

Registered pharmacy inspection report

Pharmacy Name: SPL Corporation Limited, 491 Stratford Road, Sparkhill, BIRMINGHAM, West Midlands, B11 4LE

Pharmacy reference: 1038133

Type of pharmacy: Community

Date of inspection: 28/09/2021

Pharmacy context

This is an independently owned community pharmacy situated on a busy main road in Sparkhill, Birmingham. It dispenses NHS prescriptions, sells a range of over-the-counter medicines, offers seasonal influenza vaccination service and it supplies medicines in multi-compartment compliance packs to some people who need assistance in managing medicines at home. The pharmacy also offers sexual health services under the Umbrella scheme, a needle exchange service and it has a few people who receive instalment supplies for substance misuse treatment. This inspection was undertaken during the Covid-19 pandemic.

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
1. Governance	Standards met	N/A	N/A	N/A
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	N/A	N/A	N/A
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

Overall, the pharmacy manages risks appropriately to help ensure its services are delivered safely and effectively. The pharmacy has procedures in place for the services it offers. It keeps the records it needs to by law, to show that medicines are supplied safely. Members of the pharmacy team record and review their mistakes so that they can learn and improve from these events. The pharmacy keeps people's private information securely and its team members know how to protect vulnerable people.

Inspector's evidence

The pharmacy had considered risks to its team members and people using the pharmacy during the Covid-19 pandemic. A Perspex screen had been fitted in the consultation room and along the medicines counter to minimise the risk of Covid-19 transmission. A range of posters providing information about the pandemic were on display by the entrance and the pharmacy was limiting the number of people entering the premises at any one time. A Covid-19 business continuity plan was in place and individual risk assessments for team members had been completed and were available in the pharmacy. Members of the pharmacy team had access to personal protective equipment (PPE) and wore face masks when the inspector arrived in the pharmacy. The correct responsible pharmacist (RP) notice was displayed in the pharmacy.

A range of current standard operating procedures (SOPs) were available in the pharmacy and these had been read and signed by team members. The superintendent pharmacist (SI) explained the procedure members of the pharmacy team would follow to record and report dispensing mistakes, and this included submitting a report to the National Reporting and Learning System. Dispensing mistakes which were identified before the medicine was handed to a person (near misses) were seen to be routinely recorded and reviewed. A report of near misses, incidents and complaints was generated and discussed during monthly staff meetings. Monthly patient safety reviews were completed as part of the Quality Payment Scheme and these were available in the pharmacy. The SI said that medicines involved in recent dispensing errors included those medicines that had very similar sounding names or packaging, such as aripiprazole, olanzapine, Daktacort and Daktarin. And these had been marked and separated on the shelves to prevent similar mistakes from happening again. A current certificate of professional indemnity insurance was on display in the pharmacy. Records about the RP, controlled drugs (CDs), private prescriptions and unlicensed medicines were kept in line with requirements. The pharmacy dispensed very few private prescriptions, and these were mainly generated from local doctors. Running balances of CDs were kept and audited regularly.

Members of the pharmacy team had undertaken an annual patient satisfaction survey for the year 2021-2022 and 100% of respondents had rated the pharmacy as very good or excellent overall. A complaints procedure and the pharmacy's privacy policy were displayed in the public area and members of the pharmacy team were familiar with the complaints procedure. The pharmacy was registered with the Information Commissioner's Office and a current registration certificate was available in the pharmacy. The SI said that he had completed the NHS Data security and Protection Toolkit sometime in April this year. A shredder was available to destroy confidential waste and the pharmacy's computers were password protected. Members of the pharmacy team used their own NHS smartcards to access electronic prescriptions. Completed prescriptions were stored appropriately and people's personal details were not visible to the public.

A safeguarding policy and contact details for local agencies to escalate any safeguarding concerns were available in the pharmacy. The SI and the locum pharmacist had both completed Level 2 safeguarding training. The dispensers had all completed Level 1 safeguarding training.

Principle 2 - Staffing ✓ Standards met

Summary findings

Members of the pharmacy team work well together, and they have the right skills and qualifications to deliver pharmacy services safely. They have access to training resources to help keep their skills and knowledge up to date.

Inspector's evidence

At the time of the inspection, a regular locum pharmacist and the SI were on duty. And they were supported by a trained medicine counter assistant and two qualified dispensers. Members of the pharmacy team were managing their workload comfortably and appeared to work well together. On-going staff training was provided by Avicenna Academy. And members of the pharmacy team had recently completed training about winter health. A whistleblowing policy was in place and it had been signed by team members. There were no targets or incentives set.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are secure and adequate for the services it provides. Members of the pharmacy team have considered risks posed by the Covid-19 pandemic and they have implemented measures to help keep members of the public safe.

