

Registered pharmacy inspection report

Pharmacy Name: Star Pharmacy, 295 Walsall Road, Perry Bar,
BIRMINGHAM, West Midlands, B42 1TY

Pharmacy reference: 1038168

Type of pharmacy: Community

Date of inspection: 18/09/2023

Pharmacy context

This community pharmacy is on a main road in the Perry Barr area of Birmingham. People who use the pharmacy are from the local community and a home delivery service is available. The pharmacy dispenses NHS prescriptions, and it provides some other NHS funded and private services. The pharmacy team dispenses medicines into multi-compartment compliance packs for people to help make sure they remember to take them. Enforcement action has been taken against this pharmacy, which remains in force at the time of this inspection, and there are restrictions on the provision of some services. The enforcement action taken allows the pharmacy to continue providing other services, which are not affected by the restrictions imposed.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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

The pharmacy manages the risks associated with its services to make sure people receive appropriate care. Members of the pharmacy team follow written procedures to make sure they work safely, and they complete tasks in the right way. They discuss their mistakes so that they can learn from them. And team members understand their role in protecting vulnerable people and they keep people's personal information safe.

Inspector's evidence

A range of standard operating procedures (SOPs) were in place which covered the activities of the pharmacy and the services provided. The SOPs were reviewed and updated at regular intervals by one of the pharmacists and dated to show when this had last been completed. Signature sheets were used to record staff training and roles and responsibilities were highlighted within the SOPs.

A near miss log was available. Near misses were discussed with the dispenser involved to ensure they learnt from the mistake. The pharmacy team members usually recorded their own near misses to aid learning, and to ensure they had reflected on the reasons for the mistake. Near misses were not always recorded during the induction period of a new team member. This meant that the near miss records did not contain all of the information about near misses that had occurred in the pharmacy. This meant that learning opportunities identified by reviewing patterns and trends in the records could be overlooked due to the data being incomplete. There was an SOP for dealing with dispensing errors and pharmacy incidents.

The regular pharmacists had undertaken an evaluation of the pharmacy's systems and processes as a result. They had carried out a pharmacy audit against some of the GPhC premises standards. A pharmacist had reviewed the ways in which the pharmacy attempted to meet each of the standards in principles 1, 2, and 3 and had identified some changes and actions to undertake as a result. For example, the information governance policy had been updated following the audit. The pharmacists had carried out a risk review in 2022 and a patient safety report in 2023. The reports and audits were used to assure the pharmacists that they were meeting the standards required, and if they identified any actions were needed, these were carried out promptly afterwards.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. An apprentice correctly answered hypothetical questions related to high-risk medicine sales and discussed how she managed requests for codeine-containing medicines.

The pharmacy's complaints process was explained in the SOPs. People could give feedback to the pharmacy team verbally or in writing. The pharmacy team members tried to resolve issues that were within their control and gave examples of how they had adjusted their stock levels based on feedback. The pharmacy team had carried out a patient survey in the past 12-months. The team members had collated the responses and had a discussion about what they could improve based on the results.

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 in order

and two random balance checks matched the balances recorded in the register. Patient returned CDs were recorded in a register. Private prescription records were in a record book and were seen to comply with requirements.

Confidential waste was stored separately from general waste and destroyed securely. The pharmacy team members had their own NHS smartcards and they confirmed that passcodes were not shared. The pharmacy professionals had completed level three training on safeguarding. The pharmacy team understood what safeguarding meant. A dispensing assistant gave examples of types of concerns that she may come across and described what action she would take. The pharmacy had a safeguarding lead, a list of local safeguarding contacts was available, and the pharmacists had completed training on Safe Spaces.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage the workload and the services that it provides. The team members plan absences in advance, so the pharmacy has enough cover to provide the services. They work well together in a supportive environment, and they can raise concerns and make suggestions.

Inspector's evidence

The pharmacy team comprised of two pharmacists, a qualified dispensing assistant, a level 2 apprentice, and a home delivery driver. The pharmacists were directors of the company that owned the pharmacy, and each worked part-time to cover the pharmacy's opening hours. One of the pharmacists was the Superintendent (SI). Another director of the company helped at the pharmacy with administrative tasks. A full-time vacancy had been recently filled and the new dispensing assistant was due to start working at the pharmacy soon. Annual leave was requested in advance and the team had agreed that a maximum of one member of staff could be off at any one time. Changes to the rota were made in advance when people were on holiday and the pharmacy team adjusted their working patterns to cover each other.

