

Registered pharmacy inspection report

Pharmacy Name: Birk and Nagra Chemists, 7 Southborough Terrace,
Brunswick Street, LEAMINGTON SPA, Warwickshire, CV31 2DT

Pharmacy reference: 1037766

Type of pharmacy: Community

Date of inspection: 12/11/2019

Pharmacy context

This community pharmacy is part of a family run chain of independent pharmacies. It is in a row of shops and near a GP surgery. It sells a range of over-the-counter medicines and dispenses prescriptions. And it offers a prescription delivery service and supplies medicines in multi-compartment compliance packs to a small number of people who need assistance in managing their medicines.

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

Overall, the pharmacy adequately identifies and manages the risks associated with its services. It asks people who use its services for their feedback. It keeps the records it needs to by law to show that medicines are supplied safely and legally. Team members protect people's personal information appropriately. And they understand how they can help protect vulnerable people. Members of the pharmacy team record mistakes that happen during the dispensing process to help them learn and prevent a recurrence.

Inspector's evidence

The pharmacy had a range of in-date standard operating procedures (SOPs) for the services it offered. Members of the pharmacy team had read and signed the SOPs. And their roles and responsibilities had been defined within the SOPs. A correct Responsible Pharmacist (RP) notice was displayed and a medicines counter assistant could explain the tasks she could not undertake in the absence of a pharmacist. The pharmacy manager had recently been appointed and was in the process of familiarising herself with the way the pharmacy operated.

Members of the pharmacy team were aware of 'look-alike' and 'sound-alike' medicines and these had been well highlighted on the shelves. And they kept records about near misses. But there was little evidence of a formalised review. The details recorded did not always contain information about what had gone wrong or learning points implemented to prevent recurrence. The pharmacy had a process to report dispensing errors, but the pharmacy manager said that to the best of her knowledge there hadn't been any recent dispensing errors that had reached patients. But if an incident occurred, she would complete an incident form and send it to the superintendent pharmacist. The pharmacy manager said she was able to prioritise her workload effectively. And ensured that medicines were stored in an organised manner to minimise picking errors when dispensing prescriptions.

The pharmacy's confidentiality and privacy notice were advertised. And members of the pharmacy team had all signed confidentiality agreements and had completed training about the General Data Protection Regulation. The pharmacy manager used her own NHS smart card to access electronic prescriptions and confidential waste was shredded in the pharmacy. Prescriptions awaiting collection were stored securely and patient medication records were password protected. The pharmacy's computers were positioned away from public view. The pharmacy's data handling and information security procedures were yet to be reviewed. They were due to have been reviewed on 1/5/2019.

A complaints procedure was available and advertised in the pharmacy. The pharmacy's practice leaflet was available and it gave information about how people could provide feedback about the quality of pharmacy services provided. Members of the pharmacy undertook an annual survey of people who used the pharmacy and the results of the most recent survey were on display in the pharmacy. 100% of the respondents had rated the pharmacy as very good or excellent. There was some feedback about not providing a commissioned smoking cessation to help people stop smoking. The pharmacy manager said that people were signposted to their sister branch who did provide this service.

The pharmacy had appropriate indemnity insurance arrangements and a certificate was on display in the pharmacy. Records about controlled drugs (CDs), RP, private prescriptions and supplies of

unlicensed specials were maintained in line with requirements. Running balances of CDs were kept and audited at regular intervals. A balance check of an item showed the recorded balance and the stock held in the cabinet agreed. A separate register was used to record CDs returned by people. And the appropriate records were made when these were received in the pharmacy.

There were SOPs about protecting vulnerable people and the pharmacy manager had completed Level 2 safeguarding training. The other members of the team had completed safeguarding training relevant to their roles. Contact details for local safeguarding agencies were available for staff to escalate any safeguarding concerns. The pharmacy had not had any safeguarding concerns to report.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has sufficient team members to manage its current workload. Members of the pharmacy team work well together and they are supported with on-going training to help keep their skills and knowledge up to date.

Inspector's evidence

The pharmacy manager and a trained medicines counter assistant (MCA) were on duty at the time of the inspection. The pharmacy also employed a part-time dispenser who covered the morning shift. The team members were managing their workload adequately and worked well together. The pharmacy manager was aware of the potential risks associated with dispensing and self-checking. She explained how she created a mental break between various tasks.

The MCA was aware of the restrictions on sales of pseudoephedrine-containing products and codeine-containing medicines. She said that she would refer to the pharmacist if a person regularly requested to purchase medicines which could be abused or may require additional care.

Members of the pharmacy team had access to on-going training which was provided by an external training provider. The dispenser and MCA had recently completed Level 1 safeguarding training and their certificates were on display in the consultation room. A whistleblowing policy was in place and it had been signed by members of the pharmacy team. The MCA said she would have no hesitation in speaking to the owner of the pharmacy if she had any concerns about the way the pharmacy operated.

