

Registered pharmacy inspection report

Pharmacy Name: Vesey Pharmacy, 2 Coles Lane, Sutton Coldfield, West Midlands, B72 1NE

Pharmacy reference: 9011268

Type of pharmacy: Community

Date of inspection: 17/06/2021

Pharmacy context

This community pharmacy is located in a residential area of Sutton Coldfield. It relocated in January 2020 and it is near to the main town. A GP surgery and another pharmacy are also situated close-by. The pharmacy dispenses prescriptions and it supplies some medicines in multi-compartment compliance aid packs, to help make sure people take them at the right time. The pharmacy offers additional services including the New Medicines Service and Pharmacy Collect, providing COVID-19 lateral flow test kits to the general public. The inspection took place during the COVID-19 pandemic.

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 adequately identifies and manages the risks associated with its services. Its team members are clear about their roles and responsibilities and they understand how to raise concerns to protect the wellbeing of vulnerable people. The pharmacy maintains the records it needs to by law and it keeps people's private information safe.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) covering operational tasks and activities. The procedures had been reviewed in February 2020 following the relocation of the pharmacy. They defined the roles and responsibilities of pharmacy team members. Team members signed to confirm their acknowledgement and understanding of the procedures. There were two team members present who had not signed the procedures, but both confirmed that they had read them. Pharmacy team members were clear about their roles and a pharmacy apprentice clearly explained the activities which were and were not permissible in the absence of a responsible pharmacist. The pharmacy had insurance arrangements in place and displayed a certificate which was valid until January 2022.

The pharmacy team members recorded their near misses on a paper log. The superintendent (SI) pharmacist discussed near misses with team members at the time of the event and reviewed incidents to identify if any changes could be made to prevent the same mistakes from happening again. The SI pharmacist reported the details of any dispensing incidents through the National Reporting and Learning System (NRLS) but could not recall any recent dispensing incidents since the pharmacy's relocation.

The pharmacy had implemented some infection control risk management procedures in response to the COVID-19 pandemic. Team members wore face masks and antibacterial hand wash was available. The pharmacy also displayed information on COVID-19 symptoms and handwashing in the retail area and dispensary.

The pharmacy had a complaint procedure, but this was not advertised so people may not always be aware of the ways in which comments and concerns about pharmacy services could be raised. People usually provided feedback verbally and the pharmacy had also received positive feedback through a local neighbourhood social media platform. The pharmacy also participated in the NHS Community Pharmacy Patient Questionnaire (CPPQ).

A responsible pharmacist (RP) notice was clearly displayed near to the medicine counter. The RP log was maintained, but in the sample portion viewed, there were a few occasions where the time RP duties ceased had not been recorded. So, it was not technically compliant. Records for private prescriptions, emergency supplies and specials were in order. The pharmacy CD registers kept a running balance and balance checks were completed. A patient returns CD register was also in use.

A dispenser explained how the pharmacy team members kept people's private information safe. Team members had completed previous training on topics including confidentiality and an information security folder was available. Pharmacy team members segregated confidential waste, which was shredded on the premises. Completed prescriptions were stored out of public view and team members held their own NHS smartcards.

The SI pharmacist had completed safeguarding training through the Centre for Pharmacy Postgraduate Education (CPPE). He discussed some of the types of concerns that might be identified. The contact details of local safeguarding agencies were accessible via the internet if required.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members are suitably trained for the roles in which they are working, and they get some feedback on their development. But they have limited access to structured ongoing learning and development, so the pharmacy may not always be able to show how it identifies and addresses any learning needs. Team members work well together and feel comfortable to raise concerns and provide feedback.

Inspector's evidence

On the day of the inspection, the SI pharmacist was working alongside two other registered pharmacists. Three dispensing assistants and a pharmacy apprentice were also present. The pharmacy employed an additional dispenser who was on planned leave. The staffing profile within the pharmacy varied. One of the pharmacists present attended for half a day each week to help check multi-compartment compliance aid packs. For the remainder of the week, there was either one or two pharmacists present alongside the rest of the pharmacy support team. The workload within the pharmacy was manageable and team members planned leave in advance to ensure that suitable staffing numbers were maintained. The pharmacy team members were able to manage the workload with one team member down. The pharmacy had some relief members of staff who were able to support as necessary and cover for the multi-compartment compliance aid pack service was provided by a colleague from another branch.

Pharmacy team members were suitably trained for the roles in which they were working, or they were enrolled on suitable training programme. They were clear about their roles and referred any concerns to the pharmacist. Several suitable sales and referrals were observed during the inspection and a dispenser discussed the types of questions that she would ask to help ensure sales of medicines were safe and appropriate.

Team members maintained their knowledge by reading training magazines and trade press materials which were received through the post. But there was limited structured ongoing learning in place. Pharmacy team members received some feedback on their development throughout the working day. They also had formal appraisals with the SI pharmacist periodically.

The pharmacy team members worked together well. They held regular team meetings to discuss feedback and concerns. And in response to some recent team feedback, the stock stored within the dispensary had been rearranged. Team members felt comfortable to raise concerns and provide feedback to the SI pharmacist and other company directors. There were no formal targets in place for pharmacy services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a suitable environment for the delivery of healthcare services. It has a consultation room, which pharmacy team members use to speak to people in private. But some areas of the dispensary are cluttered, which impacts on the working space and detracts from the overall professional appearance.

Inspector's evidence

The pharmacy was finished to a high standard and it was clean. There was appropriate lighting throughout and air conditioning maintained a temperature suitable for the storage of medicines.