Pharmacy team members had completed some ongoing training and training needs were identified to align with the NHS PQS requirements. The apprentice attended college once a week. The team discussed any pharmacy issues as they arose and held huddles within the dispensary during quieter times. Minutes of staff meetings were kept for future reference.

The pharmacy team worked well together during the inspection and were observed helping each other and moving from their main duties to help with more urgent tasks when required. The pharmacy staff said that they could raise any concerns or suggestions with either of the pharmacists and felt that they were responsive to feedback. Team members said that they would speak to other members of the team, their college tutor, or GPhC if they ever felt unable to raise an issue internally. The RP was observed making himself available throughout the inspection to discuss queries with people and giving advice when he handed out prescriptions, or with people on the telephone. Targets for professional services were not set.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and tidy, and it provides a suitable environment for the delivery of healthcare services. It has consultation rooms, so that people can speak to the pharmacist in private when needed.

Inspector's evidence

The premises were equipped to a high standard and well maintained. Any maintenance issues were reported to the SI and various maintenance contracts were in place. The dispensary was an adequate size for the services provided and an efficient workflow was in place. Dispensing and checking activities took place on separate areas of the worktops and there was ample space to store completed prescriptions. Prepared medicines were held securely within the pharmacy premises and pharmacy medicines were stored behind the medicines counter.

The dispensary was clean and tidy. The pharmacy was cleaned by pharmacy staff. Hot and cold running water, hand towels and hand soap were available. The pharmacy had air conditioning and the temperature in the dispensary felt comfortable during the inspection. Lighting was adequate for the services provided.

There was a private soundproof consultation room on the ground floor which was signposted. There were several additional consultation rooms upstairs and a private travel vaccination service and ear irrigation service were usually provided from one of these rooms. The upstairs of the premises had been refitted around seven-years ago with the intention to offer a clinic-style setting for the delivery of pharmacy services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a range of healthcare services which are easy for people to access. It manages its services and supplies medicines safely. But the pharmacy does not routinely supply patient leaflets with compliance packs, which means people might not have access to all the information they need about their medicines. The pharmacy obtains its medicines from licensed suppliers, and the team stores them securely and at the correct temperature, so they are safe to use.

Inspector's evidence

The pharmacy had a small step up from the pavement. A home delivery service was offered to people who could not access the pharmacy. The pharmacy staff referred people to other local services when necessary. They used local knowledge and the internet to support signposting. The NHS and private services that were available in the pharmacy were advertised.

NHS Patient Group Directions (PGDs) were available and these covered minor ailments such as conjunctivitis, infected eczema, and urinary tract infections. The local surgery had been informed of the conditions that were included so that people who were requesting a GP appointment for these types of concerns could be referred to the pharmacy. Travel vaccinations and ear irrigation were offered as private services. Consultation forms and consent forms were completed prior to the services being carried out and appropriate records were maintained.

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 team were aware of the risks associated with the use of valproate during pregnancy, and the need for additional counselling. Patient cards and counselling materials were available, and the pharmacy had carried out a valproate audit.

Multi-compartment compliance packs were used to supply medicines for some people. Prescriptions were ordered in advance to allow for any missing items or changes to be queried with the surgery ahead of the intended date of supply. Each person had a record sheet to show what medication they were taking and how it should be packed. Notes about prescription changes and queries were kept on the patient medication record. Descriptions of medicines were not routinely recorded on the dispensing labels and patient information leaflets were not supplied. This meant that people may not have all the information that they require about their medicines.

No out-of-date medication was seen on the shelves during the inspection. The date checking records could not be located during the inspection. Most of the medicines were stored in an organised manner on the dispensary shelves. Some medicines were not in the original container and the batch number and expiry date was not recorded. These were removed during the inspection and the RP agreed to review this process. Split liquid medicines with limited stability once they were opened were marked with a date of opening. Patient returned medicines were stored separately from stock medicines in a designated area. Medicines were obtained from a range of licenced wholesalers and the pharmacy was alerted to drug recalls via emails from the MHRA.

The controlled drug cabinet was secure and a suitable size for the amount of stock that was held. Medicines were stored in an organised manner inside. Fridge temperature records were maintained, and records showed that the pharmacy fridges were usually 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 safely. The team uses this equipment in a way that keeps people's information safe.

Inspector's evidence

The pharmacy had access to a range of up-to-date reference sources, including the British National Formulary (BNF) and the children's BNF. Internet access was available. Patient records were stored electronically and there were enough terminals for the workload currently undertaken. A range of clean, crown stamped measures and counting triangles were available. Some plastic measures that did not meet the standard required were discarded during the inspection. Computer screens were not visible to members of the public as they were excluded from 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.