

Registered pharmacy inspection report

Pharmacy Name: Gospel Lane Pharmacy, 368 Gospel Lane, Olton,
BIRMINGHAM, West Midlands, B27 7AJ

Pharmacy reference: 1037993

Type of pharmacy: Community

Date of inspection: 17/06/2021

Pharmacy context

This is a busy community pharmacy located in a residential area on the outskirts of Solihull. People who use the pharmacy are from the local community and a home delivery service is available. The pharmacy primarily dispenses NHS prescriptions and it provides some NHS funded services. The pharmacy team dispenses medicines into multi-compartment compliance packs for people to help make sure they remember to take them, and it provides services to care homes. The inspection took place during the COVID-19 pandemic.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.1	Standard not met	The pharmacy does not undertake audits or regularly review the main services that it provides, so issues are not promptly identified and addressed. The pharmacy does not thoroughly investigate allegations of dispensing incidents or complaints. And the pharmacy team does not regularly review its near misses or effectively use these as learning opportunities.
2. Staff	Standards not all met	2.2	Standard not met	Not all pharmacy team members are enrolled on accredited training courses within 12-weeks of starting in their role. Staff members are not supported to complete their accredited training within the time scales suggested by the course provider.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards not all met	4.2	Standard not met	The pharmacy does not always operate efficiently. Prescriptions are dispensed after they are due or to tight time frames, which could lead to errors. People are not adequately assessed prior to commencing compliance packs and the pharmacy continues to take on new patients, despite the cramped working conditions.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy does not manage the ongoing risks associated with its services, which means it currently has issues in managing the workload. The pharmacy team does not effectively learn from its mistakes. And the way the pharmacy manages complaints does not always meet the people's expectations. The pharmacy team members understand what they are responsible for and they usually follow written procedures to make sure they work safely. The pharmacy keeps the records it needs to by law and it protects people's private information.

Inspector's evidence

A range of standard operating procedures (SOPs) were in place which covered the operational activities of the pharmacy and the services provided. The SOPs had been prepared using NPA templates and had passed the date for the next review. Each SOP had a signature sheet to record staff training. The administration manager was aware that the SOPs were due for a review and explained this would be done at the same time as the next NHS audit required submission (July 2021).

A near miss log was available and the dispenser involved was responsible for correcting their own error to ensure they learnt from the mistake. A dispensing assistant explained that she was made aware of any mistakes that she had made and gave some examples of how she used this knowledge to try and not make the same mistake again. It appeared that the pharmacy team were routinely recording near misses, but the logs were only reviewed on an annual basis. This meant that learning opportunities were missed, and the pharmacy team did not benefit from the shared learning that a regular review of the logs for patterns and trends would create. The administration manager had a reflection form that the team members could be asked to complete when reviewing their own work, but there was no evidence to suggest this was used in practice.

There was a SOP for dispensing errors. Some incidents had been recorded and reviewed in detail, but there were examples of other incidents that had not been recorded. The Superintendent Pharmacist (SI) explained that he had investigated one of these alleged errors and he did not believe there had been any wrongdoing on the part of the pharmacist, but the dispensing incident had not been recorded using the standardised form. So, the pharmacy could not always demonstrate when an internal investigation had taken place or what learning, reflection or changes in systems resulted from investigation.

People could give feedback to the pharmacy team in different ways, such as verbal or written. The pharmacy team members usually tried to resolve issues that were within their control and explained that the repeat dispensing service had been reviewed to try and meet people's expectations. The local surgery had switched patients to electronic repeat dispensing (eRD) during the pandemic and there had been some initial confusion about what that meant for patients. The pharmacy had then asked people to contact them at least three days before they required their next prescription. This gave the pharmacy team the time to download the next prescription, order any items that were not set up as eRD and dispense the medicines. There was some evidence that the pharmacy team members did not always handle complaints as effectively as they could do.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the

inspection. A medicines counter assistant correctly answered hypothetical questions related to high-risk medicine sales and she explained that some medicines were temporarily removed from sale if there were concerns about their usage.

