

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: 17/02/2022

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. The inspection took place during the COVID-19 pandemic.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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

The pharmacy effectively 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. They discuss their mistakes so that they can learn from them, and they make changes to stop the same sort of mistakes from happening again. The pharmacy team keeps people's information safe and team members understand their role in supporting vulnerable people.

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. Each SOP had a signature sheet to record staff training. Roles and responsibilities were highlighted within the SOPs.

Near miss errors were documented, and the dispenser involved was responsible for recording and correcting their own error to ensure they learnt from the mistake. A trainee dispensing assistant explained that he was made aware of any mistakes that he had made and gave some examples of how he used this knowledge to try and not make the same mistake again. The team members had individual near miss logs and completed a reflective log at the end of the month to identify any patterns or trends that they could learn from. The superintendent (SI) reviewed the near miss logs and reflective logs to share learning with the team. There was an SOP for dealing with dispensing errors and an example of an error investigation was discussed, this included steps that had been taken to prevent a similar incident occurring in the future.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A medicine 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.

The pharmacy's complaints process was explained in the SOPs. People could give feedback to the pharmacy team in several different ways; verbal, written and online. 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 SI used a flow chart from the National Pharmacy Association's (NPA) website to support the complaint process.

The pharmacy had up-to-date professional indemnity insurance. The Responsible Pharmacist (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. Private prescription and emergency supply 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 had their own NHS Smartcards and confirmed that passcodes were not shared. The RP had

completed Centre for Pharmacy Postgraduate Training (CPPE) on safeguarding. The pharmacy team members understood what safeguarding meant and a dispensing assistant gave examples of when she had referred safeguarding concerns to the pharmacist.

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 always has enough cover to provide the services. They work well together in a supportive environment and they can raise concerns and make suggestions.

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, two trainee dispensing assistants, three medicine counter assistants, a trainee medicine counter assistant 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. Two members of the team had started working at the pharmacy last summer and had not yet been enrolled on an accredited training course. The superintendent confirmed shortly after the inspection that they had been enrolled on accredited training courses.

The team members understood 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 team members 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 if they had serious concerns. 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. The pharmacy team uses a consultation room for some of its services and 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 SI. The SI 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 compact and the team had to effectively use the space that they had. Dispensing and checking activities took place on separate areas of the worktops.

Various COVID-19 related signs had been produced and Perspex screens had been installed between the shop area and the counter. The dispensary was clean and tidy with no slip or trip hazards evident. The pharmacy was cleaned regularly by the pharmacy team. The sinks in the dispensary and staff areas had hot and cold running water. Hand towels and hand soap were available. The pharmacy had air conditioning and the room temperature was comfortable during the inspection. The lighting was adequate for the services provided. Prepared medicines were stored securely within the pharmacy premises and pharmacy medicines were stored behind the medicines counter.

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 stores them securely and at the correct temperature, so they are safe to use. The team supplies medicines in multi-compartment compliance packs for those who may have difficulty managing their medicines.

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.

Items were dispensed into baskets to ensure prescriptions were not mixed up together. Different coloured baskets were used to prioritise certain prescriptions. Staff signed the dispensed and checked 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 during pregnancy, and the need for additional counselling. Patient cards and counselling materials were available.

A prescription collection service was offered, and various options were available dependent on what the person preferred, and what their surgery accepted. Repeat dispensing was popular with local surgeries and the pharmacy had efficient systems in place for dispensing these prescriptions.

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 electronic repeat dispensing (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 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 the equipment 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 visiting 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.