

Registered pharmacy inspection report

Pharmacy Name: M W Phillips Chemists, Sutton Park Surgery, 34
Chester Road North, Sutton Coldfield, West Midlands, B73 6SP

Pharmacy reference: 9010033

Type of pharmacy: Community

Date of inspection: 25/06/2019

Pharmacy context

This is a community pharmacy located next to a medical centre in the Streetly area of Sutton Coldfield. Most people who use the pharmacy are registered at the surgery next door. The pharmacy dispenses NHS prescriptions and provides some other NHS funded services such as Medicines Use Reviews (MURs) and the New Medicine Service (NMS).

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 identifies and manages risks associated with its services. It responds to people's feedback and makes improvements to the quality of its services. Members of the pharmacy team are clear about their responsibilities and follow written procedures to make sure they work safely.

Inspector's evidence

A range of standard operating procedures (SOPs) were in place which covered the operational activities of the pharmacy and the services provided. The SOPs had been prepared and approved by the Superintendent Pharmacist (SI) but the dates that they had been implemented or were due for review were not evident and the Responsible Pharmacist (RP) did not know when this was scheduled so it was unclear how frequently they were updated. Signature sheets were used to record training and members of staff had signed SOPs specific to their job role as evidence that they had read, understood and agreed to work in accordance with them. Roles and responsibilities of staff were highlighted within the SOPs.

Near miss logs were available and team members were responsible for correcting their own error to ensure they learnt from the mistake. Near misses were discussed at the time to see if there were any reasons for the near miss and it was used as a learning opportunity. Some medicines had been separated to reduce the risk of picking the wrong product during the dispensing process. The pre-registration trainee gave examples of near misses she had made and common mistakes that she had been made aware of. There was evidence that not all near misses were recorded which means patterns and trends may not be evident and so some learning opportunities may be missed. The RP explained that she would contact the SI if she was made aware of a dispensing incident and would record it on the patient medication record system (PMR).

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A medicine counter assistant answered questions about medicine sales and responsible pharmacist absence correctly.

The complaints procedure was explained in the SOPs and a poster displayed in the shop. People could give feedback to the pharmacy team in several different ways; verbal, written and the annual NHS CPPQ survey. The branch team tried to resolve issues that were within their control and explained that feedback from people using the pharmacy was generally positive. An example of using feedback to make an improvement to the service was given. The pharmacy had up-to-date professional indemnity insurance arrangements in place.

The RP notice was prominently displayed and the RP log was seen to be generally compliant with requirements. The RP log occasionally did not record the time that the RP duties ceased, which meant that it technically did not comply when a different RP was on duty the next day. Controlled drug (CD) registers were in order. A random balance checked matched the balance recorded in the register and routine balance checking took place at regular intervals. A patient returned CD register was used. Controlled drug delivery sheets were retained in the pharmacy as an audit trail. Private prescription and emergency supply records were made in a book and entries were complete. Specials records were

maintained with an audit trail from source to supply. MUR consent forms were seen to have been signed by the patient.

Confidential waste was stored separately to normal waste and shredded. No confidential information could be seen from the customer area. Pharmacy staff had NHS Smartcards, but passcodes were being shared as the RP had blocked access to her own smartcard. During the inspection, the RP requested a visit from a colleague so smartcard access could be unblocked and the pre-registration trainee's passcode changed.

Pharmacy staff answered hypothetical safeguarding questions correctly and gave examples of what would be a safeguarding concern. The RP had previously completed Centre for Pharmacy Postgraduate Training (CPPE) on safeguarding but was in the process of working through the latest version as a requirement of the local sexual health service. The RP said that she would contact the Superintendent for advice before making a referral as she did not have an up-to-date list of safeguarding contacts.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage the current workload and the services that it provides. Pharmacy team members complete basic training for their roles, but they do not have formal training plans or performance reviews to make sure keep their skills and knowledge up to date.

Inspector's evidence

The pharmacy team comprised of a regular locum pharmacist, a pre-registration trainee and two medicine counter assistants. A dispensing assistant was on maternity leave and the pre-registration trainee was providing cover in the dispensary during her absence.

Requests for annual leave were firstly checked with pharmacist and then submitted to head office using the 'Holiday Genie' online tool. Head office reviewed staffing levels and rotas to cover holiday and absence and could move staff between branches to provide cover. The pharmacy team did overtime or changed their hours to cover holiday and additional cover could be provided by head office when needed.

The pre-registration trainee had regular training time (Thursday morning) and attended Buttercups training days. A dispenser from another branch provided dispensary cover during these times. The trainees within the company had a WhatsApp group where they could send questions or queries. The regular pharmacist was the pre-registration trainee's named tutor and completed reviews in accordance with GPhC requirement. The staff that were present during the inspection were unsure of the appraisal process for dispensing assistants and medicine counter assistants and the RP said that she did not complete them as she was not the branch manager.