Personal protective equipment (PPE) was available and was being worn by most team members. PPE was not always worn correctly, such as, face masks did not cover the nose. This increased the possibility of COVID-19 transmission if a team member was infected, due to the compact nature of the dispensary and the inability to socially distance within it. Coronavirus information was displayed in the shop and on the front door. Pharmacy team members carried out lateral flow tests twice a week. Personal risk assessments had been carried out for members of the team.

The pharmacy had up-to-date professional indemnity insurance in place. The Responsible Pharmacist (RP) notice was displayed; it was not showing the correct pharmacist's details, but this was promptly corrected. The RP log met requirements. Controlled drug (CD) registers were in order and a random balance check matched the balance recorded in the register. Private prescriptions were recorded in a book and contained the required information. Emergency supplies were recorded electronically, however, the reason for the supply was often missing from the record which made it harder for the team to explain the circumstances.

Confidential waste was stored separately from general waste and destroyed securely by a specialist company. The pharmacy team had their own NHS Smartcards, but some Smartcards were in use that belonged to team members who were not on duty. This suggested that pass codes were shared. The Smartcards were removed and handed to the RP for safe storage. The RP had completed Centre for Pharmacy Postgraduate Training (CPPE) on safeguarding. Some members of the team were aware of their safeguarding responsibilities, and some were not.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy team are working under pressure to meet the workload that they currently have. Staffing levels and dispensing tasks are not always well planned which can lead to a backlog of work, and this creates a difficult working environment for the team. Pharmacy team members do not all complete the training they need to do their jobs. They are not always enrolled on accredited training course within the required timescales.

Inspector's evidence

The pharmacy team comprised of the superintendent (RP at the time of inspection), supervisor (dispensing assistant), two level three trainees, two dispensing assistants, a trainee dispensing assistant, four medicine counter assistants and two delivery drivers. The level three trainees were nearing the end of their course and were on track to complete it within the required time period. There were three members of the team that were undertaking activities that met the GPhC minimum training requirements for pharmacy support staff. They either had not been enrolled on accredited training courses, or they had been enrolled on the training, but they had not started the course work.

Annual leave was booked in advance and written onto a wall planner, and it was clear when people were off. The superintendent and administration manager checked the schedule and asked members of the team to work overtime or change their hours to cover annual leave, sickness or busy periods. The team were finding the workload challenging and were behind on some of the activities. For example, a large and complex care home was being dispensed during the inspection and was due to be checked and delivered later that day which meant unnecessary time pressures were being put on the people involved in that process. Both eRD and repeat prescriptions were put into a filing system and the team were a couple of days behind with dispensing these. The administration manager had called another pharmacist in to work that afternoon to assist with checking the care home to help make sure it was ready on time.

The team members knew their role within the dispensary and different tasks were allocated to different team members to help manage the workload. The team members were trained to undertake different tasks. The team worked well together during the inspection and were observed helping each other and moving from their main duties to help with more urgent tasks when required. Members of the team discussed any pharmacy issues with their colleagues as they arose, and they held monthly meetings in the dispensary. The team had annual appraisals and performance related issues were discussed as needed. The pharmacy staff said that they could raise any concerns or suggestions with the SI, or they would contact the GPhC. The SI was observed making himself available to discuss queries with people and giving advice when he handed out prescriptions. No targets were set for professional services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare services. But the dispensary lacks space which impacts on general organisation and the working environment. The pharmacy team uses a consultation room if people want to have a conversation in private.

Inspector's evidence

The premises were smart in appearance and appeared to be well maintained. Any maintenance issues were reported to the administration manager or the SI. The administration manager used local builders to carry out maintenance work as needed. The dispensary had been extended as far as planning permission would allow. Whilst the team had an efficient workflow in place, the dispensary was reaching capacity and the team members had limited space for dispensing. A large number of prescription items were dispensed into multi-compartment compliance packs or into compliance packs for care homes, and this process required additional workbench space during the dispensing process. This meant that the team members that were dispensing walk-in prescriptions, repeat prescriptions and eRD did not have much space to work or stack baskets containing prescriptions for accuracy checking.

There was a storage cupboard and staff toilet, but no stock room or staff room. This meant that storage space was minimal, and some boxes and baskets of stock and consumables were stored on the floor in the dispensary. The team attempted to keep these as tidy as possible, but they were a trip hazard due to the limited floor space in the dispensary. There was a private consultation room which was used by the pharmacy team during the inspection. The consultation room was basic but professional in appearance.

