

Registered pharmacy inspection report

Pharmacy Name: Homecare Pharmacy, Kings Norton Buisness Centre, 32-34 Melchett Road, Kings Norton Business Centre, Birmingham, West Midlands, B30 3HS

Pharmacy reference: 9011634

Type of pharmacy: Community

Date of inspection: 31/07/2024

Pharmacy context

This pharmacy solely caters for outpatients at Queen Elizabeth Hospital Birmingham (QEHB). It was registered following an increase in requests for a prescription delivery service after the Covid-19 pandemic. It is situated in an industrial estate and it is closed to the public. The pharmacy does not process any community-issued NHS prescriptions.

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 has safe and effective working practices. It has written instructions to help its team members work safely and effectively. And it keeps the records it needs to, to show that medicines are supplied lawfully. Team members record and review dispensing mistakes so that they can learn and improve from these events. The pharmacy keeps people's private information securely and it has procedures to help protect vulnerable people.

Inspector's evidence

The superintendent pharmacist (SI) was on duty on the day of the visit. And they explained that, following the Covid-19 pandemic, there were some changes to the operations at QEHB which included patients being consulted virtually and arrangements for off-site phlebotomy clinics. This helped reduce the need for outpatients having to travel to the hospital regularly. However, the specialised medicines people needed for their condition needed to be supplied and delivered from the hospital.

The pharmacy had a comprehensive set of current standard operating procedures (SOPs) and Trust policies to help its team members work in a safe and effective manner. All team members had read and signed the SOPs. The correct responsible pharmacist (RP) sign was displayed in the pharmacy. Team members understood their roles and responsibilities which were described in the SOPs and explained the tasks they could not undertake in the absence of a pharmacist.

The pharmacy had systems to record dispensing incidents. Dispensing mistakes that had been identified after people received their medicines (dispensing errors) were recorded and reviewed using the Trust's incident reporting system. The SI oversaw the process of incident management and routinely discussed and shared learnings with team members. All incidents were reported to the Trust's board and discussed monthly during the clinical governance meetings. Team members recorded and routinely reviewed dispensing mistakes which were identified before the medicine was sent out for delivery (near misses). Any emerging trends were analysed and discussed amongst the team members to identify learning points and mitigate reoccurrence.

The SI explained that there had been recent incidents involving incorrect quantities due to the way doses were written on the prescriptions. The team member involved was supported and coached to write their calculations on the prescriptions so the quantities could be double-checked by the person carrying out the accuracy check.

The pharmacy had a complaints procedure. People using the pharmacy's services were given information about how they could give feedback or raise any concerns about the quality of services received. People could either call the pharmacy or contact the Patient Advice and Liaison Service (PALS). All complaints or feedback received from people was reviewed by the SI and acted upon as appropriate. The SI had oversight of all the complaints and feedback received from people about the quality of services received from the pharmacy. The SI said that, in the last 12 months, the pharmacy had received three complaints and these were mainly about the late supply of medicines from the pharmacy. As a result, the way prescription requests were sent to the pharmacy had been reviewed with the relevant clinics and prescribers were required to highlight on the prescription if the person needed their medicines sooner than the usual 72-hour window the pharmacy had for sending out

medicines to people. Furthermore, any urgent or acute medicines, for example antibiotics, should be clearly marked as "urgent" to enable team members to prioritise such prescriptions.

The pharmacy had current professional liability and public indemnity insurance. Records about the RP were kept in line with requirements. The pharmacy did not stock any Schedule 2 controlled drugs (CDs). And it did not dispense any private prescriptions or community-issued NHS prescriptions.

The pharmacy's computers were password protected and confidential waste was appropriately managed. The Trust had written procedures and mandatory staff training about data protection and safeguarding vulnerable people. Team members completed the mandatory training annually and this was recorded on individual staff training records. Details about the Trust's information governance policy and safeguarding leads was also included in the staff induction handbook.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has sufficient team members to manage its current workload safely. Team members work well together, and they are well-supported by their senior leadership. They have access to good training resources to help keep their skills and knowledge current. And they can raise concerns or make suggestions to help improve the pharmacy's services.

Inspector's evidence

At the time of the visit, the pharmacy team consisted of the SI, a regular pharmacist and three qualified dispensers. Team members worked well together, and they were managing the workload efficiently. The pharmacy's workload was very much dependent on what was sent from the Trust's clinics each day. The workload was monitored regularly by the SI and support could be sought from QEHB's pharmacy team when necessary. Overall, team members were satisfied with the current staffing levels and all were happy to step-up when required to cover annual leave or unplanned absences.

