

# Registered pharmacy inspection report

**Pharmacy Name:** Pershore Pharmacy, 71 Pershore Road, Edgbaston, BIRMINGHAM, West Midlands, B5 7NX

**Pharmacy reference:** 1038094

**Type of pharmacy:** Community

**Date of inspection:** 10/05/2023

## Pharmacy context

This community pharmacy is under new ownership since its last inspection. It is located on a busy road in Birmingham, West Midlands. Its main activity is dispensing NHS prescriptions to community patients living in the local area. And it supplies medicines in multi-compartment compliance packs to quite a few people who need assistance in managing their medication at home. The pharmacy also sells a small range of over-the-counter medicines, provides a substance misuse service to a couple of people, and it has recently begun administering an NHS coronavirus (Covid-19) booster service.

## 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

Overall, the pharmacy manages the risks associated with its services adequately. And it has written procedures to help deliver services safely and effectively. Members of the pharmacy team understand their roles and responsibilities. But they do not always review their dispensing mistakes, so they could be missing opportunities to learn from these events. The pharmacy keeps people's private information securely. And it has procedures to safeguard vulnerable people.

### Inspector's evidence

A range of current standard operating procedures (SOPs) were available in the pharmacy and members of the pharmacy team had read the SOPs that were relevant to their roles and responsibilities. The pharmacy had systems to record mistakes that were made during the dispensing process. A template to record mistakes that were detected before the medicine left the pharmacy (near misses) was available and a few records had been made. There was little evidence to show that these were being reviewed regularly to help identify any trends or take actions to help mitigate similar events from happening again. Members of the pharmacy team could explain the process they would follow to record and report mistakes that had reached people (dispensing errors).

The correct Responsible Pharmacist (RP) notice was on display in the pharmacy and the trainee dispenser could explain the tasks they could or could not undertake when a pharmacist was not present. A trainee dispenser who was also the pharmacy manager, knew the types of over-the-counter medicines that could be misused and under what circumstances they needed to refer requests or queries to the RP for further guidance. The pharmacy did not sell Phenergan liquid or codeine linctus over the counter.

The pharmacy had current professional indemnity and public liability insurance. Records about RP, controlled drugs (CDs) and private prescriptions were kept in line with requirements. CD running balances were kept but audited infrequently. A random balance check of several CDs matched the recorded balance in the register. The pharmacy had accepted patient-returned CDs but the register to record these could not be located at the time of the inspection. This could make it difficult for the pharmacy to detect or investigate any loss of these medicines in a timely manner.

Members of the pharmacy team used their own NHS smartcards to access electronic prescriptions. Confidential waste was shredded in the pharmacy. People's confidential information was stored securely and the pharmacy's computers were password protected. The pharmacy had a complaints procedure. The pharmacy manager explained how they would try to resolve complaints in-store and would escalate to the RP or to the superintendent pharmacist (SI) where appropriate.

A chaperone policy was displayed in the consultation room. The RP confirmed that they had completed Level 2 safeguarding training and they demonstrated some understanding of the actions they would take if they had concerns about children or vulnerable adults. There had been no safeguarding concerns reported to the pharmacy to date and details of local safeguarding agencies to escalate concerns were available in the pharmacy.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to deliver its current workload adequately. Members of the pharmacy team are supportive of each other, and they can raise concerns with their senior management where appropriate.

### Inspector's evidence

The pharmacy had struggled to recruit a regular pharmacist. At the time of the inspection, a trainee dispenser and a locum pharmacist were on duty. The team were supportive of each other, and they were managing their workload adequately. People visiting the pharmacy were acknowledged promptly. The trainee dispenser (the pharmacy manager) had worked for the pharmacy for a couple of years and they had recently been enrolled on an accredited training course.

Members of the pharmacy team had signed the whistle blowing policy. The trainee dispenser said that he would feel comfortable raising concerns about the way the pharmacy operated with the RP or the superintendent pharmacist. One of the company's directors visited the pharmacy frequently and supported the team well. There were no targets or incentives set for staff.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are secure, and they are adequate for the services it provides. But the pharmacy could do more to improve the dispensary's overall organisation and tidiness.