Various COVID-19 related signs had been produced to explain the social distancing measures and to restrict the number of people that could be in the pharmacy at any one time. People generally respected these measures and queued outside of the pharmacy if there were people already inside. Plastic screens had been installed between the shop area and the medicines counter. The pharmacy was cleaned by the team. The sinks in the dispensary and staff toilet had hot and cold running water, hand towels and hand soap were available. The pharmacy had air conditioning and the temperature was comfortable during the inspection. The lighting was adequate for the services provided.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy processes are not as efficient as they need to be to deliver the current workload, which means there is often a backlog of work. However, the pharmacy generally supplies medicines safely and people receive appropriate advice about their medicines when collecting their prescriptions. It gets its medicines from licensed suppliers and the team makes checks to make they are safe to use.

Inspector's evidence

The pharmacy had step free access from the pavement and a home delivery service was offered to people who could not access the pharmacy. Pharmacy staff spoke a range of different languages and used these to communicate with people that did not speak English as their first language. The languages spoken were English, Urdu, Punjabi and Mirpuri. The pharmacy staff referred people to local services, such as smoking cessation services, when necessary. The pharmacy staff used local knowledge and the internet to support signposting.

At the time of inspection, the team members were a couple of days behind on dispensing activities which meant the pharmacy's processes were not as efficient as they it could have been. Items were dispensed into baskets to ensure prescriptions were not mixed up together. Different coloured baskets were used to manage workload and the top of the prescription form was annotated by the team to show when the prescription was required. Staff signed the dispensed and checked boxes on medicine labels, so there was a dispensing audit trail for prescriptions. Notes and stickers were attached to medication when there was additional counselling required or extra items to be added to the bag. The SI had some understanding of the MHRA and GPhC alerts about valproate, however, he could not locate the associated counselling information and agreed to refresh his knowledge and order additional materials.

Multi-compartment compliance packs were used to supply medicines for a large number of patients, and the process was managed by the dispensing assistants. Some of the prescriptions were set up as eRD, and some needed to be ordered each time. One of the dispensers checked which prescription items were available to download and then ordered any missing items ahead of the intended date of dispensing. The team delivered compliance packs around a week before the person needed to start taking the medication so that any issues could be rectified. The dispensers used a common-sense approach when talking to people about changes to compliance packs and did what was best for the patient. The pharmacy team had identified that they were reaching capacity due to the size of the dispensary; however, they were still accepting requests for new compliance pack patients. The pharmacy team members did not undertake suitability risk assessments when considering whether to accept a request for dispensing into a compliance pack.

Prescriptions for care homes were ordered using a form that had been sent with the monthly supplies, and the prescription forms were checked against the request. Any missing items were chased up. The care homes were dispensed across two weeks each month, so the team knew the workload for those two weeks was higher. Dispensing assistants took it in turns to dispense for the care homes so that they were trained and confident on how to dispense them. A complex care home was being dispensed during the inspection for delivery that same day. The dispensing assistant and pharmacist were working

to a very tight timescale considering there were other prescriptions that the pharmacist needed to check as well.

A large number of repeat prescriptions were dispensed as eRD. One dispensing assistant was allocated the task of labelling the prescriptions that had been received electronically from the surgeries and another was allocated the task of working on eRD administration. Both dispensers labelled the prescriptions they were working on and put them into a filing system that was organised by due date, so that the team knew which prescriptions to dispense first. They filed within the due date alphabetically by name so that they could find prescriptions easily if a person came in to collect it before it had been dispensed. People were asked which eRD items they required before the prescription was dispensed to prevent wastage.

The dispensary and shop areas were date checked every six-months and short dated stock was listed and marked so that it could be removed from the shelf prior to its expiry date. One out of date medicine was seen on the shelf which had been missed when checking the short-dated list. 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 designated bins.

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, and records showed that the pharmacy fridges were usually 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 its services safely. And the team uses it in a way that keeps people's information safe.

Inspector's evidence

The pharmacy had a range of up to date reference sources, including the 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 were available. Separate measures were used for the preparation of methadone. Counting triangles were available. Computer screens were not visible to the public as members of the public could not access 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.

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.