

# Registered pharmacy inspection report

**Pharmacy Name:** Calstar Pharmacy, 151 Lozells Road, BIRMINGHAM,  
West Midlands, B19 2TP

**Pharmacy reference:** 1038051

**Type of pharmacy:** Community

**Date of inspection:** 26/06/2019

## Pharmacy context

This is a quiet community pharmacy located on a busy main road with local shops and services in the Lozells area of Birmingham. People using the pharmacy are from the local community which is very ethnically diverse with a high population of people of Afro-Caribbean, Bangladeshi and Pakistani origin. The pharmacy primarily dispenses NHS prescriptions and provides a limited range of services such as Medicines Use Reviews (MURs) and it supplies some medicines in weekly compliance packs.

## 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 effectively manages the risks associated with the services to make sure people receive appropriate care. People can give feedback and make a complaint about the services. Members of the pharmacy team are clear about their responsibilities and follow written procedures to make sure they work safely. They record their mistakes so that they can learn from them. And they make changes to stop the same sort of mistakes from happening again.

### 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 and approved by the Superintendent (SI). SOPs had been updated due to the Falsified Medicines Directive (FMD). The SI was the regular pharmacist working at the pharmacy with the owner/director as the dispenser and the other owner/director as a delivery driver. Signature sheets were available to record staff training. Roles and responsibilities of pharmacy staff were highlighted within the SOPs.

Dispensing incidents were recorded and reviewed to identify changes that could be made to reduce the risk of reoccurrence. A dispensing error was discussed and the learning that had been identified was explained. Errors were reported to a national database using the National Reporting and Learning System (NRLS) tool. The members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection.

The complaints procedure was explained in the SOPs and explained to people in the practice leaflet and on a poster. People could give feedback to the pharmacy team in several different ways; verbal, written, on the NHS website and the annual NHS CPPQ survey. The branch team tried to resolve issues that were within their control and explained that feedback from people using the pharmacy was generally positive.

The pharmacy had up to date professional indemnity insurance arrangements in place. The Responsible Pharmacist (RP) notice was prominently displayed and the RP log was seen to be compliant with requirements. The entries in the controlled drug (CD) registers were in order. A random balance check matched the balance recorded in the register. But CD balance checks for out-of-date CD's did not take place at regular intervals. A balance check for methadone was done weekly and the manufacturer's overage added into the balance.

Patient returned CDs were recorded in the patient returned register. Private prescriptions were recorded in a record book. A sample of entries was seen to comply with legal requirements. Emergency supplies were recorded electronically, but the SI was unsure how to create an emergency supply report, so individual records were viewed and contained the necessary information. Specials records were maintained with an audit trail from source to supply. NHS Medicine Use Review (MUR) consent forms were seen to have been signed by the person receiving the service.

Confidential waste was stored separately to normal waste and shredded. No confidential information could be seen from the customer area. Pharmacy staff had NHS Smartcards and confirmed that their passcodes were not shared. Various information governance (IG) policies were in the IG folder and

signed by pharmacy staff. The SI had completed Centre for Pharmacy Postgraduate Training (CPPE) on safeguarding and local safeguarding contacts were available.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to manage the current workload and the services that it provides. The team members plan pharmacist absences, so they always have sufficient cover to provide the services. They receive ongoing training so that they can keep their skills and knowledge up to date.

### Inspector's evidence

The pharmacy team comprised of the Superintendent, a dispensing assistant and a delivery driver. The dispensing assistant and delivery driver were the owners/directors of the company. The delivery driver worked in the shop when required to prevent lone working or when the dispensing assistant was dispensing weekly compliance packs in the consultation room. A cleaner worked at the pharmacy two days a week.

Two members of staff (pharmacist and dispenser) were working in the pharmacy during the inspection and due to the low footfall, they were able to easily manage the workload. The dispensing assistant worked on the counter and came into the dispensary when requested; this was usually to accuracy check a prescription dispensed by the Superintendent.

The Superintendent had a list of his preferred locum pharmacists that he contacted when he wanted to take annual leave. The dispensing assistant and delivery driver did not take annual leave and covered each other if they required time off. There was a training folder as evidence of ongoing staff training. The SI found information that would be useful to the team, such as changes to legislation, and printed relevant documents from the internet or used references provided by suppliers.

The team appeared to work well together during the inspection and were observed helping each other and moving onto the healthcare counter or dispensary when there was a queue. 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.

### Inspector's evidence

The premises were generally smart in appearance, but some fixtures and fittings were a little dated. The ceiling at the back part of the shop had fallen due to heavy rain about two weeks before the inspection. The SI and owner explained that this had been reported to their insurance company and quotes for the repair work had been submitted. Any maintenance issues were reported to the owners and the SI had some local contacts that he could call on if required.

