

Registered pharmacy inspection report

Pharmacy Name: Fairview Health LTD, Block C Bay 3, Pensnett Estate, Kingswinford, West Midlands, DY6 7FT

Pharmacy reference: 9011430

Type of pharmacy: Closed

Date of inspection: 13/05/2021

Pharmacy context

This pharmacy is not open to members of the public. It does not provide NHS services and instead provides medicines to people receiving care at hospitals that are part of the Black Country Partnership NHS Foundation Trust, which provides specialist mental health services. Some people receive their medicines in multi-compartment compliance aid packs to help make sure they take them at the correct time. The pharmacy also supplies stock medications to hospital wards via a Wholesale Dealers License (WDL) which is regulated by the Medicine and Healthcare product Regulatory Agency (MHRA). The inspection was completed 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 suitably identifies and manages the risks associated with its services. It maintains the records it needs to by law and it keeps people's private information safe. Pharmacy team members are clear about their roles and responsibilities and they understand how to raise concerns to help protect the wellbeing of vulnerable people.

Inspector's evidence

The pharmacy had a service level agreement (SLA) in place for the supply of named patient medicines to hospitals that were part of the Black Country Partnership NHS Foundation Trust, which provided specialist mental health services in the West Midlands. The scope of the service was outlined within a procedure which was available in the pharmacy. Supplementary procedures covering additional tasks and activities in the pharmacy were also available and had been read by team members. Team members were familiar with their roles and worked within their competence. The pharmacy had professional indemnity insurance covering the services provided.

The pharmacy kept near miss records, but the entries seen lacked detail and they did not always document information such as contributing factors. And they were not regularly reviewed to identify trends. So, some learning opportunities may be missed. The responsible pharmacist (RP) agreed to review this moving forward and during the inspection a pharmacy technician sourced a near miss review tool, which she said would be utilised and incorporated into the team huddle, to feedback to team members. Dispensing incidents were reported through the pharmacy patient medication record (PMR) system and to the pharmacy's head office.

The pharmacy had COVID-19 secure measures in place. Team members had access to lateral flow test kits, and they wore face masks throughout the day. Separate workstations permitted for social distancing most of the time.

The pharmacy had a complaint procedure. The owners of the pharmacy met weekly with senior management from the hospital Trust to seek feedback and provide an opportunity for any concerns to be raised. The RP also attended these meetings, but if this was not possible, feedback was provided to the wider team via email. The pharmacy acted on feedback that was received and showed the inspector an example of bespoke stickers that had been introduced to identify leave and 'to take out' (TTO) prescriptions which were supplied to the Trust, so that they were more easily distinguishable.

The correct RP notice was displayed, and the RP log was generally in order. The pharmacy-maintained records for the procurement of specials, but one record was noted which did not record full patient details as an audit trail from source to supply. Controlled drugs (CD) registers kept a running balance and some balance checks had been recorded.

Pharmacy team members discussed the ways in which people's private information was kept safe. As the pharmacy was closed, no information was visible to the public. The computer system and tracking

database used by the pharmacy were password protected.

The RP had completed safeguarding training through the Centre for Pharmacist Postgraduate Education (CPPE). Internet access was available to obtain local safeguarding contact details and the pharmacy held contact details for representatives at the Trust, so concerns could also be escalated directly.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members hold the appropriate qualifications for their roles. They work well together and can provide feedback about pharmacy services. The pharmacy uses this to make improvements. Team members complete ongoing learning to expand their knowledge and they get feedback to help them learn and improve.

Inspector's evidence

On the day of the inspection, the regular pharmacist was working alongside two registered pharmacy technicians. A qualified dispenser also arrived midway through the inspection. This was the usual staffing level on a weekday. There were less staff on weekends and bank holidays, as these were less busy. There was no sole working in the pharmacy. The pharmacy also employed two additional team members who completed duties in the wholesale area of the business. These team members did not have roles within the pharmacy, and they did not undertake any work in the registered premises during the inspection. The pharmacy had arrangements in place to restrict planned leave, helping to ensure that there were enough team members to provide pharmacy services. The RP explained that during a period of time earlier in the year when several team members became unwell, the owners had arranged for sufficient cover to be provided, using team members from other branches and working themselves, as needed.

Pharmacy team members were suitably trained for the roles in which they were working. They completed ongoing training to aid their learning and development. A pharmacy technician discussed how she was completing continuing professional development on clozapine to advance her knowledge. And another pharmacy technician had completed modules on mental health via CPPE. The technician felt the inspector that the owners of the pharmacy were supportive of training and would provide resources to support this. Team members received feedback on their development, including reviews and an annual appraisal which was due to take place when the pharmacy had been trading for a year.

Pharmacy team members worked well together as a team and they were happy to provide feedback and raise any concerns that they may have. The team had a regular huddle in the pharmacy to discuss any operational issues and a company WhatsApp group was also used. The company owners were contactable and team members were happy to approach them. The team members discussed how their feedback regarding the paper-based tracking system had been considered by the owners and consequently a trial of an electronic system was being carried out.

