

# Registered pharmacy inspection report

**Pharmacy Name:** Care Pharmacy, 742-744 Alum Rock Road, Ward End, BIRMINGHAM, West Midlands, B8 3PP

**Pharmacy reference:** 1037878

**Type of pharmacy:** Community

**Date of inspection:** 01/05/2024

## Pharmacy context

This community pharmacy is located alongside local shops and services on the busy Alum Rock Road in the Ward End area of Birmingham. People who use the pharmacy are from the local community and a home delivery service is available. The pharmacy dispenses NHS prescriptions, and it provides NHS funded services such as the Pharmacy First service and blood pressure testing. The pharmacy team dispenses medicines into multi-compartment compliance packs for people to help make sure they remember to take them.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy manages the risks associated with its services to make sure people receive appropriate care. Members of the pharmacy team follow written procedures to make sure they work safely, and they complete tasks in the right way. They discuss their mistakes so that they can learn from them. And team members understand their role in protecting vulnerable people and they keep people's personal information safe.

### Inspector's evidence

A range of standard operating procedures (SOPs) were in place which covered the activities of the pharmacy and the services provided. The SOPs were reviewed and updated at regular intervals by the superintendent pharmacist (SI) and dated to show when this had last been completed. Signature sheets were used to record staff training and roles and responsibilities were highlighted within the SOPs.

A near miss log was available and near misses were sometimes recorded. The SI thought that there were some additional near misses that had been identified but not recorded and this was something that she wanted to work on. Near misses were discussed with the dispenser involved to ensure they learnt from the mistake, and any immediate learnings were shared verbally with the team. The team gave some examples of medicines that had been separated and highlighted to reduce the risk of them being selected in error during the dispensing process. The SI was not aware of any recent dispensing incidents but explained the process used to ensure that they were recorded and reviewed if one was identified.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A dispenser correctly answered hypothetical questions related to high-risk medicine sales and discussed how requests for codeine containing medicines were handled.

The pharmacy's complaints process was explained in the SOPs and in the practice leaflet. People could give feedback to the pharmacy team verbally or in writing. The pharmacy team members tried to resolve issues that were within their control and involved the responsible pharmacist (RP) or the SI if they could not reach a solution.

The pharmacy had up-to-date professional indemnity insurance. The RP notice was clearly displayed, and the RP log met requirements. Controlled drug (CD) registers were in order and two random balance checks matched the balances recorded in the register. Patient returned CDs were recorded in a register. Private prescription records were seen to comply with requirements. Specials records were maintained with an audit trail from source to supply.

Confidential waste was stored separately from general waste and destroyed securely. The pharmacy team members had their own NHS Smartcards. The SI had completed the Centre for Pharmacy Postgraduate Education Training (CPPE) on safeguarding, and the pharmacy team had a clear understanding of what safeguarding meant and what to do if they had a concern. Posters were

displayed in the shop area and the windows advertising the pharmacy's participation in the safe space scheme and there was a flow chart displayed in the consultation room for the RP to follow if a person needed help.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to manage the workload and the services that it provides. Its team members plan absences in advance, so the pharmacy has enough staff cover to provide the services. Team members work well together in a supportive environment, and they can raise concerns and make suggestions.

### Inspector's evidence

The pharmacy team comprised of the SI, a pharmacist, a trained dispensing assistant, a level two apprentice, a trainee dispensing assistant, a work experience student, and a home delivery driver. The work experience student was on a placement from college and worked at the pharmacy for four hours a week. She had not been enrolled on an accredited training course and explained that she did general shop keeping tasks such as tidying, cleaning and date checking of the shop floor stock, and observed other staff members. This meant she did not need to be enrolled on an accredited training course. The trainee dispensing assistant and the apprentice had been enrolled on an accredited training courses relevant to their roles and received regular training time. Holiday requests were discussed with the SI and cover was provided by other staff members as required. The SI reported that she felt comfortable with the current staffing levels as the trainee dispensing assistant had recently been recruited as an extra member of staff.

The pharmacy team were observed working well together and helped each other by moving from their main duties to help with more urgent tasks when required. The team discussed any pharmacy issues as they arose. They held regular huddles within the dispensary during quieter times and used a messaging app to share messages..

