

Registered pharmacy inspection report

Pharmacy Name: Chemipharm, 113 Lozells Road, Lozells,
BIRMINGHAM, West Midlands, B19 2TR

Pharmacy reference: 1038057

Type of pharmacy: Community

Date of inspection: 04/04/2022

Pharmacy context

The pharmacy is located in Lozells on the outskirts of Birmingham city centre. Lozells is a very ethnically diverse area with a high population of people of Afro-Caribbean, Bangladeshi and Pakistani backgrounds. The pharmacy dispenses low numbers of NHS prescriptions and it provides some other NHS funded services. 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 risks associated with providing safe pharmacy services are not adequately identified and managed. SOPs are out of date. And actions from previous inspections, such as near miss records, staff or premises maintenance issues, are not maintained in the long term.
		1.6	Standard not met	Controlled drug and specials records are not always appropriately maintained.
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards not all met	3.1	Standard not met	The pharmacy premises are not maintained to an appropriate standard required for the provision of pharmacy services.
4. Services, including medicines management	Standards met	N/A	N/A	N/A
5. Equipment and facilities	Standards not all met	5.2	Standard not met	Electrical equipment is showing signs of wear and tear and has not been checked by a professional to ensure that it is safe to use.

Principle 1 - Governance Standards not all met

Summary findings

The risks associated with the provision of pharmacy services are not adequately identified and monitored. The pharmacy does not operate in a way that promotes the health and safety of the people that use it. And it does not have up to date procedures to make sure its team members are working safely. Record keeping, housekeeping and information governance procedures require improvement to bring them to the standards expected of a healthcare environment.

Inspector's evidence

The pharmacy was very quiet throughout the inspection and most of the workload was personally undertaken by the responsible pharmacist (RP). The RP was the sole director of the company that owned the pharmacy, but he was not the Superintendent pharmacist (SI). The company owned another pharmacy nearby.

The RP explained that the number of items that the pharmacy dispensed each month had been declining and he was aware that there were improvements that needed to be made. The issues identified in previous inspections had not been adopted as ongoing practices and the standard of housekeeping had continued to decline.

A range of standard operating procedures (SOPs) were in place which covered the operational activities of the pharmacy and the services provided. Roles and responsibilities of staff were highlighted within the SOPs. SOPs had been implemented on a range of dates and they were annotated to show that they had last been reviewed in 2017. There were references within the SOPs that would have been outdated in 2017 when the review was completed. This indicated the review was not thorough enough. And the lack of up-to-date written procedures could mean the team members might not always work safely.

The RP explained the process for alerting a dispensing assistant to any mistakes that they made during the dispensing process. He said that each mistake was discussed at the time so that it could be used as a learning opportunity. The pharmacy did not keep a record of these near miss mistakes so there was no analysis of patterns and trends and this meant that learning opportunities could be missed. The RP was aware of the NHS contractual requirement for reporting patient safety incidents and explained that he had not been made aware of any errors.

There was a complaints procedure explained on a poster in the shop. The RP explained that he dealt with any verbal patient feedback or complaints as they occurred.

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 generally in order and two random balance checks of CD stock matched the amount recorded in the register. But other balances were not always accurately maintained, and supplies of CDs were not always recorded in a timely manner. Private prescription records were seen to comply with requirements. Specials records were maintained; however, they did not contain an audit trail from source to supply.

Confidential waste was stored separately from general waste and destroyed securely. The RP had his own NHS Smartcard; however, he did not have it with him during the inspection as it was being used at the other pharmacy. This was not appropriate use of the card and a data security concern as healthcare information could be accessed without proper authorisation. The pharmacy professionals had completed Centre for Pharmacy Postgraduate Training (CPPE) on safeguarding and the details of local safeguarding bodies were available, however, these may have been out of date.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are generally enough pharmacy staff members to manage the day-to-day workload of the pharmacy. Team members receive the right training for their roles, but they do not receive any ongoing training so their skills and knowledge might not be up to date.

