to raise an issue internally. The pharmacists were observed making themselves available throughout the inspection to discuss queries with people and giving advice when they handed out prescriptions, or with people on the telephone. No targets were set for professional services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe and secure environment for people to receive healthcare services. The pharmacy team has access to consultation rooms for services such as vaccinations, and if people want to have a conversation in private.

Inspector's evidence

The premises were smart in appearance and appeared to be well maintained. Any maintenance issues were reported to the superintendent who had a list of local contractors that were available for different jobs. The dispensary was a good size for the services provided and an efficient workflow was seen to be in place. Dispensing and checking activities took place on separate areas of the worktops. A dispensing robot was due to be installed later in 2023.

There were two private consultation rooms available which were used by the pharmacists during the inspection. The consultation rooms were professional in appearance. There was an additional consultation room which was used as an office but could be used as a consultation room if it was required.

The pharmacy had an air conditioning system which heated and cooled the pharmacy. The system regulated the air temperature to ensure it was within a suitable and comfortable range. Lighting was adequate for the services provided. The pharmacy was clean and tidy with no slip or trip hazards. The sinks in the dispensary and staff areas had hot and cold running water, hand towels and hand soap available. Cleaning was carried out by the pharmacy team. Prepared medicines were held securely within the pharmacy premises and pharmacy medicines were stored behind the medicines counter.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a range of healthcare services which are easy for people to access. It manages its services and supplies medicines safely. The pharmacy obtains its medicines from licensed suppliers, and it stores them securely and at the correct temperature, so they are safe to use. People receive appropriate advice about their medicines when collecting their prescriptions.

Inspector's evidence

The pharmacy had step free access through two entrances and there was a free car park. A home delivery service was available for patients who could not access the pharmacy. The pharmacy was within Tower Hill Partnership Medical Centre, and it opened extended hours across seven days. The pharmacy staff referred people to other local services when necessary. They used local knowledge and the internet to support signposting. The pharmacy team had a good rapport with people using the pharmacy and were observed offering medicines information and other advice throughout the inspection. Many of the people using the pharmacy knew the team by name. The pharmacy had a website that advertised the services that they offered, opening hours, and contact information. There was an online booking tool on the website for some services.

A private travel clinic was in operation and patient group directions (PGDs) were used to supply malaria prophylaxis and travel vaccinations. Consent was obtained prior to administering vaccinations and records were maintained. One of the pharmacists was accredited to offer these treatments. They had completed online training and were named on the electronic PGDs. The pharmacy offered a private ear wax microsuction service which was popular.

NHS PGDs were also available and these covered minor ailments such as conjunctivitis, infected eczema, and urinary tract infections. The local surgery had been informed of the conditions that were included so that people who were requesting a GP appointment could be referred to the pharmacy. People were often seen quicker than if they had been offered a surgery appointment. The NHS minor ailment scheme (MAS) was popular, but it was finishing at the end of the financial year.

The pharmacy dispensed a high volume of NHS prescriptions and prescriptions were generally ready when people expected them to be. Considering the workload, there were very few queries related to prescriptions not being ready or incomplete when people attended the pharmacy to collect them. Items were dispensed into baskets to ensure prescriptions were not mixed up together. Staff signed the dispensed and checked boxes on medicine labels, so there was a dispensing audit trail for prescriptions. Notes were attached to medication when there was additional counselling required or extra items to be added to the bag. The team were aware of the risks associated with the use of valproate during pregnancy, and the need for additional counselling. Patient cards and counselling materials were available. The original prescription for any items owing and an owing docket was kept until hand out to allow for any counselling to be given.

Multi-compartment compliance packs were used to supply medicines for some patients. Prescriptions

were ordered in advance to allow for any missing items to be queried with the surgery ahead of the intended date of supply. The pharmacy ordered the medicines that went inside the packs, and people contacted the pharmacy to order their external items to reduce wastage. A sample of dispensed compliance packs were seen to have been labelled with descriptions of medication and patient information leaflets (PILs) were sent with each supply. The dispensing assistant used a common-sense approach when talking to people about changes to compliance packs and did what was best for the patient.

Date checking took place regularly and no out of date medication was seen during the inspection. There was a date checking record. Medicines were stored in an organised manner on the dispensary shelves. There was evidence of the team putting mixed batches of medicines within the same stock boxes which meant that there was a risk that date expired or recalled stock would not be identified if it was in another container. Split liquid medicines with limited stability once they were opened were marked with a date of opening. Patient returned medicines were stored separately from stock medicines in designated bins. Medicines were obtained from a range of licenced wholesalers and the pharmacy was alerted to drug recalls via emails from the MHRA. The CD cabinets were secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. Fridge temperature records were maintained, and records showed that the pharmacy fridges were usually working within the required temperature range of 2°C and 8°Celsius.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. And the team uses equipment in a way that keeps people's information safe.

Inspector's evidence

The pharmacy had access to a range of up-to-date reference sources, including the BNF. Internet access was available. Patient records were stored electronically and there were enough terminals for the workload currently undertaken. A range of clean, crown stamped measures were available. Separate measures were used for the preparation of methadone. Counting triangles were available. The equipment for the ear wax microsuction service was regularly cleaned and maintained. Computer screens were not visible from the counter and members of the public could not access the dispensary. Cordless telephones were in use and staff were observed taking phone calls in the back part of the dispensary to prevent people using the pharmacy from overhearing.

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.