

Registered pharmacy inspection report

Pharmacy Name: Evergreen Pharmacy Ltd, 24 Watford Road, Kings Norton, BIRMINGHAM, West Midlands, B30 1JA

Pharmacy reference: 1038191

Type of pharmacy: Community

Date of inspection: 19/10/2022

Pharmacy context

This is an independently-owned community pharmacy situated on a very busy road in Kings Norton, Birmingham. It dispenses prescriptions and sells a range of over-the counter medicines. And it has a small number of people who receive instalment supplies for substance misuse treatment. The pharmacy also offers seasonal influenza vaccinations, sexual health services under the Umbrella scheme, treatment for urinary tract infections, smoking cessation support, New Medicine Service (NMS), blood pressure checks and the Community Pharmacist Consultation Service (CPCS) for minor ailments.

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. It generally keeps the records it needs to by law, to show that medicines are supplied safely and legally. 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 correct responsible pharmacist (RP) notice was on display where members of the public could see who the duty pharmacist was. A range of in-date standard operating procedures (SOPs) were available in the pharmacy, and these had been read and signed by team members. The pharmacy had systems to record and review dispensing incidents. The RP explained the procedure he would follow to record a mistake where the medicine had reached a person (dispensing errors) on an electronic recording system. Members of the pharmacy team recorded and reviewed their dispensing mistakes so that they could learn and improve from these events. And they had separated stock medicines that had similar packaging or similar names such as amlodipine and felodipine. A recent incident involving an incorrect delivery of medication had been fully documented and reviewed. Members of the pharmacy team had reviewed delivery procedures and they made sure that medicines awaiting deliveries were well-separated and stored in an organised fashion. The RP said that the pharmacy also submitted incident reports to a medical officer so learnings could be shared with other pharmacies.

The pharmacy's current indemnity insurance certificate was on display in the pharmacy. Records about the RP, controlled drugs (CDs), private prescriptions and unlicensed medicines were generally kept in line with requirements. The pharmacy was in the process of transitioning from paper CD registers to electronic CD registers. Running balances were kept and audited each month. Random balance checks of several CDs did not match the recorded balance. After the inspection the RP sent an email explaining the anomalies that had occurred during this transition. The balances were corrected and brought up to date. And the incident was reported to the Accountable Officer (A/O). Waste CDs returned by people were recorded when received in a separate register.

A complaints procedure was available in the pharmacy. Complaints were normally addressed and handled by the superintendent pharmacist (SI). Members of the pharmacy team used their own NHS smartcards to access electronic prescriptions. Confidential information was stored securely, and confidential waste was separated and collected by a contractor for safe disposal.

The SI and the RP had both completed Level 2 safeguarding training and they could explain what they would do if they needed to escalate a concern about a child or a vulnerable person. Team members and the delivery driver had read and signed the safeguarding SOP. The contact details for local agencies to escalate any safeguarding concerns were available in the pharmacy.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has sufficient team members to manage its current workload. Members of the pharmacy team work well together, and they are able to make suggestions to help improve the pharmacy's services. They have access to some training resources to help keep their skills and knowledge up to date.

Inspector's evidence

At the time of the inspection, the RP, the SI, a trained dispenser, and a trainee dispenser and a recently recruited member of staff were on duty. The SI said that the recently recruited member of staff would be enrolled on an appropriate training course on successful completion of her probation period. Members of the pharmacy team worked well together and they were managing their workload comfortably. And they had access to training materials and journal articles to help keep their skills and knowledge up to date. The RP demonstrated a very good rapport with people visiting the pharmacy. He was observed to be helpful and compassionate towards people needing help and advice about their medicines.

Members of the pharmacy team were well-supported by their superintendent pharmacist. Most of the staff were long-standing team members and they said that they were comfortable making suggestions about how to improve the pharmacy and its services. And commented that the SI worked in the pharmacy most days and she was available to discuss any concerns they might have. The pharmacy did not incentivise its services or set targets for its team.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are compact, but members of the pharmacy are aware of this and take steps to help prevent any adverse events. The premises are kept clean and secure from unauthorised access.

Inspector's evidence

The front fascia of the pharmacy was in a good state of repair. The retail area of the pharmacy was clean, and it was clear of any slip or trip hazards. And there was some seating available for people waiting for services. A health promotion zone was suitably kept, and a range of healthcare leaflets were available for self-selection. The dispensary was very compact. But it was generally well organised and there was just about enough storage and work bench space to allow safe working. The RP said that the size of the premises had been previously highlighted, and in response, multi-compartment compliance packs were now assembled in a designated area at the rear of the premises.

