

Registered pharmacy inspection report

Pharmacy Name: Saltley Pharmacy, 118 Washwood Heath Road,
Saltley, BIRMINGHAM, West Midlands, B8 1RE

Pharmacy reference: 1038185

Type of pharmacy: Community

Date of inspection: 26/09/2023

Pharmacy context

This community pharmacy is located next to a GP practice in the Saltley 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 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

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

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. They discuss their mistakes so that they can learn from them. And they generally keep appropriate records. The pharmacy team keeps people's information safe and team members understand their role in supporting vulnerable people.

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 had been written by a pharmacist, and they were reviewed and updated at regular intervals. Signature sheets were used to record staff training and roles and responsibilities were highlighted within the SOPs. The newest member of the pharmacy team had started to read the SOPs but had not signed them yet.

Near miss logs were available. Near misses were discussed with the dispenser involved at the time to ensure they learnt from the mistake. There was an SOP for dealing with dispensing errors and an example of an investigation was discussed. The NHS Learn from patient safety events (LFPSE) website was saved as a favourite on the pharmacy computer's so that it could be accessed easily if required, as was the NHS Controlled Drug Reporting website. The responsible pharmacist (RP) said that he would contact the superintendent pharmacist (SI) if there were any incidents or complaints, however, there was some confusion as to whom the SI was. This meant there was a risk that the SI might not be informed about incidents that they should be aware of, so they could review them and make appropriate interventions.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A trainee pharmacist correctly answered hypothetical questions related to high-risk medicine sales correctly.

The pharmacy's complaints process was explained in the SOPs. People could give feedback to the pharmacy team in several different ways; verbal, written and by email. The pharmacy team tried to resolve issues that were within their control and would involve the company director if they could not reach a solution.

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 random balance checks matched the balances recorded in the register. But CD balance audits were always not carried out regularly. Private prescription records were seen to generally comply with requirements, although there were occasions when the incorrect prescriber had been recorded on the register. Specials records were maintained with an audit trail from source to supply. Home delivery records for delivered controlled drugs were kept and signed by the recipient.

Confidential waste was stored separately from general waste and destroyed securely. The pharmacy team had their own NHS Smartcards. The pharmacy professionals working at the pharmacy had

completed the Centre for Pharmacy Postgraduate Training (CPPE) on safeguarding, and the pharmacy team understood what safeguarding meant.

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 a regular locum pharmacist and a trainee pharmacist. Two part time dispensing assistants and a home delivery driver worked across two pharmacies that were owned by the same company and were based at the other pharmacy. The dispensing assistants came to the pharmacy to cover the trainee pharmacist's absence and training time. The trainee pharmacist had regular protected training time, worked alongside his designated supervisor. This meant he had the opportunity to ask questions on an ongoing basis, and he was enrolled on an external training programme to support his foundation year training.

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 the RP or the director and felt that they were responsive to feedback. Team members said that they would contact the 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.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe and secure environment for people to receive healthcare services. Some areas of the pharmacy are less well maintained which detracts from the professional image and the overall working environment.

Inspector's evidence

The public facing part of the premises was generally smart in appearance and appeared to be well maintained. Any maintenance issues were reported to the director who either contacted the building owner or local contractors dependent on the issue. The ceiling over the dispensary had experienced a leak. The paint had peeled back and was discoloured, and this could be seen from the public area. The RP explained that the director was aware of this, but it had been an issue for several years without any improvements having been made.

The dispensary was an adequate size for the services provided; an efficient workflow was in place. Dispensing and checking activities took place on separate areas of the worktops. There was a private consultation room. It was used for storage, and it was cluttered so not suitable for consultations. The door to the consultation room remained closed when not in use. Footfall in the pharmacy was low so confidential consultations could easily take place in the shop area when no-one else was in the pharmacy.

The dispensary was clean and tidy with no slip or trip hazards evident. The pharmacy was cleaned by pharmacy staff. Hot and cold running water, hand towels and hand soap were available. Lighting was suitable for the services provided and the temperature was comfortable. Prepared medicines were held securely within the pharmacy premises and pharmacy medicines were stored behind the medicines counter.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers healthcare services which are easy for people to access. It manages its services and supplies medicines safely. 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 entrance 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. Staff could speak to patients in English, Punjabi, and Urdu. And they used Google Translate for other languages.

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 often self-checked prescriptions. He explained that he took a mental break between dispensing and checking the prescription and did them as two separate stages with other tasks in between. The team was aware of the risks associated with the use of valproate during pregnancy, and the need for additional counselling. Counselling materials were available to support this. Some assembled boxes of valproate that had been labelled but the warning notices had been covered with the dispensing labels. The team was shown how to affix the dispensing labels to a box of sodium valproate without obscuring the warning notices on the original container.

Multi-compartment compliance packs were supplied to people in the community. Prescriptions were requested ahead of time to allow for any missing items to be queried with the patient or the surgery ahead of the intended date of collection or delivery. Compliance packs were labelled with descriptions of medications and patient information leaflets were sent with each supply. There was a process in place for managing mid-cycle change requests.

Date checking took place regularly and no out of date medication was seen during the inspection. Medicines were stored in an organised manner on the dispensary shelves. Medicines were stored in their original packaging. 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 were 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 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. 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.