The pharmacy manager said she was able to exercise her professional judgement when delivering additional services which would be subject to staff availability. There were no specific targets or incentives set.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are safe and adequately maintained. And people visiting the pharmacy can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy's front fascia and its public facing areas were generally clean and adequately maintained. The carpet in the shop area was stained in places and the covering on chairs for customers was stained. This somewhat detracted the pharmacy's professional image. There was enough storage and work bench space in the dispensary to allow safe working. The sink in the dispensary for preparation of medicines was clean and it had a supply of hot and cold running water. There was adequate heating and lighting throughout the pharmacy. The pharmacy's consultation room was clean and it was suitable for private consultations and counselling. The dispensary was separated from the retail area and afforded some privacy for the dispensing operation and any associated conversations and telephone calls. The premises were lockable and could be secured against unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy manages its services adequately and people with a range of needs can access its services. It obtains its medicines from reputable suppliers and manages them appropriately. And it takes the right action in response to safety alerts, so that people are supplied with medicines that are fit for purpose. Members of the pharmacy team know about higher-risk medicines and they take the opportunity to provide appropriate advice when these are collected, to protect people's health and wellbeing.

Inspector's evidence

The pharmacy had a conventional push and pull door and there was a small step at the entrance of the pharmacy. Members of the pharmacy team said that they would assist people with mobility difficulties where appropriate, but they did not have a portable ramp available. The shop area was clear of slip or trip hazards and there was adequate space to accommodate wheelchairs or prams. The pharmacy's opening hours were advertised in-store. A range of healthcare leaflets were available and members of the pharmacy team used their local knowledge to signpost people to other providers if a service someone wanted was not offered at the pharmacy. The pharmacy manager could converse fluently in several languages including Punjabi. This helped customers whose first language was not English. The pharmacy participated in Healthy Living campaigns and were currently raising awareness about smoking cessation and cervical cancer.

The pharmacy offered a prescription delivery service, but signatures from recipients were only obtained for deliveries of CDs. This could mean that the pharmacy is unable to show that all medicines have reached the right person. The workflow in the dispensary was organised. Baskets were used during the dispensing process to prioritise workload and minimise the risk of prescriptions getting mixed up. An 'owing' note was issued to provide an audit trail when a prescription could not be fully supplied.

Medicines were dispensed in multi-compartment compliance packs to a small number of people who needed assistance in managing their medicines. The pharmacy had a tracking system to prompt staff when people's prescriptions were to be ordered so that the packs were prepared in a timely manner. Members of the pharmacy team kept records of each person using the service and these included the current medication the person was on and the time of day it should be taken. Any interventions or changes made to people's medication were recorded to ensure people received the correct medicines in their compliance packs. A pack checked during the inspection included descriptions of the medicine contained within it. The dispensing labels had been initialled and patient information leaflets were supplied.

The pharmacy manager was aware of the valproate Pregnancy Prevention Programme (PPP) and knew which people needed to be provided with advice about its contraindications and precautions. The pharmacy did not have anyone currently in the at-risk group prescribed valproate. Patient information leaflets and guides could not be located at the time of the inspection, but the pharmacy manager said she would order some from the manufacturers.

Medicines were obtained from licensed wholesalers and specials were obtained from specials manufacturers. No extemporaneous dispensing was carried out. Pharmacy-only (P) medicines were

stored out of reach of the public. At the time of the inspection, the pharmacy was not fully compliant with the Falsified Medicines Directives (FMD). The pharmacy had FMD SOPs in place but the right equipment was yet to be installed.

The pharmacy manager was aware about the 28-day validity period on CD prescriptions and CD stickers to highlight such prescriptions were available in the pharmacy. But a completed prescription for zopiclone found on the shelf had not been marked in any-way to show the date the 28-day legal limit would be reached. This could increase the chances that such prescriptions are supplied beyond their valid date. The pharmacy manager knew to counsel people about higher-risk medicines such as warfarin. But records of therapeutic monitoring such as INR levels were not always kept on the medication records.

Stock medicines were date-checked at regular intervals and the records of the most recent checks were available in the pharmacy. Short-dated medicines were highlighted for removal at an appropriate time. Liquid medicines with limited stability were marked with opening dates. Medicines requiring refrigeration were stored correctly between 2 and 8 degrees Celsius. Fridge temperatures were checked and recorded each day. All CDs were stored appropriately, and denaturing kits were available to denature waste CDs safely. Designated bins were available to store waste medicines. But these were stored in the staff toilet. This could increase the risk of undetected loss of medicines. The pharmacy had a process to deal with safety alerts and drug recalls. Records about these and the actions taken by the members of the pharmacy team were made and kept in the pharmacy.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy generally has the equipment and facilities it needs to provide its services. And its equipment is adequately maintained.

Inspector's evidence

Members of the pharmacy team had access to the internet and a range of up-to-date reference sources. Pharmacy computers were password protected and computer terminals were not visible to customers visiting the pharmacy. The pharmacy's consultation room was suitable for private conversations and counselling. Equipment for counting loose tablets and capsules was clean. And a range of clean, crown-stamped, glass measures were available. The pharmacy's electrical equipment appeared to be in good working order.

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.