### Inspector's evidence

The pharmacy's front fascia was in an adequate state of repair. The retail area of the pharmacy had limited space and there was some seating available for people waiting for services. The dispensary had about enough space to store medicines safely, but it was cluttered in places. Some stock medicines were not stored in an organised fashion. This could increase the chances of mistakes happening. A clean sink with hot and cold running water was available for preparing medicines. There was adequate lighting throughout the premises and the ambient temperatures were suitable for storing medicines. A private signposted consultation room was available for services and to enable people to have private conversations where required. But its flooring needed a good clean. The pharmacy could be secured against unauthorised access.

## Principle 4 - Services ✓ Standards met

### Summary findings

Overall, the pharmacy delivers its services adequately. It obtains its medicines from reputable sources. And it manages concerns about medicine recalls and safety alerts appropriately so that people get medicines and medical devices that are fit for purpose. Members of the pharmacy could do more to ensure people supplied with higher-risk medicines receive appropriate advice and care to help them take their medication safely.

### Inspector's evidence

The pharmacy's opening hours were displayed at the entrance. The entrance door to the pharmacy was power assisted and level with the pavement. There were some healthcare leaflets displayed on the healthy living notice board. But these were stored haphazardly and detracted from the pharmacy's professional image. Members of the pharmacy team used their local knowledge to signpost people to other providers where appropriate. The pharmacy delivered medicines mainly to vulnerable and house-bound people and it kept appropriate records to show that medicines were delivered safely. The pharmacy currently did not have a delivery driver; the pharmacy manager delivered medicines to people after work.

The workflow in the pharmacy was organised. Baskets were used during the dispensing process to help prioritise workload and minimise the chances of prescriptions getting mixed up. 'Owing' notes were issued to keep an audit trail when prescriptions could not be supplied in full when first dispensed. The pharmacy supplied medicines in multi-compartment compliance packs and these were assembled in a separate room at the back of the dispensary. A completed pack checked during the inspection was labelled with a description of the medicines it contained to help people or their carers identify their medicines correctly. Patient information leaflets were not routinely supplied. This could make it harder for people to have ready access to information about their medicines.

The pharmacy did not have any specific procedures to flag prescriptions for higher-risk medicines including warfarin and methotrexate that required on-going monitoring. So, the pharmacy could find it difficult to be sure that people being supplied with these medicines receive the appropriate counselling and care when they collect their medicines. Members of the pharmacy team understood the risks involved in supplying valproate-containing medicines to people of childbearing age and the need to be enrolled in the Pregnancy Prevention Programme. The stock packs seen on the shelves had the warning cards and alert stickers attached. And the pharmacy had patient cards and appropriate literature available to supply when smaller quantities were dispensed.

The pharmacy's NHS Covid booster vaccination service was offered three times a week and it was solely managed by one of the company's directors. Appointments for the service were booked on-line and approximately ten vaccinations were administered in a typical day. The pharmacy had delivered approximately eighty vaccinations to date and it had all the equipment it needed to deliver the service safely.

The pharmacy used licensed wholesalers to obtain its medicines. But the medicines could have been better organised on the shelves to minimise the chances of mistakes happening. All CDs were stored securely and denaturing kits to dispose of waste CDs were available. Members of the pharmacy team

were aware of the 28-day validity period on Schedule 3 and 4 CDs including the ones that did not require secure storage in the CD cabinet.

Medicines requiring refrigeration were stored appropriately. Maximum and minimum fridge temperatures were recorded, and records seen showed that the temperatures had remained within the required range of between 2 and 8 degrees Celsius. Members of the pharmacy team had recently date checked stock medicines and some short-dated medicines had been marked for removal at an appropriate time. Stock medicines were randomly checked during the inspection and no date-expired medicines were found amongst in-date stock. Medicines returned for disposal were stored in designated containers. The pharmacy received safety alerts and recalls about medicines. Members of the pharmacy team could explain how these were dealt with and they were aware of and had actioned a recent recall of all medicines containing pholcodine.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the necessary equipment and facilities to provide its services safely. And it maintains its facilities and equipment adequately.

### Inspector's evidence

Members of the pharmacy team had access to current reference sources. The pharmacy had calibrated glass measures available for measuring liquid medicines. And separate measures were marked to dispense certain medicines and to prevent cross-contamination. Equipment for counting loose tablets and capsules was available and it was kept clean. All other electrical equipment including the medicine fridge was in good working order. The pharmacy had a cordless telephone which meant that conversations could take place in private if required.

### 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.