The pharmacy team members said that they could raise any concerns or suggestions with the SI and felt that she was responsive to feedback. Team members said that they would speak to other members of the team, their college tutors, or the GPhC if they ever felt unable to raise an issue internally. The SI was observed making herself available throughout the inspection to discuss queries with people and giving advice when she handed out prescriptions. Targets for professional services were not set.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and tidy, and it provides a suitable environment for the delivery of healthcare services. It has a consultation room, so that people can speak to the pharmacy team in private when needed.

### Inspector's evidence

The premises were smart in appearance and well maintained. Any maintenance issues were reported to the SI or the landlord. The dispensary was an adequate size for the services provided and an efficient workflow was seen to be in place. Dispensing and checking activities took place on separate areas of the worktops and there was ample space to store completed prescriptions.

The dispensary was clean and tidy. The pharmacy was cleaned by pharmacy staff. Hot and cold running water, hand towels and hand soap were available. The pharmacy had heating and portable fans and the temperature in the dispensary felt comfortable. Lighting was adequate for the services provided.

There was a large private consultation room which was used by the pharmacy team. The consultation room was professional in appearance and the door to the consultation room remained closed when not in use to prevent unauthorised access.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy offers a range of healthcare services which are accessible. It manages its services and supplies medicines safely. The pharmacy obtains its medicines from licensed suppliers, and stores them securely and at the correct temperature, so they are safe to use. People receive appropriate advice about their medicines when collecting their prescriptions.

### Inspector's evidence

The pharmacy had step free access from the pavement. A home delivery service was available for people who could not easily access the pharmacy. A range of health promotion leaflets were available and posters signposted people to services that were available locally. The pharmacy team could speak to people in English, Urdu and Bengali and Mirpuri. The pharmacy offered the NHS Pharmacy First service. Quick reference guides were available, and the NHS PGDs (patient group directions) and supporting documentation were available for reference.

Medicines were dispensed into baskets to help make sure they were not mixed up together. Different coloured baskets were used to prioritise prescriptions. Team members generally signed the 'dispensed-by' and 'checked-by' boxes on medicine labels, so there was a dispensing audit trail for prescriptions. The team were aware of the risks associated with the use of valproate containing medicines during pregnancy, and the need for additional counselling.

Multi-compartment compliance packs were supplied to some people living in their own homes. Prescriptions were requested from the surgeries in advance to allow for any missing items to be queried ahead of the intended date of collection or delivery. A sample of dispensed compliance packs were labelled with descriptions of medicines to help people identify them. There was a process in place for managing changes to medicines after packs had been supplied to people.

A random sample of dispensary stock was checked, and all the medicines were found to be in date. Date checking records were maintained for both the dispensary and the shop, and medication was proactively removed prior to its expiry date. Medicines were stored in an organised manner on the dispensary shelves. All medicines were observed being stored in their original packaging. Split liquid medicines with limited stability once they were opened were marked with a date of opening. Patient returned medicines were stored separately from stock medicines in a designated area. Medicines were obtained from a range of licenced wholesalers. Drug recalls were received electronically and marked when they were actioned.

The controlled drug cabinets were secure and a suitable size for the amount of stock that was held. Medicines were stored in an organised manner inside. Fridge temperature records were maintained, and records showed that the pharmacy fridges were working within the required temperature range of 2°C and 8°Celsius.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide services safely. The pharmacy team stores and uses the equipment in a way that keeps people's information safe.

### Inspector's evidence

The pharmacy had access to a range of up-to-date reference sources, including the British National Formulary (BNF) and the children's BNF. Internet access was available. Patient records were stored electronically and there were enough computer terminals for the workload currently undertaken. A range of clean, crown stamped measures and counting triangles were available.

Equipment for clinical consultations had been suitably procured and was stored appropriately. Some of the equipment was single use, and ample consumables were available. Computer screens were not visible to members of the public. Cordless telephones were in use and staff were observed taking phone calls in the back part of the dispensary to prevent people using the pharmacy from overhearing.

### 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.