

Registered pharmacy inspection report

Pharmacy Name: Birk and Nagra Chemists, 8 Stanley Court,
Sydenham Drive, Leamington Spa, Warwickshire, CV31 1NL

Pharmacy reference: 1037785

Type of pharmacy: Community

Date of inspection: 06/12/2019

Pharmacy context

This community pharmacy is part of a family-run chain of independent pharmacies. It is in a row of shops in a residential area of Sydenham. It sells a range of over-the-counter medicines and dispenses prescriptions. It offers a prescription delivery service, an emergency hormonal contraception 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. Team members protect people's personal information appropriately. And they understand how they can help protect vulnerable people.

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 shared evidence to show that dispensing errors were recorded and submitted to the National Pharmacy Association (NPA). A recent dispensing error involving the supply of lansoprazole orodispersible tablets instead of mirtazapine orodispersible tablets was yet to be recorded. Members of the pharmacy team kept some records of near misses. But there was little evidence of a periodic review to identify any emerging trends in the pharmacy. Some actions to prevent similar events were noted on the near miss logs such as 'not to dispense from PMR' or 'triple check quantity'. The near miss logs showed that some incidents kept on recurring, which demonstrated that the actions taken to mitigate similar errors were not always effective. The pharmacy manager was aware of 'look-alike' and 'sound-alike' medicines and 'check name and strength' stickers were used on products such as losartan, levothyroxine, lercanidipine, cyanocobalamin, quinine sulphate, quinine bisulphate and Epilim.

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 service to help people stop smoking. The pharmacy manager said that people were signposted to their sister branch who did provide this service.

The pharmacy's confidentiality and privacy notice were displayed. 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 had appropriate indemnity insurance arrangements in place. 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 random CD check showed that the amount of stock in the cabinet matched the running balance in the register. 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. 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's staffing levels are just about enough to manage the current workload. Members of the pharmacy team receive the training they need for their roles and they work well together. They share a good rapport with their customers.

Inspector's evidence

The pharmacy manager and a supporting member of staff were working at the time of the inspection. The supporting member of staff had studied pharmacy in another EU country but had not completed the appropriate accredited qualification for her current role as a dispenser in this pharmacy. The matter was resolved during the inspection and the pharmacy manager enrolled this member of staff on dispensing assistant's course.

The pharmacy manager was dispensing and self-checking prescriptions. And the supporting member of staff was busy managing the medicines counter. The pharmacy manager was aware of the potential risks associated with dispensing and self-checking. She explained how she created a mental break between the two processes to reduce risk. For a time during the inspection, the staff member had to leave the premises. Meanwhile, the pharmacy manager tried to cope with acknowledging people coming into the pharmacy and dispensing prescriptions. The pharmacy manager said she was able to exercise her professional judgement when delivering additional services and would take into account staff availability. The team members were observed to have a good rapport with people visiting the pharmacy. The pharmacy manager said that she had worked at the same branch for over 10 years and had many regular, loyal customers.

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 private.

Inspector's evidence

The pharmacy's front fascia and its public facing areas were generally clean and adequately maintained. The carpet tiles in the shop area were stained in places and the covering on chairs for customers was stained. This somewhat detracted from 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 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 and recalls, 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 further protect people's health and wellbeing.

Inspector's evidence

The pharmacy had a conventional push and pull door and a stepped entrance. A notice was on display for people with mobility difficulties to ring the bell for assistance. The shop area was clear of slip or trip hazards and there was adequate space to accommodate wheelchairs and prams. The pharmacy's opening hours were advertised in-store. A range of healthcare leaflets was 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.

A prescription collection and delivery service was offered, 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 adequately 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.

The uptake of the pharmacy's emergency hormonal contraception service was low. The pharmacy manager said that on average two consultations were undertaken in a typical month. The pharmacy had an in-date patient group direction in place and the pharmacy manager had the appropriate qualification to deliver the service.

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 cards to be issued when dispensing valproate, were available in the pharmacy.

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 some hardware equipment installed, but the system was not operational.

The pharmacy manager knew about the 28-day validity period on CD prescriptions and CD stickers to highlight such prescriptions were available in the pharmacy. A completed prescription for pregabalin found on the shelf had been marked to show the date the 28-day legal limit would be reached. The pharmacy manager knew to counsel people about higher-risk medicines such as warfarin. And records of therapeutic monitoring such as INR levels were kept on the medication records.

The pharmacy manager said that she had recently completed a lithium safety audit and the pharmacy had identified four people that had not been issued with a lithium treatment pack by their prescriber on initiation of their treatment. The pharmacy manager was in the process of sending out her recommendations to the relevant prescribers.

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. Waste medicines were disposed of in dedicated bins that were kept in the area adjacent to the dispensary. 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. The CD cabinet was tidy and well-organised. 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.