The Trust had a comprehensive induction and training program to enable team members to work within a hospital setting and in specialised clinical areas such as oncology, rheumatology and HIV. On-going training to help keep team members skills and knowledge current was overseen by the Trust's pharmacy education and training team. Training completed by team members was recorded and it formed part of their personal development plan.

Team members could raise concerns with their SI or the Trust's Chief Pharmacist. Regular team meetings provided team members an opportunity to discuss any concerns or feedback about ways to improve the pharmacy's services. The staff induction handbook included the whistle blowing policy. Team members had a set of key performance indicators (KPIs) to work towards. When asked, team members did not feel their professional judgement or patient safety was compromised by the KPIs. The SI said that the KPIs were also used to monitor workload levels and help to ascertain whether the staffing levels were correct and the skills mix was appropriate in the pharmacy.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are adequate for the services it provides. They are kept secure from unauthorised access.

Inspector's evidence

The premises were situated in an industrial estate and they were not open to members of the public. The dispensary was in a self-contained room and it was fitted to a basic standard. It was adequate for the current activities undertaken by the pharmacy. There was sufficient floor and workplace available to undertake workload safely. The ambient temperature was suitable for storing medicines and there was enough lighting throughout the premises to work safely. Team members had access to clean hygiene facilities and separate sinks were available for hand washing and medicines preparation. The pharmacy could be secured against unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy provides its services safely and effectively to help make sure people receive right medicines at the right time. It obtains its medicines from licensed wholesalers and stores them appropriately. Team members take the right action in response to safety alerts and recalls so that people get medicines and medical devices that are fit for purpose.

Inspector's evidence

The pharmacy provided a dispensing service for prescriptions solely generated by the consultants at QEHB. The prescriptions were mainly for anti-rejection medicines, rheumatology, dermatology, haematology, and oncology. The service helped relieve the workload at the main outpatient pharmacy at QEHB to enable that pharmacy team to focus on more urgent and complex prescriptions.

Dispensed medicines were dispatched to people using a third-party courier service. The service was fully trackable and team members kept appropriate records about deliveries to provide an audit trail. They also had information to see any failed deliveries and these were returned to the pharmacy. A note was left for the person to contact the pharmacy to re-arrange the delivery. The SI said that, overall, the delivery service was efficient and there weren't many delayed or failed deliveries. The courier company informed people in-advance about the delivery of their medicines and the person could arrange an alternative time or day if necessary. There were no medicines supplied which required refrigeration or secure storage. The Trust delivered paper-based prescriptions twice a day to the pharmacy. Most prescriptions had a 72-hour window to be delivered to the person unless the prescriptions were marked as 'urgent'. 'Urgent' prescriptions were sent out on the same day. Prescriptions received by the pharmacy were clinically screened by clinical pharmacists at QEHB. The RP undertook a second clinical check at the pharmacy to ensure the correct quantities and dosage had been prescribed. And any clinical interventions made by the pharmacy were recorded on the Trust's system.

Team members used baskets during the dispensing process to prioritise workload and minimise the chances of prescriptions getting mixed up. The workflow in the pharmacy was organised. Dispensing labels were initialled at the dispensing and checking stages to create an audit trail to show the team members involved in each task. A leaflet was included with all the deliveries that provided information about prescriptions that could not be fully supplied when first dispensed and contact details of the pharmacy if people had any queries or concerns about their medicines. Team members kept a record of all medicines owed to people and these were checked for stock availability each day. The team also discussed long-term stock shortages with relevant clinics so that alternatives could be prescribed. The SI said that the pharmacy had experienced frequent stock shortages and this had created additional workload for team members having to contact clinics for alternatives and for the stock procurement team.

The pharmacy obtained its medicines and medical devices from licensed wholesalers and this was overseen by the Trust's procurement team. And it did not stock or supply temperature-sensitive medicines, injectable cytotoxics, creams, liquids, or CDs. The pharmacy had date-checking procedures for stock medicines and short-dated medicines were marked for removal at an appropriate time. No date-expired medicines were found amongst in-date stock when checked during the inspection. Waste medicines were stored in designated bins ahead of collection by a waste contractor. The pharmacy had

a process to deal with safety alerts and medicine recalls. Records about alerts and recalls and the action taken by the team members were kept, providing an audit trail.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. And it maintains its facilities and equipment appropriately.

Inspector's evidence

The pharmacy had an internet connection and team members had access to various on-line reference sources including specialist medicine information resources. Access to patient medication records was password protected. Due to the closed nature of the pharmacy, all computer equipment was out of public view. All electrical equipment was in good working order and was well-maintained.

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.