

Registered pharmacy inspection report

Pharmacy Name: Crest Pharmacy, 17 Faraday Avenue, Quinton,
BIRMINGHAM, West Midlands, B32 1JP

Pharmacy reference: 1037985

Type of pharmacy: Community

Date of inspection: 31/10/2022

Pharmacy context

This is a community pharmacy situated in a residential area of Quinton, Birmingham. The pharmacy changed ownership in October 2022. Its main activity is dispensing NHS prescriptions. The pharmacy provides a substance misuse service to a couple of people, seasonal flu vaccinations and a prescription delivery service mainly to elderly and housebound people. And it also supplies medicines in multi-compartment compliance packs to a handful of people who need assistance in managing their medicines at home.

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 identified and manages the risks associated with its services. It has written procedures to help deliver its services safely. And it keeps the records it needs to by law, to show that medicines are supplied safely and legally. Members of the pharmacy team protect people's private information appropriately. And they understand how they can help protect vulnerable people.

Inspector's evidence

Members of the pharmacy team were in the process of signing the pharmacy's standard operating procedures (SOPs) under the new ownership. Records were available for SOP's signed under the previous owner. The pharmacy had systems to record dispensing incidents. But the responsible pharmacist (RP) on duty who had never worked in the branch before said that she was unable to locate dispensing incident records. After the inspection some records of mistakes that hadn't reached people (near misses) were provided. But there was no supporting evidence provided of how these had been reviewed to identify any emerging trends in the pharmacy. The commercial director who was present at the time of the inspection, said that the branch hadn't had any dispensing errors (mistakes that had reached people) since it began operating under the new ownership. The correct RP notice was on display and members of the pharmacy team could describe the tasks they could or could not undertake in the absence of a pharmacist.

The pharmacy had current indemnity insurance. Records about RP, controlled drugs (CDs) and private prescriptions were kept in line with requirements. A random balance check of a CD showed that the quantity of stock matched the recorded balance in the register. Running balances of CDs were kept and audited monthly. A separate register was used to record patient-returned CDs.

A complaints SOP was available, and members of the pharmacy team said that complaints were mainly handled by the pharmacy manager and escalated to the superintendent pharmacist (SI) where appropriate. The pharmacy had procedures about protecting people's private information. Completed prescriptions awaiting collection were stored securely and no person identifiable information was visible to the public. Confidential waste was separated from general waste, and this was collected by a waste contractor for secure destruction. The pharmacy had procedures about protecting vulnerable people and the RP had completed level 2 safeguarding training. Details of local agencies to escalate any safeguarding concerns were available in the pharmacy.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its current workload. Members of the pharmacy team work well together, and they can raise concerns or make suggestions to help improve the pharmacy's services.

Inspector's evidence

At the time of the inspection, the pharmacy was staffed by a locum pharmacist (the RP during the inspection), a dispenser and a trained medicine counter assistant (MCA). The pharmacy manager was on a day off. The dispenser said that she had been previously enrolled on an accredited course but, due to personal circumstances, the course had not been completed. This was addressed with the commercial director and a confirmation was sent to the inspector after the inspection that the dispenser had now been re-enrolled on a training course. Members of the pharmacy team worked well together, and they were managing their workload adequately. The MCA said that she had worked under the previous ownership for many years and understood the whistle blowing policy. And she felt well supported under the new ownership to make suggestions to improve the pharmacy's services. There were currently no targets or incentives set for team members.

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 they were adequately maintained. The consultation room was of an adequate size, but it was used as a storage room as well. And 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 preparing medicines was clean and it had a supply of hot and cold running water. There was adequate heating and lighting throughout the pharmacy. The dispensary was separated from the retail area and afforded some privacy for dispensing 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 different needs can access its services. It obtains its medicines from reputable sources, and it manages them appropriately. And it has a process to make sure it takes the right action in response to safety alerts and recalls so that people are supplied with medicines that are fit for purpose.

Inspector's evidence

The pharmacy had a conventional push and pull door and step-free entrance. 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 were available, and members of the pharmacy team used their local knowledge to signpost people to other providers if a service required was not offered at their pharmacy. A prescription delivery service was offered mainly to elderly and housebound people. And people, where possible, signed to acknowledge receipt of their medicines.

The workflow in the pharmacy was adequately organised. Members of the pharmacy team used baskets during the dispensing process to minimise the risk of medicines getting mixed up. 'Owing notes' were issued to people to keep an audit trail when prescriptions could not be supplied in full when first dispensed. Members of the pharmacy team knew about Pregnancy Prevention Program for people in the at-risk group who were prescribed with valproate-containing medicines. The pharmacy had appropriate leaflets and information to be provided when supplying these medicines to people in the at-risk group. The pharmacy had begun delivering its flu vaccination service in October and approximately 20 vaccinations had been administered to date. An anaphylaxis kit and all the ancillary items such as gloves and hand-sanitisers were available in the consultation room.

The pharmacy ordered its stock medicines from licensed wholesalers, and they were stored tidily on the shelves. Pharmacy-only medicines were stored in an unlocked glass cabinets and the pharmacy displayed a notice for people to ask for assistance when wanting to buy such medicines. This could increase the chances of people self-selecting the medicines. But a team member said that there hadn't been any incidences where people had tried to help themselves and the medicine's counter was generally manned. Stock medicines had been date-checked recently and short-dated medicines were highlighted for removal at an appropriate time. Liquid medicines with limited stability were marked with opening dates to ensure they were fit for purpose when supplied to people.

Cold-chain medicines were stored appropriately, and the maximum and minimum temperatures were recorded daily. The records showed that the temperatures had been maintained within the required range of 2 and 8 degrees Celsius. All CDs requiring secure storage were stored appropriately in the CD cabinet. Access to CD keys was managed appropriately. The pharmacy had denaturing kits available to dispose of waste CDs safely. Members of the pharmacy team know that prescriptions for CDs not requiring secure storage such as tramadol and pregabalin, had a 28-day validity period. And CD stickers were used to highlight such prescriptions to minimise the chances of inadvertently supplying them beyond their validity period. The pharmacy had a process to deal with safety alerts and medicines recalls to make sure the medicines it supplied were fit for purpose.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy's computers were password protected and computer terminals were not visible to people visiting the pharmacy. Members of the pharmacy team had access to current reference sources. There was a range of clean crown-stamped measures and equipment for counting loose tablets and capsules was clean. Medicine containers were capped to prevent cross-contamination. Hand-sanitising gel was available on the medicine's counter and in the dispensary for team members and for people visiting the pharmacy. All electrical equipment appeared to be in good working order, and it had been PAT tested under the previous ownership.

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.