The team worked well together during the inspection and were observed helping each other and moving onto the healthcare counter when there was a queue. The team managed the workload well throughout the inspection and appeared to have a friendly rapport with the people using the pharmacy. The RP felt that the current staffing level were adequate to meet the current workload but felt that replacing the current pre-registration trainee with a dispensing assistant would provide longer term continuity for the branch. There were some tasks that the dispensing assistant on maternity leave had completed, such as the end of month submission, that the team were identifying and addressing on an ongoing basis. Staff discussed pharmacy issues and information received from head office within the dispensary and attended company meetings every six months.

The pharmacy staff said that they could discuss any ideas, concerns or suggestions with the pharmacist and would contact head office if they had any concerns. The RP was observed making herself available to discuss queries with people and giving advice when she handed out prescriptions. Targets were in place for services; the RP explained that she would use her professional judgment to offer services e.g. MURs when she felt that they were appropriate for the person.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare.

Inspector's evidence

The premises were smart in appearance and appeared to be well maintained. Any maintenance issues were reported to the company operations manager. The dispensary was an adequate size for the services provided; 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. The fittings of the consultation room were professional in appearance, but it was also used to store staff belongings such as coats and umbrellas and boxes containing excess shop stock. The door to the consultation room remained closed when not in use.

The pharmacy was clean and tidy with no slip or trip hazards evident. It was cleaned by pharmacy staff. The sinks in the dispensary and toilet had hot and cold running water, hand towels and hand soap available.

The pharmacy had central heating and portable heaters and the temperature in the dispensary felt comfortable during the inspection. Lighting was adequate for the services provided. 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 manages its services and supplies medicines safely. People receive advice about their medicines when collecting their prescriptions. The pharmacy gets its medicines from licensed suppliers, and the team members make sure they store medicines securely and at the correct temperature, so that they are suitable for use.

Inspector's evidence

The pharmacy could be accessed directly from the car park or via the medical centre. A home delivery service was available for people that could not easily visit the pharmacy. Pharmacy staff could communicate with people in English, Punjabi and Bengali. A range of health promotion leaflets and posters were available and pharmacy staff used local knowledge and the internet to support signposting. The pharmacy did not have a practice leaflet containing information such as the complaints procedure, how the pharmacy stores confidential information or the services available, so people may not necessarily be aware of these.

Dispensing baskets were used to keep medication separate. Different coloured baskets were used to prioritise workload. A dispensing audit trail was seen to be in place for prescriptions through the practice of staff signing their initials on the dispensed and checked by boxes provided on medicine labels. The RP was occasionally required to self-check prescriptions and took a mental break between dispensing and checking, and by dispensing prescription in small batches.

Prescriptions for medication to be dispensed into weekly compliance packs were dispensed at a central hub due to workspace and workload pressures. This meant that the pharmacy was able to concentrate on other pharmacy services such as collection service prescriptions, walk-in prescriptions and pharmacy services such as MURs.

Stickers were attached to completed prescriptions to highlight people suitable for certain services or that needed fridge or CD items adding. The team were aware of additional counselling for female's prescribed valproate and there were leaflets and stickers available to support the counselling.

Date checking was carried out in accordance with a plan and there was evidence of regular date checking. Medicines were obtained from a range of licensed wholesalers and a specials manufacturer. Medicines were stored in an organised manner on the dispensary shelves. All medicines were observed being stored in their original packaging. Split liquid medicines were marked with the date of opening. The team were aware of the Falsified Medicines Directive but there had not been any updates in the branch, so they were not compliant with it.

The CD cabinet was secure and a suitable size for amount of stock held. Medicines were stored in an organised manner inside. The pharmacy had secure procedures for storing the keys. There were two medical fridges in the dispensary for storing stock and assembled medicines. The medicines in the fridges were stored in an organised manner. Fridge temperature records were kept, and records showed that the pharmacy fridges were working within the required temperature range of 2 degrees Celsius and 8 degrees Celsius.

Patient returned medicines were stored separately from stock medicines in designated bins. The pharmacy received drug alerts from head office. Each alert was printed and annotated to show it had been actioned and then stored in a drug recall folder.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has appropriate equipment and facilities to provide the services it offers.

Inspector's evidence

The pharmacy had a range of up to date reference sources, including BNF and the children's BNF. Internet access was available.

A range of clean, crown stamped measures were available. Separate measures were available for preparation of methadone. Counting triangles were available. There was a separate, marked triangle used for cytotoxic medicines.

Patient records were stored electronically and there were enough terminals for the workload currently undertaken.

Screens were not visible to the public as members of the public were excluded from 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.