

# Registered pharmacy inspection report

**Pharmacy Name:** M W Phillips Chemists, 158 Old Oscott Lane,  
BIRMINGHAM, B44 8TS

**Pharmacy reference:** 1126025

**Type of pharmacy:** Community

**Date of inspection:** 20/07/2022

## Pharmacy context

This pharmacy is situated on a row of shops, near other local services and residential properties in the Old Oscott 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 other NHS funded services such as the Community Pharmacist Consultation Service (CPCS). The pharmacy team provides some medicines in multi-compartment compliance packs to help make sure people remember to take them, and these packs are dispensed at a nearby pharmacy.

## 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

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

The responsible pharmacist (RP) and the dispensing assistant had worked at the pharmacy for around four-weeks. The RP had already been working for the company elsewhere, so she understood its processes and procedures and she gave examples of some of the changes that had been made since she had started working there. The dispensing assistant was experienced in her role, but she was new to the company. Despite the relatively short period of time that they had worked at the pharmacy the team members had been proactive in that time and they appeared to have developed a good rapport with the people that used the pharmacy. And they had implemented some additional company processes, could locate the relevant paperwork, and had started to rearrange and improve the pharmacy layout.

A range of 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 and the RP had countersigned the signature sheets as evidence that pharmacy team members were working in accordance with them. The SOPs had been prepared and approved by the Superintendent Pharmacist (SI) and they contained a date for the next review. Roles and responsibilities were highlighted within the SOPs. An additional SOP had been created for the 'hub and spoke' multi-compartment compliance pack process which helped the pharmacy teams to understand what they were required to do. Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. The dispenser correctly answered hypothetical questions related to high-risk medicine sales.

Near miss logs were used, and the dispenser involved was responsible for correcting their own error to ensure they learn from the mistake. The near miss report contained notes with each near miss to aid the monthly review process. Previous logs were available for reference, but it was unclear if they had been reviewed. The RP was aware of this, and her intention was to review the log at the end of each month with the dispensing assistant. The pharmacy team members were aware of LASA (look alike, sound alike) medicines and common dispensing incidents and were using this knowledge as they were rearranging the dispensary layout. The RP explained the process for incident reporting, and she would involve colleagues from head office during the review process.

The pharmacy's complaints process was explained in the SOPs and people could give feedback to the pharmacy team in several different ways; verbal, written or by contacting head office. The pharmacy team members tried to resolve issues that were within their control and would head office if they could not reach a solution. There had been some changes to the pharmacy team members, and they had

made notes about the patient's preferences on the patient medication record (PMR) to help with continuity.

The pharmacy had up-to-date professional indemnity insurance. The Responsible Pharmacist (RP) notice was 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 specials records were seen to comply with requirements.

Confidential waste was stored separately from general waste and destroyed securely. The pharmacy team had their own NHS Smartcards and confirmed that passcodes were not shared. The RP had completed the Centre for Pharmacy Postgraduate Training (CPPE) on safeguarding and the details of local safeguarding bodies were available.

## 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 always has enough cover to provide the services. They work well together in a supportive environment, and they can raise concerns and make suggestions.

### Inspector's evidence

The pharmacy team comprised of a regular locum pharmacist working three days a week (RP at the time of the inspection), dispensing assistant, and a trainee medicines counter assistant. Delivery drivers were shared with other MW Phillips pharmacies. Holidays were requested by submitting the request to head office in advance and cover was provided by 'floating' staff members as required. The floating team were employed by the company and trained on the processes and procedures, so they were able to work in any of the company's pharmacies to provide cover for annual leave or sickness. The dispensing assistant had originally been employed to join the floating team but had filled the vacancy at this pharmacy when it had arisen. The trainee counter assistant had worked at the pharmacy for around five months and was enrolled on an accredited training programme.

Probation reviews were completed by a manager from head office and the pharmacy team said that they felt supported by people from head office, and other local MW Phillips pharmacies. The pharmacy team worked well together during the inspection and were observed helping each other and serving on the healthcare counter when people came into the pharmacy. The team discussed any pharmacy issues with each other as they arose and had regular informal meetings within the dispensary during quieter times.

The pharmacy staff said that they could raise any concerns or suggestions with the RP, head office or SI. The RP was observed making herself available to discuss queries with people and giving advice when she handed out prescriptions or when speaking to people on the telephone. Targets were in place for services; the RP explained that she would use her professional judgment to offer services.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare services. The pharmacy team uses a consultation room for some services 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 head office. The dispensary was an adequate size for the volume of dispensing undertaken, and an efficient workflow was seen to be in place. Dispensing and checking activities took place on separate areas of the worktops. There was a private soundproof consultation room which was professional in appearance. The door to the consultation room was positioned to prevent unauthorised access. Prepared medicines were held securely within the dispensary and pharmacy medicines were stored behind the medicines counter, so sales were supervised.

The dispensary was clean and tidy with no slip or trip hazards evident. The pharmacy was cleaned by the pharmacy team. The sinks in the dispensary and staff areas had hot and cold running water. Hand towels and hand soap were available. The pharmacy had air conditioning and the temperature felt comfortable during the inspection despite the outside temperature being unseasonably warm. The lighting was adequate for the services provided.

## 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 stores them securely and at the correct temperature, so they are safe to use. People receive advice about their medicines when collecting their prescriptions.

### Inspector's evidence

The pharmacy had a small step from the pavement and a portable ramp was available to help people that required it. A home delivery service was offered to people who could not easily access the pharmacy. The pharmacy staff referred people to local services when necessary. They used local knowledge and the internet to support signposting. The local MW Phillips pharmacies used a group messaging service to check whether any other pharmacy had medicines in stock if they were unavailable from the wholesalers. If they could not obtain the medication they offered to contact the surgery on behalf of the patient to request an alternative that was available.

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 and stickers 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 delivery driver maintained delivery records so that the pharmacy team could see when a prescription had been delivered if there was a query.

Multi-compartment compliance packs were dispensed at another pharmacy owned by MW Phillips ("the hub") and delivered back to the pharmacy ("the spoke") for onward supply. The spoke pharmacy was responsible for ordering the prescriptions from the surgery, querying any changes and uploading the prescription information correctly to the computer system. The hub pharmacy assembled the compliance packs using the information uploaded, did an accuracy check against the information supplied and returned the packs to the spoke pharmacy. The RP at the spoke pharmacy then clinically and accuracy checked the prescription once any additional items, such as creams and inhalers, had been dispensed. The RP explained that the hub and spoke model gave them more time in the pharmacy to focus on dispensing urgent prescriptions and other pharmacy services.

No out-of-date medication was seen during the inspection and the dispensary was being date checked as it was rearranged. Medicines were stored in an organised manner on the dispensary shelves. All medicines were observed being stored in their original packaging. 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 cabinet was secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside the cabinet. 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. The team uses this 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 and the children's 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. Computer screens were not visible to the public as 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.