

# 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:** 27/03/2023

## Pharmacy context

This community pharmacy is located in Lozells which is an area 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.

## Overall inspection outcome

### Standards not all met

**Required Action:** Statutory Enforcement

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 not all met	1.2	Standard not met	The risks associated with the inadequate standards of cleanliness and maintenance in the pharmacy premises are not promptly addressed.
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards not all met	3.1	Standard not met	The premises are not suitable for the provision of pharmacy services as they are not clean or properly maintained.
		3.3	Standard not met	The premises are not maintained to a level of hygiene appropriate to the pharmacy services provided as there are pigeons and bird droppings throughout the stock room.
		3.5	Standard not met	Pharmacy services are not provided from an environment that is appropriate for the provision of healthcare as the premises is untidy, cluttered and unclean.
<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 not all met

### Summary findings

The risks associated with the provision of pharmacy services are not adequately identified and monitored. The pharmacy has written procedures to help make sure its services operate safely. But these have not been reviewed for more than five years so may not reflect current practice. The pharmacy does not operate in a way that promotes the health and safety of the people that use it. Standards of cleanliness and maintenance do not meet 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, and he was the superintendent pharmacist (SI). The company also owned another pharmacy nearby.

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 pharmacy team members might not always reflect current practice.

The RP normally worked alone in the dispensary. But he explained how he would alert a dispensing assistant to any mistakes that they made during the dispensing process. He said that each mistake would be discussed at the time so that it could be used as a learning opportunity. The pharmacy had attempted to keep a record of these near miss mistakes in the past, however, there were no near misses recorded in recent times. The RP was aware of the NHS contractual requirement for reporting patient safety incidents but stated that he had not been made aware of any recent errors. The NHS reporting website had been bookmarked on the pharmacy computer.

There was a complaints procedure explained on a poster in the retail area. The RP explained that he dealt with any verbal patient feedback or complaints as they occurred. During the inspection, a patient complained about a three-week delay in obtaining a prescription and the RP seemed dismissive of his concerns.

The pharmacy had up-to-date professional indemnity insurance. The Responsible Pharmacist (RP) notice was displayed, and there was uncertainty in the accuracy of the RP log as the RP sometimes worked at the other pharmacy between 9am and 10am. Controlled drug (CD) registers were generally in order and two random balance checks of CD stock matched the amount recorded in the register. Records of unlicensed specials were maintained appropriately.

Confidential waste was stored separately from general waste and destroyed securely. The RP had his own NHS Smartcard. The RP had completed level 2 on safeguarding and 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.

### Inspector's evidence

The pharmacy shared staff with the company's other pharmacy which was a few minutes' walk away. There were two pharmacists, a dispensing assistant and an apprentice working across the two pharmacies. The apprentice had recently been recruited and the RP had made enquiries about enrolling her onto an apprenticeship course, however, enrolment had not been confirmed due to IT issues. The other pharmacy was in a health centre and dispensed more prescriptions, so took priority for staffing. The RP could manage the number of people coming into the pharmacy throughout the inspection due to the low footfall.

## Principle 3 - Premises Standards not all met

### Summary findings

The pharmacy environment is not suitable for the provision of pharmacy services. It is poorly organised and untidy. And many areas of the pharmacy are unclean and unhygienic, which causes a risk to safety.

### Inspector's evidence

The premises were cluttered and untidy throughout and they did not provide an environment suitable for the provision of pharmacy services. 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. But it was difficult to access so was rarely used. Private conversations usually 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 knew of local contractors that he could contact if he required any maintenance work to be carried out. However, there were maintenance issues that had not been addressed that had caused hygiene issues. The sink in the dispensary and the staff toilet were dirty. There was a fridge freezer in the retail area, which contained food and drink for the RP's own use but was not secured from public access.

There was a large stockroom 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 for returning unsold medicines. Pigeons were present in the stockroom and they were able to enter through a broken window. The RP was aware of this but had not addressed the problem or made any arrangements to fix the broken window. There were bird droppings throughout the stockroom which suggested that the pigeons had been there for some time. And the stock room was being used to store pharmacy consumables such as bottles, cartons and bags. The pharmacy staff regularly entered the stockroom to get pharmacy consumables and use the bathroom facilities.

## 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 effectively. It 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 from the main road and people could knock on the door if they required assistance to enter. A home delivery service was available but was restricted to patients that needed it due to mobility issues rather than for 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. There were dispensed by and checked by 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. Counselling materials were available.

Medicines were dispensed in multi-compartment compliance packs for some patients, to help them take the medicines at the right times. 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 of medicines and dosage times 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 always 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. Most medicines were observed being stored in their original packaging. No out-of-date medication was seen on the shelves in the dispensary. The RP said that he checked stock and removed short dated medicines, but he could not locate the date checking records during the inspection. Split liquid medicines with limited stability once opened were not marked with their date of opening which meant that their updated expiry date was not known. 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 had subscribed to drug recalls and alerts via emails from MHRA.

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 met

### Summary findings

The pharmacy has the equipment it needs to provide its services. But its storage facilities are not appropriately maintained or fit for purpose

### 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.

### 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.