

# Registered pharmacy inspection report

**Pharmacy Name:** Highfield Chemist, 25 Highfield Road, Alum Rock,  
BIRMINGHAM, West Midlands, B8 3QD

**Pharmacy reference:** 1038016

**Type of pharmacy:** Community

**Date of inspection:** 17/05/2023

## Pharmacy context

This community pharmacy is located next to a GP practice in the Alum Rock 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 some other NHS funded services.

## 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. 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 activities of the pharmacy and the services provided. The SOPs had been prepared by head office and uploaded to a website which allowed the superintendent's office to track individual team member's training. The pharmacist manager was alerted when his team members had not completed SOP training that was relevant to their job role. Roles and responsibilities were highlighted within the SOPs.

A near miss log was available. Near misses were discussed with the team member involved to ensure they learnt from the mistake. The pharmacy team members recorded their own near misses to aid learning, and to ensure they had reflected on the reasons for the mistake. The pharmacy team gave some examples of different types of mistakes and demonstrated some examples of how the dispensary layout had been adapted to try and avoid the same mistake happening again. There was an SOP for investigating dispensing incidents and head office would be contacted for advice as part of the investigation. An annual patient safety review was carried out as part of the NHS Pharmacy Quality Scheme (PQS) submission. Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection.

The pharmacy's complaints and feedback process was explained on a poster in the waiting area and 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 would involve head office if they could not reach a solution. The pharmacy team had purchased a smart phone and had installed a secure messaging application (app) so that people could contact the pharmacy using the messaging service rather than telephoning the pharmacy. This idea had been implemented as a result of patient feedback about the telephone line being regularly engaged. And the pharmacy team members had also found they were being distracted by needing to answer the telephone throughout the day. The team explained that the people using the pharmacy had found the messaging app useful and the team checked and actioned messages at a time that was convenient to them, which helped manage their workload. The pharmacist manager was not aware of any formal complaints being made recently.

The Responsible Pharmacist (RP) notice was clearly displayed, and the RP log met requirements. Controlled drug (CD) registers were in order and a random balance check matched the balance 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 had their own NHS Smartcards and confirmed that passcodes were not shared. The pharmacist manager and pharmacy technician had completed level three training on safeguarding and the details

of local safeguarding bodies were available. The pharmacy team were aware of the 'Ask for ANI' codeword scheme, although they had not had anyone that required assistance.

## 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 pharmacist manager (RP at the time of inspection), a pharmacy technician, a trainee dispensing assistant and a home delivery driver. Annual leave was booked in advance and staffing rotas were amended in advance for holiday cover.

Pharmacy team members completed ongoing training and training needs were identified to align with seasonal events and the NHS Pharmacy Quality Scheme (PQS). The team had regular appraisals and 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 pharmacist manager who they felt was responsive to feedback. Team members said that they would speak to head office or GPhC if they ever felt unable to raise an issue within the pharmacy. The pharmacist manager 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 provides a safe and secure environment for people to receive healthcare services. The pharmacy team has access to a consultation room for services such as vaccinations, 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 head office. The pharmacy was located next door to a surgery within a row of terrace houses. Prepared medicines were held securely within the pharmacy premises.

The dispensary was an adequate size for the services provided; an efficient workflow was seen to be in place. Dispensing and checking activities took place on separate areas of the worktops. There was a private soundproof consultation room which was professional in appearance. The door to the consultation room remained closed when not in use and it was not accessible directly from the shop area.

The dispensary was clean and tidy with no slip or trip hazards evident. The pharmacy was cleaned by pharmacy staff. Hot and cold running water, hand towels and hand soap were available. The pharmacy was heated using central heating and cooled in the summer with portable fans. Lighting was suitable 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 stores them securely and at the correct temperature, so they are safe to use.

### Inspector's evidence

The pharmacy was accessed via a small step from the pavement. A home delivery service was available for people who could not access the pharmacy. Health promotion leaflets were available, and posters were displayed in the waiting area. Pharmacy staff referred people to other local services using local knowledge and the internet to support signposting. The pharmacy had a sister branch which was also in Alum Rock where it referred people requesting services that they did not offer or wanting a wider range of OTC medication. Pharmacy staff were observed speaking to patients in different languages throughout the inspection. Staff could speak to patients in English, Gujarati, and Urdu. And they used Google Translate for other languages.

Items were dispensed into baskets to ensure prescriptions were not mixed up together. 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. Counselling materials were available to support this.

Multi-compartment compliance packs were supplied to people in the community. The pharmacy team were unable to order prescriptions on behalf of the patient, so people were prompted to place their request ahead of time to allow for any missing items to be queried with the patient or the surgery ahead of the intended date of collection or delivery. A sample of dispensed compliance pack prescriptions were labelled with descriptions of medication and patient information leaflets were sent with each supply. There was a process in place for managing mid-cycle change requests.

Date checking took place regularly and no out of date medication was found during the inspection. The pharmacy had date checking records and medication was pro-actively removed from the stock prior to its expiry date. Medicines were stored in an organised manner on the dispensary shelves. All medicines were 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 from the MHRA and annotated when they were actioned.

The CD cabinet was 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 fridge was 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 access to 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. Counting triangles were available. Computer screens were not visible to the public as members of the public 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.

### 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.