Inspector's evidence

The pharmacy team comprised of the responsible RP, a dispensing assistant and a trainee dispensing assistant. The pharmacy shared staff with the company's other pharmacy which was a few minutes' walk away. The other pharmacy was in a health centre and dispensed more prescriptions, so staff were diverted there when there was sickness or annual leave. The RP could manage the number of people coming into the pharmacy throughout the inspection due to the low footfall.

The pharmacy team members did not have appraisals. Ongoing training on healthcare topics had been sourced after the last inspection and the RP said that the team had started to have additional training on topics such as hayfever in the summer, however, this had not been sustained.

Principle 3 - Premises Standards not all met

Summary findings

The pharmacy does not provide a suitable environment for the delivery of pharmacy services. It is poorly organised and untidy. The standard of cleanliness in some areas needs urgent improvement to ensure the pharmacy meets the level acceptable for the provision of its services, and so it is a safe workplace.

Inspector's evidence

The premises were large and had previously been two different shops which the owners had purchased and knocked through to create extra space. The premises had also been a post office until it had moved. The area behind the old post office counter had been repurposed as a private consultation room, however, this room was full of boxes and could not be accessed as the door was blocked. Private conversations took place when there was no-one else in the shop and there was also a corridor available.

The fixtures and fittings in the shop were dated but generally in an adequate state of repair. Window displays were tired and did not present a professional image. The RP contacted local contractors if he required any maintenance work to be carried out. But the lighting upstairs did not work, and this was where the staff toilet was. This meant that people working at the pharmacy needed to use a torch to use the bathroom or go elsewhere. The sink in the dispensary and the staff toilet were dirty.

There was a large stock room upstairs mainly used for storing old fixtures and fittings, excess stock and out of date medicines. It was poorly organised with large amounts of out-of-date medicines awaiting collection by suppliers as some offered refunds/deals for returning unsold medicines. The premises were cluttered and untidy throughout and they did not provide an environment suitable for the provision of pharmacy services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers healthcare services which are easy for people to access. It generally 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, and this was restricted to patients that needed it due to mobility issues rather than convenience. The RP was observed speaking to patients in different languages throughout the inspection. Staff could speak to patients in English, Bengali, Urdu and Punjabi.

There was an awareness that some of the over-the-counter medicines were at a higher risk of being abused, misused or overused. These medicines were stored separately so that the RP could monitor sales.

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 RP was aware of the risks associated with the use of valproate during pregnancy, and the need for additional counselling.

The pharmacist did not have an NHS Smartcard during the inspection. This meant that the RP could not download any electronic prescriptions that had been sent to the pharmacy. As well as being a data security issue, this could delay people obtaining their medication. As this was a quiet pharmacy, the RP said that he would be able to address any urgent prescription requests on an individual basis.

Multi-compartment compliance packs were dispensed for some community patients. The process for ordering and dispensing compliance packs was managed by the RP and differed depending on the patient and what their surgery allowed. Details for each patient were kept in a folder so the pharmacy team knew how to pack each item. Patient information leaflets (PILs) were supplied with the initial pack, but not with each additional supply, so people may not have access to all the information they need.

Medicines were obtained from a range of licensed wholesalers and specials manufacturers. Medicines were stored in an organised manner on the dispensary shelves. All medicines were observed being stored in their original packaging. No out-of-date medication was seen on the shelves in the dispensary. The RP could not locate the date checking records during the inspection and explained that the pharmacy team carry out this task. Patient returned medicines were stored separately from stock medicines in a designated area. There was a large backlog of medication to be sorted and put into the designated bins for collection by a specialist company. The pharmacy was alerted to drug recalls via emails from the gov.uk.

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 fridges were working within the required temperature range of 2°and 8° Celsius.

Principle 5 - Equipment and facilities **Standards not all met**

Summary findings

The pharmacy has the equipment it needs to provide its services. But some of the pharmacy's electrical appliances are showing signs of wear and tear, so they may not be safe to use.

Inspector's evidence

The pharmacy had access to a range of up-to-date reference sources and internet access was available. Patient records were stored electronically and there were enough terminals for the workload currently undertaken. A range of 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. The RP was not sure when the electrical equipment had last been professionally safety checked and some of the equipment, such as the kettle and electric heater, appeared old and damaged.

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.