At the rear of the premises were two rooms being used to store retail stock and an additional small room used for assembling multi-compartment compliance packs. This room had two workbenches which were clean and clear, as well as additional shelves for storing medicines and trays which were awaiting dispensing or checking. In addition to this, upon receipt, the delivery was placed directly in the rear of the premises and was unpacked each afternoon when the pharmacy was quieter. This left the dispensary free for solely dispensing walk-in and repeat prescriptions.

The workbenches were generally free from clutter and a separate storage unit was being used for storing completed prescriptions which were awaiting a final accuracy check. A clean sink was available in the dispensary for preparing medicines and there was a supply of hot and cold running water. There was good lighting throughout the premises and the room temperatures were suitable for storing medicines safely.

A private signposted consultation room was available for services and to enable people to have private conversation with team members. A screen was fitted to minimise the risk of Covid-19 infection. Members of the pharmacy team had access to a tearoom and hygiene facilities upstairs in the premises. The hygiene and hand washing facilities were kept clean. The premises were secured against unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and effectively to help make sure people receive appropriate care. People with different needs can access the pharmacy's services. The pharmacy gets its medicines from reputable sources and stores them appropriately. It takes the right action in response to safety alerts so that people get medicines and medical devices that are safe to use.

Inspector's evidence

The pharmacy offered a range of services which were well advertised throughout the premises. Team members could speak to people in several languages, and they used their local knowledge to signpost people to other providers if a service required was not offered at the pharmacy. The pharmacy offered a prescription delivery service and signatures were obtained for the delivery of CDs. The pharmacy's delivery driver kept a record for all deliveries of medicines.

The pharmacy had begun delivering its flu vaccination service at the beginning of October and the RP said that the SI supported him to deliver the service so that workload in the dispensary was not compromised. The pharmacy provided substance misuse treatment to a few people. The SI said the team had continued to supervise most people to take their medicines in the pharmacy to help them adhere to their treatment. Members of the pharmacy team highlighted those prescriptions where a pharmacist needed to speak to the person about their medication on hand-out or if other items such as fridge items or CDs needed to be added. And they knew about the pregnancy prevention program and additional counselling to be provided to people in the at-risk group being prescribed valproate containing medicines. The pharmacy had extra valproate information leaflets if needed.

Baskets were used during the dispensing process to prioritise workload and minimise the risk of medicines getting mixed up. 'Owing notes' were issued to people to keep an audit trail when prescriptions could not be supplied in full when first dispensed. Dispensed multi-compartment 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 supplied so that people had information readily available to help them take their medicines safely. Higher-risk and 'when required medication' were not included in the compliance packs and the trainee dispenser said that he would ask the RP if he was unsure if a medication was appropriate for a tray. Members of the pharmacy team kept a clear record of any changes to people's medication regime to avoid mistakes happening.

The pharmacy ordered its stock medicines from licensed wholesalers, and they were stored in their original containers. No extemporaneous dispensing was carried out. Pharmacy-only medicines were stored securely, and they were restricted from self-selection. The pharmacy did not sell codeine linctus over the counter. Stock medicines were date checked at regular intervals and 'use me first' stickers were used to mark short-dated medicines. Stock medicines were randomly checked during the inspection, and no date-expired medicines were amongst the in-date stock on the shelves.

Temperature-sensitive medicines were stored in a refrigerator, and these were kept within the required range of 2 and 8 degrees Celsius. The maximum and minimum temperatures were recorded daily, and records showed that the temperatures had been kept within the required range. All CDs were stored correctly in the two CD cabinets. The pharmacy had denaturing kits available 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. But a tramadol prescription awaiting collecting had not been marked to minimise the chances of it being inadvertently handed over beyond its validity period. 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 adequately. And it maintains its equipment appropriately.

Inspector's evidence

The pharmacy's computers were not visible from the public areas of the pharmacy and its patient medication records were password protected. Prescriptions awaiting collection were stored securely and people's private details were not visible to people visiting the pharmacy. Members of the pharmacy team had access to reference sources. All electrical equipment appeared to be in good working order. There was a range of clean crown-stamped measures available for measuring liquid medicines. And the equipment for counting loose tablets was clean. Medicine containers were capped to prevent cross-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.