The dispensary was an adequate size for the services provided; an efficient workflow was seen to be in place. The premises were large and spread over three floors. There was a private soundproof consultation room which was signposted. The consultation room was professional in appearance. The fallen ceiling was over the entrance to the consultation room, but any debris had been cleaned and the area made safe.

The pharmacy was clean and tidy with no slip or trip hazards evident. It was cleaned by a cleaner. The sinks in the dispensary and staff areas had running water, hand towels and hand soap were available. The pharmacy had portable heaters and the temperature in the dispensary felt comfortable during the inspection. Lighting was adequate for the services provided. Prepared medicines were held securely within the pharmacy premises and pharmacy medicines were stored behind the medicines counter.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy manages its services and supplies medicines safely. People receive advice about their medicines when collecting their prescriptions and pharmacy staff meet the needs of the local community by providing advice in different languages. The pharmacy gets its medicines from licensed suppliers, and the team members store medicines securely and at the correct temperature, so that they are safe to use.

### Inspector's evidence

The pharmacy was situated within a row of local shops and services and there was free parking on the side roads. There was a push/pull door and staff assisted people with the door when required, a notice on the front window asked people knock for assistance. A limited home delivery service was available for people that could not access the pharmacy. Pharmacy staff could communicate with people in English, Hindi, Punjabi and Urdu.

A range of health promotion leaflets and posters were available and pharmacy staff used local knowledge and the internet to support signposting. The opening and closing times displayed on the door were out of date and stated the pharmacy opened at 9am when it actually opened at 10am. The SI was aware of this and, whilst a permanent sign was proving difficult for the SI to source, he agreed to display a temporary sign with the correct details.

Dispensing baskets were used to keep medication separate. A dispensing audit trail was seen to be in place for prescriptions through the practice of staff signing their initials on the dispensed and checked by boxes provided on medicine labels. The SI was occasionally required to self-check prescriptions and took a mental break between dispensing and checking by dispensing prescription in small batches.

An audit trail for home deliveries was kept and people were required to sign a dispensing label on receipt of a home delivery. The dispensing label was attached to the delivery sheet after it had been signed to reduce the risk of inadvertently sharing other names and addressed on the delivery list.

Prescriptions for weekly compliance packs were ordered in advance to allow for any missing items to be queried with the surgery ahead of the intended date of collection or delivery. The SI telephoned each person before ordering their prescription and again before dispensing so that any changes could be identified before dispensing. All of the recently dispensed weekly packs had been supplied, but the SI provided assurance that the label contained descriptions of the medicines and patient information leaflets were supplied.

Substance misuse prescriptions were usually dispensed first thing in the morning. This reduced work load pressure and the risk of dispensing incorrect doses when the person came to collect the prescription. Assembled substance misuse prescriptions were stored in the controlled drug (CD) cabinet.

Notes were attached to completed prescriptions to highlight people suitable for certain services or that needed fridge or CD items adding. The team were aware of additional counselling for female's

prescribed valproate and there were leaflets available to support the counselling and posters to remind the pharmacy team. There were SOPs for high risk medicines and notes were made on the computer system to record counselling. Fridge items were dispensed when the person came to collect them so that insulin boxes could be shown to the person to make sure the correct insulin had been prescribed and dispensed.

Date checking was carried out in accordance with a plan and there was evidence of regular date checking. Medicines were obtained from a range of licensed wholesalers and a specials manufacturer. Medicines were stored in an organised manner on the dispensary shelves. All medicines were observed being stored in their original packaging. Split liquid medicines were marked with the date of opening. The barcodes that were compliant with Falsified Medicines Directive (FMD) were scanned and decommissioned during the dispensing process. So, it was compliant with FMD.

The CD cabinet was secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. Secure procedures for storing the CD keys during the day and overnight were in place. There was a fridge in place to hold stock medicines and assembled medicines. The medicines in the fridge were stored in an organised manner. Fridge temperature records were maintained and records showed that the pharmacy fridges were working within the required temperature range of 2 degrees Celsius and 8 degrees Celsius.

Patient returned medicines were stored separately from stock medicines in designated bins. The pharmacy received MHRA drug alerts via email. Each alert was printed and annotated to show it had been actioned and stored in a drug recall folder.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide services safely.

### Inspector's evidence

The pharmacy had a range of up to date reference sources, including BNF and the children's BNF. Internet access was available. A range of clean, crown stamped measures were available. Separate measures were available for preparation of methadone. Counting triangles were available. There was a separate, marked triangle used for cytotoxic medicines.

Patient records were stored electronically and there were enough terminals for the workload currently undertaken. Screens were not visible to the public as members of the public were excluded from the pharmacy premises. 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.