Inspector's evidence

The front fascia of the pharmacy was in a good state of repair. The pharmacy was limited in size and it had undergone a minor refit since the last inspection. The entrance to the pharmacy was at street level and it was step free. The retail area of the pharmacy was clear of slip or trip hazards and could accommodate a wheelchair or a pram. There was enough lighting throughout, and the room temperature was suitable for the storage of medicines. The dispensary was small but well organised. The dispensing benches were tidy, and the floor spaces were clear of any obstructions. The workflow in the dispensary was sufficiently well organised and there was enough space to store medicines safely. The hygiene and handwashing facilities were clean. The dispensary had a separate sink for preparing medicines, and there was a supply of hot and cold running water. Members of the pharmacy team undertook housekeeping duties. The pharmacy had recently been audited for Covid-19 cleanliness by an external agency. And it had scored overall 84.2%. The pharmacy's consultation room was small but private. It was kept clean and accessible via the retail area of the pharmacy.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and manages them well. It gets its medicines from reputable sources and it takes the right action in response to safety alerts, so that people get medicines that are safe to use. Members of the pharmacy team identify higher-risk medicines and provide appropriate advice to help people use their medicines safely and effectively.

Inspector's evidence

The pharmacy offered a range of services which were well advertised throughout the premises. Members of the pharmacy could speak to people in several languages including Gujarati and Urdu. And they used their local knowledge to signpost people to other providers if a service required was not offered at the pharmacy. The pharmacy undertook approximately 25 prescription deliveries each day. And the SI said that the demand for the service had recently doubled. The pharmacy's delivery driver kept a record for all deliveries of medicines, but signatures were currently not being obtained from recipients to minimise the risk of infection.

Baskets were used during the dispensing process to prioritise workload and minimise the risk of prescriptions getting mixed up. 'Owing' notes were issued to people to keep an audit trail when prescriptions could not be fully supplied. Dispensed multi-compartment compliance packs seen had been labelled with a description of the medicines contained within the pack to help people or their carers identify the medication. And patient information leaflets were routinely supplied so that people had information available to help them take their medicines safely. Members of the pharmacy team routinely documented any changes to the person's medication regime and there was an audit trail to show when these changes were made and by whom.

The pharmacy provided substance misuse treatment to quite a few people, three of whom were currently being supervised. The pharmacy's needle and syringe exchange services were well managed. Members of the pharmacy team kept good records about the types of kits issued, the quantities of used equipment returned, whether the person had an in-date naloxone kit in their possession and any health promotion advice offered to the person.

Members of the pharmacy knew about the additional counselling that should be provided to people on higher-risk medicines such as lithium, valproate, methotrexate, and insulin. Patient information leaflets for valproate, NPSA purple books for lithium therapy and insulin passports were available in the pharmacy. The SI was aware of the valproate pregnancy prevention programme. But the pharmacy currently did not supply valproate medicines to any person in the at-risk group. The pharmacy had a handful of people receiving warfarin and members of the pharmacy team routinely recorded people's therapeutic monitoring (INR) levels on their medication records. Several randomly selected records were checked during the inspection and they included the INR levels.

The pharmacy ordered its stock medicines from licensed wholesalers and they were stored tidily and in their original containers. No extemporaneous dispensing was carried out. Pharmacy-only medicines were restricted from self-selection. Stock medicines were date checked at regular intervals and short-dated medicines were marked for removal at an appropriate time. Stock medicines were randomly checked during the inspection and no date-expired medicines were found on the shelves. Medicines

requiring cold storage were kept in a refrigerator and these were stored between 2 and 8 degrees Celsius. The maximum and minimum temperatures were recorded daily, and records showed that the temperatures had been maintained within the required range. All CDs were stored in line with requirements and the pharmacy had denaturing kits to dispose of waste CDs safely. Members of the pharmacy team knew that prescriptions for CDs not requiring secure storage such as tramadol and pregabalin had a 28-day validity period and the SI said that these prescriptions were marked and stored separately in the dispensary. And they were handed out by the RP. The pharmacy had a process to deal with safety alerts and medicine recalls to make sure the medicines it supplied were fit for purpose. Records about these and the action taken by team members were kept, providing an audit trail.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy's computer screens were not visible from the public areas of the pharmacy and its patient medication records were password protected. Private information was stored securely. Members of the pharmacy team used their own smartcards to download electronic prescriptions. The pharmacy had access to the internet and various other current reference sources such as the British National Formulary (BNF) and BNF for children. All electrical equipment appeared to be in good working order. There were a range of crown-stamped measures available for measuring liquid medicines and the equipment used for counting loose tablets and capsules was clean. Medicine containers were capped to prevent contamination.

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.