

Registered pharmacy inspection report

Pharmacy Name: A+ Pharmacy, 311 Bordesley Green East,
Stetchford, BIRMINGHAM, West Midlands, B33 8QF

Pharmacy reference: 1037901

Type of pharmacy: Community

Date of inspection: 19/07/2023

Pharmacy context

This community pharmacy is situated in a row of local shops opposite a large healthcare centre which contains a GP surgery, a district nurse base and out of hours GP services. It dispenses NHS prescriptions and sells a range of over-the-counter medicines. The pharmacy supplies some medicines in multi-compartment compliance aid packs to help make sure people take them at the right time. It also offers a substance misuse service. Enforcement action has been taken against this pharmacy, which remains in force at the time of this inspection, and there are restrictions on the provision of some services. The enforcement action taken allows the pharmacy to continue providing other services, which are not affected by the restrictions imposed.

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 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 the 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. Signature sheets were used to record when members of the team had read the SOPs. Roles and responsibilities were highlighted within the SOPs. The SOPs had last been reviewed in July 2021 and the next review was due in July 2023.

A near miss log was available and near misses appeared to be routinely discussed with the dispenser involved to ensure they learnt from the mistake. The responsible pharmacist (RP) explained that the superintendent (SI) and the trainee pharmacist had completed an annual patient safety review as part of the NHS Pharmacy Quality Scheme (PQS) and explained some of the findings and the actions identified. Previous near miss logs, and the annual patient safety review document could not be located during the inspection. A dispensing assistant described some of the near misses that she was aware of and explained how she had used this information to try not to make the same mistakes again. The pharmacy had a dispensing robot. The RP described some of the safety features of the robot which helped to reduce the chances of making a dispensing error and how it helped with stock management.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A dispensing assistant correctly answered hypothetical questions related to high-risk medicine sales and explained how she managed requests for codeine containing medicines and sleep aids.

People could give feedback to the pharmacy team verbally or in writing. The pharmacy team tried to resolve issues that were within their control and would involve the SI if they could not reach a solution.

The pharmacy had up-to-date professional indemnity insurance. The correct RP notice was clearly displayed, and the electronic RP log generally met requirements. There were some days where the entry was incomplete, so it was unclear who was the RP at that time. Controlled drug (CD) registers were electronic, and a regular CD balance audit took place. One random balance check matched the balance recorded in the register, but another did not. The pharmacy had a process for investigating CD balance discrepancies and the RP agreed to look into the issue identified. The pharmacy dispensed private prescriptions and kept appropriate records. The private prescription folder was available. 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 and they confirmed that passcodes were not shared. The pharmacy professionals had completed level three training on safeguarding. The pharmacy team understood what safeguarding meant. A dispensing assistant gave examples of types of concerns that

she may come across and described what action she would take.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage the workload and the services that it provides. The team members plan absences in advance, so the pharmacy has enough staff cover to provide the services. The 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 trainee pharmacist, three dispensing assistants and a trainee dispensing assistant. The SI and one of the dispensing assistants were directors of the company. Home deliveries were done by one of the dispensing assistants. Annual leave was requested in advance and the team had agreed that a maximum of one member of staff could be off at any one time. Changes to the rota were made in advance when people were on holiday.

Pharmacy team members had completed some ongoing training and training needs were identified to align with the NHS PQS submission. The team discussed any pharmacy issues as they arose and held regular huddles within the dispensary during quieter times.

The pharmacy team worked well together during the inspection and team members were observed helping each other with tasks. The team members said that they could raise any concerns or suggestions with the SI or pharmacist who they felt was responsive to feedback. They said that they could contact the GPhC if they ever felt unable to raise an issue within the pharmacy. The RP was observed making himself available throughout the inspection to discuss queries with people and giving advice when he handed out prescriptions, or with people on the telephone.

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 pharmacist in private when needed.

Inspector's evidence

The premises were smart in appearance and appeared to be well maintained. Any maintenance issues were reported to one of the directors. 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 dispensary was an adequate size for the services provided; an efficient workflow was seen to be in place. NHS dispensing and checking activities took place on separate areas of the worktops. A dispensing robot was positioned in the centre of the dispensary and prescriptions were dispensed from 'shoots' with a patient medication record (PMR) terminal attached to each.

There was a private soundproof consultation room which was signposted. The consultation room was professional in appearance. The door to the consultation room remained closed when not in use. The pharmacy had air conditioning and the temperature in the dispensary felt comfortable during the inspection. Lighting was adequate for the services provided.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a range of healthcare services which are easy for people to access. It manages its services and supplies medicines safely. The pharmacy obtains its medicines from licensed suppliers, and it stores them securely. The team makes some checks to make sure medicines are safe to use.

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 and free parking was available outside. The pharmacy staff referred people to local services when necessary. They used local knowledge and the internet to support signposting. They could communicate with people in English, Urdu, Russian and German.

Items were dispensed into baskets to ensure prescriptions were not mixed up together. Staff signed the dispensed and checked boxes on medicine labels, but this wasn't done consistently, so the dispensing audit trail for prescriptions was sometimes incomplete. Notes and stickers were attached to medication when there was additional counselling required or extra items to be added to the bag. The team was aware of the risks associated with the use of valproate during pregnancy, and the need for additional counselling. Patient cards and some counselling materials was available.

The pharmacy had an established workflow for dispensing multi-compartment compliance packs. The pharmacy team requested prescriptions from most surgeries in advance in order to prepare the packs on time. The pharmacy had a system in place to let the team know when prescriptions were due. When prescriptions arrived, staff used a master backing sheet to identify any changes. Staff obtained patient consent to access NHS Summary Care Records (SCR) and confirm the changes, as well as confirming any changes with the person. An audit trail was held within the pharmacy to identify who had dispensed and checked each pack. Each pack was provided with a backing sheet which described the drug name, form, and strength, along with the patient details, pharmacy details and a chart indicating when to take each medicine. New medicines were supplied in original packs for the first three months' before being added to the multi-compartment compliance packs, to ensure the treatment was stable.

No out-of-date medication was found during the inspection. The date checking records for the medicines that were stored outside of the robot had not been updated as evidence of date checking. The medicines that were stored inside of the robot were date checked by the robot and short dated medicines were removed by the robot regularly. 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 licensed wholesalers. Drug recalls were received electronically and marked when they were actioned.

The CD cabinets were secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. Fridge temperature records were maintained sporadically. The RP explained this was probably due to an oversight during periods when members of the team who were responsible for keeping the records were absent. The pharmacy fridge was working within the required

temperature range of 2°C and 8°Celsius during the inspection.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. And the team uses it 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 terminals for the workload currently undertaken. A range of clean, crown stamped measures and counting triangles were available. Computer screens were not visible to members of the public as they were excluded from the dispensary. 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. A maintenance contract and ongoing technical support was provided for the robot. There were override mechanisms in place so that staff had access to the medicines contained in the robot in the event of power failure.

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.