There were some targets in place for pharmacy services via Key Performance Indicators (KPIs) which were set by the Trust. Prescriptions received before noon each day were sent on the 1pm delivery run and those received up to 4pm were sent on the 5pm delivery run. Delivery runs were also monitored to ensure that they ran to schedule. The RP said that the target was usually manageable. On occasion there could be some challenges, such as if a daily prescription was received close to the deadline, as these prescriptions took longer to dispense and check in individual boxes. But overall the targets were felt to be manageable now the team were familiar with procedures.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, tidy and secure. It has enough space for the current dispensing workload, and it provides a suitable environment for the delivery of healthcare.

Inspector's evidence

The pharmacy was situated in a warehouse unit located on a trading estate. It was secure and in a good state of repair. The lighting throughout the premises was appropriate and air conditioning was installed to maintain a temperature suitable for the storage of medicines. The pharmacy was clean and tidy. Team members cleaned throughout the day and an employed cleaner provided additional support twice a week.

The ground floor of the premises had a segregated delivery area and a separate restricted area for activities which fell under the pharmacy's WDL. The main dispensary was spacious and provided a large amount of work bench space. There was a good flow of work, with designated areas for dispensing and checking and a large amount of additional shelving. A lift was also in place to enable stock medicines to be transported from the ground to first floor of the premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are well organised and suitably managed so that people receive appropriate care. The pharmacy keeps good audit trails to help ensure that prescriptions are processed securely and it supplies medicines safely and efficiently. And it sources and stores its medicines appropriately.

Inspector's evidence

The pharmacy's services were accessible via phone and email. The pharmacy received prescriptions via a secure NHS mail email address. In most cases the prescriptions had received a clinical check by the pharmacist at the hospital. Prescriptions were printed and an in-house bespoke checklist was attached to each prescription. This checklist recorded details including the hospital name, prescription type, and the date and time the prescription was received. The checklist remained with the prescription through the workflow of the pharmacy, recording additional information on dispensing and checking times. At the time of the inspection, a trial was ongoing of an electronic tracking system, where the stages of the dispensing process were being tracked using individual bar codes. The RP indicated they planned to share the database access with the Trust in future, to enable ward teams to track prescriptions themselves.

Prescriptions were dispensed in colour baskets to help organise the workflow and ensure prescriptions were not mixed up. The pharmacy team members signed dispensing labels as an audit trail for dispensing and checking. Once dispensed and checked prescriptions were bagged up to be delivered out to the Trust. There were different coloured bags to identify inpatient medicines, CDs and fridge items. Prescriptions were placed into tote boxes which were labelled with individual wards within the hospital sites. The delivery drivers completed an additional check of prescriptions within each tote, before deliveries were secured using a carrier seal. The pharmacy kept a delivery manifest of all items delivered on each run and the details of the carrier seals.

The NHS Trust specialised in mental health treatment services. There were several patients prescribed lithium as part of their treatment, but the pharmacy did not keep records of monitoring parameters as an audit trail. The RP told the inspector that checks of lithium levels would usually be completed by the onsite hospital pharmacy team. The RP had previously discussed the pregnancy prevention programme with the hospital pharmacy team when a supply of a valproate-based medicine had been made to a person who may become pregnant. A record of this intervention was not seen, so the pharmacy could not demonstrate the steps that they had taken to ensure that people in the at-risk group had been given the right information. And the pharmacy did not have any spare valproate alert cards to issue with supplies. This was discussed with the RP, who agreed to follow-up on this post inspection.

The pharmacy supplied a large number of patients with clozapine. Supplies were sent to outpatient clinics at the hospital. The pharmacy held prescriptions which were valid for six months, and instalments were dispensed at the frequency recorded on the prescription form. The pharmacy was supplied with a master clinic list, along with the details of any blood test results, as an audit trail for supplies that had been made to patients. Pharmacy team members also had access to the blood test

results system, so that they could independently check the blood results themselves. The pharmacy kept a separate record of any patient receiving clozapine as part of their care on an inpatient ward. A large number of clozapine outpatients received their medicine in multi-compartment compliance aid packs. The hospital pharmacy teams assessed initial suitability for this. Completed packs were labelled with patient details and descriptions of individual medicines were recorded. Supplies of clozapine were sent to the Trust hospitals in bags of a designated colour and with warning stickers attached to the supply.

The pharmacy sourced medicines through reputable wholesalers. Medicines were stored in the original packaging provided by the manufacturer and the dispensary shelves were well organised. The pharmacy had a monthly date checking schedule in place. Short-dated medicines were identified and recorded. Medicines which were due to expire were then removed from the shelves each month. No expired medicines were identified from random checks of the dispensary shelves. The pharmacy received recall notifications via email. Alerts were printed and actioned in the pharmacy, with confirmation of action also being provided to the company head office.

The pharmacy fridge was fitted with a thermometer and the temperature was recorded every hour using an electronic data logging system. The report could be generated using an application, which was viewable by company management and the pharmacy team members. The fridge was within the recommended temperature range during the inspection. CDs were suitably stored, and random balance checks were found to be correct.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy had a range of approved conical measures for measuring liquids and counting triangles for tablets were also available. The pharmacy team had access to reference materials including the British National Formulary (BNF). Internet access was also available for additional research.

Electrical equipment was in working order and had been PAT tested. Computers and electronic systems used in the pharmacy were password protected. Pharmacy team members had access to additional equipment, including items of personal protective equipment, such as face masks.

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.