The retail area was tidy, and the pharmacy stocked a range of goods which were suitable for the storage of medicines. Pharmacy only medicines were secured behind the medicine counter to help prevent self-selection. A consultation room was signposted from the retail area. The room was suitably maintained and equipped with a desk and seating to facilitate private and confidential discussions. The pharmacy had made some modifications in response to the COVID-19 pandemic. This included a Perspex screen being installed at the medicine counter and some floor markers in place to support social distancing measures.

The dispensary had designated areas for labelling, dispensing and checking to create an organised workflow. Medicines were stored on large shelving units and there was an additional area for prescription retrieval storage. There were some areas which were cluttered, and some items were being temporarily stored on the floor, which may cause a trip hazard for team members. The pharmacy had a separate area where multi-compartment compliance aids were dispensed. This area was also cluttered which limited some of the space available.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible and in general, they are suitably managed, so that people receive appropriate care. The pharmacy team members do not always make extra checks when handing out prescriptions for high-risk medicines, so they could miss opportunities to provide additional counselling and advice. The pharmacy sources its medicines from reputable sources, but it could do more to demonstrate that its medicines management process are robust and that medicines are stored appropriately.

Inspector's evidence

The pharmacy had a step-free entrance from the main street. Its hours of opening were advertised at the entrance and pharmacy services were displayed on a promotional board in the pharmacy retail area. Pharmacy team members were aware of local services within the area, so that people requiring other services could be appropriately signposted, as necessary.

Prescriptions were dispensed in baskets to keep them separate and help prevent medicines from being mixed up. Pharmacy team members signed 'dispensed' and 'checked' boxes as an audit trail. Once complete prescriptions were filed in a retrieval system. There were some prescriptions which were not kept with dispensed medicines until the point of handout. This may make it more difficult to complete full checks on the prescription at the point of supply and to identify if additional counselling was required. The pharmacy did have some 'see pharmacist' stickers which were added to some prescriptions for high-risk medicines. But they did not keep records of audit trails such as INR readings for people prescribed warfarin. The pharmacy identified prescriptions for CDs, but this did not include prescriptions for schedule three and four CDs. This may increase the risk that a prescription could be supplied beyond the valid 28-day expiry date. The SI pharmacist was aware of the risks of supplying valproate-based medicines to people who may become pregnant. The pharmacy had copies of patient guides and alert cards to make with supplies. But they did not have copies of warning label stickers to over label dispensing boxes with. This was discussed with the SI pharmacist who agreed to follow-up on this post-inspection.

The pharmacy requested repeat prescriptions on behalf of some patients. Patients contacted the pharmacy to identify which medications were required each month. But the pharmacy did not keep an audit trail of repeat prescriptions that had been requested, so unreturned prescriptions may not always be proactively identified. The pharmacy provided a delivery service. Delivery drivers verbally confirmed the name and address of patients at the point of delivery, but no audit trail was currently maintained as a record of who accepted the delivery of medication. The lack of audit trail could make it more difficult for the team to resolve any queries.

The pharmacy provided a large number of multi-compartment compliance aid packs. The service was primarily managed by one dispenser, who organised the service using a four-week system. Referrals for new patients to the service were instigated by local GP surgeries, following an assessment of need. The pharmacy requested repeat prescriptions for patients and maintained an audit trail to ensure that all

prescriptions were received. The master details of each patient's medication and that of any changes were recorded on the pharmacy computer system. Completed multi-compartment compliance aid packs contained a packing sheet with the details of medication. This was not affixed to the pack and so may be lost, which meant that medications might not be identifiable. The backing sheet recorded individual descriptions of medicines but did not always provide a full audit trail for dispensing. Patient leaflets were supplied. The pharmacy supplied one patient with a compliance aid pack which contained methotrexate, a cytotoxic medication which should not be handled. The dispenser discussed the counselling that had been provided to the patient and their family to help ensure the safe administration of this medicine. But the pharmacy did not keep a record documenting the risk assessment.

The pharmacy sourced its medicines through reputable wholesalers and specials from a licensed manufacturer. Medicines were stored in an organised manner and in the original packaging provided by the manufacturer. Pharmacy team members completed some date checking and removed some short-dated medicines from the shelves. But records of this were not routinely maintained as an audit trail and two expired medicines were identified on the shelves. These were immediately removed from the shelves once identified. Expired and obsolete medicines were stored in suitable medicine waste containers.

The pharmacy had two refrigerators, which were both equipped with a maximum and minimum thermometer. Both refrigerators were within the recommended range on the day, but records were only kept for one refrigerator. The SI pharmacist rectified this immediately on the day and agreed to keep records for both refrigerators moving forward. CDs were stored appropriately, and random balance checks were found to be correct.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services. Pharmacy team members use the equipment in a way that protects people's privacy.

Inspector's evidence

The pharmacy team members had access to paper-based reference sources including the British National Formulary (BNF). Further reference materials were available through internet access. The pharmacy had a range of approved glass measuring cylinders, which were clearly marked for their use with different liquids. Counting triangles were also available for loose tablets, with a separate triangle reserved for use with cytotoxic medications. The pharmacy had sourced additional equipment in response to the COVID-19 pandemic including a Perspex screen and items of PPE such as face masks.

Electrical equipment was in working order. The pharmacy computer systems were password protected and screens were positioned out of public view. The pharmacy had cordless phones to enable conversations to take place in private.

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.