

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: 27/06/2022

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 and supplies medicines in multi-compartment compliance packs to a small number of people in the community who need assistance in managing their medicines.

Overall inspection outcome

✓ **Standards met**

Required Action: None

Follow this link to [find out what the inspection 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 risk associated with its services. It keeps the records it needs to by law. And it has some procedures to learn from its mistakes. But it doesn't always record its mistakes so it might miss opportunities to improve its ways of working. Members of the pharmacy team protect people's personal information appropriately and they know about their role in protecting vulnerable people.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) that were first issued in 2019. But the SOPs did not include the date of review or the version number. Members of the pharmacy team had read and signed the SOPs when they were first issued. And their roles and responsibilities had been defined within the SOPs. A correct Responsible Pharmacist (RP) notice was displayed, and a medicine counter assistant (MCA) could explain the tasks she could not undertake in the absence of a pharmacist.

There was a procedure in place to learn from dispensing errors. Dispensing errors were recorded and reported to the superintendent pharmacist. The pharmacy manager said that team members had fallen behind in recording and reviewing dispensing mistakes that had been identified before they were handed to a person (near misses). This was due to unplanned absences and a new computer system being installed in the pharmacy which had caused some degree of upheaval.

The current indemnity insurance certificate was displayed in the pharmacy. Records about controlled drugs (CDs), RP, private prescriptions and supplies of unlicensed medicines were kept in line with requirements. Running balances of CDs were kept and audited at regular intervals. A random CD checked showed that the quantity of stock matched the recorded balance. A separate register was used to record CDs returned by people. And returned CDs were recorded when they were received in the pharmacy.

A complaints procedure was available and advertised in the pharmacy. Prior to the pandemic, the pharmacy had undertaken an annual patient satisfaction survey. The pharmacy's confidentiality and privacy notice were displayed in the retail area and confidential waste was managed appropriately. The pharmacy manager used her own NHS smartcard to access electronic prescriptions and prescriptions awaiting collection were stored securely. The pharmacy's computers were positioned away from the public view, and they were password protected. There were SOPs about protecting vulnerable people and the pharmacy manager confirmed that she had completed Level 2 safeguarding training.

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 work well together, and they are supported with some resources to help keep their skills and knowledge up to date. And they share a good rapport with people using the pharmacy

Inspector's evidence

At the time of the inspection there was the pharmacy manager (RP), a trained dispenser and a trained MCA. Team members had worked for the pharmacy for many years, and they were working well together. The branch had many loyal customers and members of the pharmacy team were observed to have a good rapport with people visiting the pharmacy. The pharmacy manager said that the team had fallen slightly behind with their dispensing workload due to unplanned staff absences within the company and a new computer system being installed in the pharmacy. The pharmacy manager gave assurances that the team members will catch up with their workload soon enough.

Members of the pharmacy team received some informal on-going training, such as updates to new medicines or products. Or when seasonal ailments such as hayfever started. And they had access to pharmacy magazines and literature from manufacturers. No formal records were made of this on-going training. And the pandemic had made it harder to find time to do on-going training.

The pharmacy manager was able to exercise her professional judgement when delivering additional services and she said that she would consider staff availability and patient safety. There were no formal targets or incentives set for team members.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are secure and they are adequate for the services it provides. People can have a conversation with a team member in a private space if required.

Inspector's evidence

The pharmacy's front fascia and its public facing areas were generally clean and adequately maintained. 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 lighting throughout the premises. The pharmacy's private consultation room was basic. But it was currently being used to assemble multi-compartment compliance packs. 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 protected from unauthorised access when the pharmacy was closed.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy manages its services adequately and people with different needs can access its services. It obtains its medicines from reputable sources and manages them appropriately. And it generally takes the right action in response to safety alerts and recalls so that people get medicines and medical devices that are safe to use. 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 by the entrance of the pharmacy 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 a wheelchair or a pushchair. A good range of healthcare leaflets was available, and members of the pharmacy team used their local knowledge to signpost people to other healthcare providers if a service required was not offered at the pharmacy.

A prescription delivery service was offered to mainly elderly and housebound patients. People receiving delivered medicines were no longer signing for them to help with infection control during the Covid-19 pandemic, instead, the driver kept an audit trail to indicate the medicines have been safely delivered.

The workflow in the dispensary was sufficiently organised and people visiting the pharmacy were served promptly. Baskets were used during the dispensing process to minimise the risk of prescriptions getting mixed up and to help prioritise workload effectively. 'Owing slips' were issued to people to keep an audit trail when prescriptions could not be supplied in full when first dispensed.

Dispensed multi-compartment compliance packs examined were labelled with a description of the medicines inside, to help people and their carers identify them. An audit trail was used to show who had done the dispensing and checking of the packs. Patient information leaflets were supplied routinely, so that people had the informed they needed to take their medicines safely.

Members of the pharmacy were aware of the additional information about pregnancy prevention that needed to be provided to people in the at-risk group taking valproate containing medicines. The pharmacy did not currently have anyone in the at-risk group being supplied with valproate. The required warning cards were seen to be attached to the manufacturer's packs. All CDs were stored in line with requirements. Dispensed CDs including those that did not required secure storage were marked with a CD sticker to help ensure these were not supplied after the 28-day validity period. There were no dispensed prescriptions for higher-risk medicines found on the shelves. But the pharmacy manager said she would personally get involved in handing out higher-risks medicines and she would use this opportunity to provide additional advise or counselling.

The pharmacy obtained its medicines from licensed wholesalers and medicines were generally stored tidily on the shelves. Short-dated medicines were marked for removal at an appropriate time. No date expired medicines were found in with stock medicines. Medicines requiring cold storage were stored between 2 and 8 degrees Celsius. Temperature records seen were within the required range but there

were some gaps in the records when the temperatures had not been recorded. This could mean that the pharmacy may not be able to provide assurances that its cold chain medicines were always stored in line with requirements. The pharmacy's fridge was in good working order, but it was very full. And this may affect the circulation of air in the fridge, and it could mean that the cold chain medicines are not always kept at an appropriate temperature.

The pharmacy manager described the actions that were taken if the pharmacy received a safety alert or a medicine recall. But the records seen were not very recent. Not having up-to-date records to hand could make it harder for the pharmacy to show what action it had taken in response.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides. It uses its equipment to help protect people's personal information.

Inspector's evidence

Equipment for counting loose tablets and calibrated glass measures were available in the dispensary. Members of the pharmacy team had access to up-to-date reference sources. All other electrical equipment appeared to be in good working order. Medicine bottles were capped to prevent cross-contamination. Hand sanitising gel was available in the pharmacy for team members and for people using the pharmacy. Members of the pharmacy team were wearing masks throughout the inspection.

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.