

# Registered pharmacy inspection report

**Pharmacy Name:** Sidhu's Pharmacy, 369 High Street, WEST BROMWICH, West Midlands, B70 9QL

**Pharmacy reference:** 1038539

**Type of pharmacy:** Community

**Date of inspection:** 06/06/2023

## Pharmacy context

This community pharmacy is located on the main high street in West Bromwich. Most people who use the pharmacy are from the local area. The pharmacy dispenses prescriptions and sells medicines over the counter. It offers several additional services including a travel vaccination service, the NHS hypertension case finding service and a local minor ailments scheme. The pharmacy also supplies some medicines in multi-compartment compliance aids to help make sure people take their medicines at the right time.

## Overall inspection outcome

### Standards not all met

**Required Action:** Improvement Action Plan

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 not all met	1.1	Standard not met	The pharmacy's procedures are unclear, so team members may not understand their responsibilities or work effectively.
		1.2	Standard not met	The pharmacy does not always take appropriate action to ensure team members learn from incidents.
		1.6	Standard not met	The pharmacy's records are unreliable. The responsible pharmacist log and private prescription register are incomplete. This means the pharmacy cannot always show what has happened and that all supplies of prescription only medicines are safe and legal.
<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 not all met	4.3	Standard not met	The pharmacy cannot demonstrate that it stores and manages its medicines appropriately so that they are fit for supply.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance Standards not all met

### Summary findings

The pharmacy does not suitably identify and manage the risks associated with its services. Its procedures are unclear, so team members may not always work effectively, and appropriate action is not always taken to ensure team members learn from incidents. The pharmacy does not adequately maintain the records it needs to by law. Its team members understand how to keep people's private information safe and raise concerns to protect the wellbeing of vulnerable people.

### Inspector's evidence

The pharmacy did not have clear procedures covering the services it provided. Pharmacy team members explained that a tablet containing the up-to-date procedures had been removed from the branch. Some outdated procedures from 2015 were available for reference. But these contained inaccurate information and they had not been signed by team members to confirm their understanding. This meant pharmacy team members may not always be clear about their roles and responsibilities. The medicine counter assistants (MCAs) were able to explain which tasks could and could not be completed in the absence of a responsible pharmacist (RP). The pharmacy held professional indemnity insurance which was valid until May 2024.

The pharmacy had a near miss log, but the last entry had been recorded in December 2022. Team members believed that some records had been kept after this date, but these could not be produced. A lack of near miss recording may mean that patterns and trends might go undetected. The pharmacist explained that she encouraged near miss recording and discussed two common near misses that had been identified. In one instance, two medications had been separated to help prevent picking errors, but no action had been taken with respect to the other. The pharmacist was not aware of the procedure for recording dispensing errors. A recent dispensing incident had resulted in some written communication between the pharmacy and a carer. But no formal error record had been made by the pharmacy.

The pharmacy had a complaint notice by the medicine counter and reviews of pharmacy services could also be left online. Concerns raised within the pharmacy were escalated to the manager.

The correct RP notice was displayed near to the medicine counter, but it was displayed at an angle, so was not easy to read. The RP log contained several missing entries so it was not technically compliant. Private prescriptions had not been recorded in line with legislation as prescriptions dated from December 2022 had not been entered into the register. And prescription forms could not be located to reconcile against existing entries that had already been made. Records for the procurement of unlicensed specials did not always contain a complete audit trail from source to supply. The pharmacy's online controlled drugs (CD) registers kept a running balance and were regularly audited, but some record keeping issues were identified.

A pharmacy team member explained that she had completed information governance training in a previous role. She explained how confidential information was kept safe in the pharmacy. Confidential waste was segregated and shredded, and computer screens faced away from public view. Most team members held their own NHS smartcards. Others did not but they agreed to follow-up to ensure that

they had access to their own smartcards in future.

The pharmacist had completed safeguarding training and the contact details of local safeguarding agencies were available in the event a concern needed to be raised.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

Pharmacy team members are suitably trained for the roles in which they are working. They get some feedback on their development, but they do not always complete regular ongoing training. So, the pharmacy may not always be able to show how team members keep their knowledge and skills up to date.

### Inspector's evidence

The pharmacy team comprised of a regular pharmacist, six dispensing assistants, one of whom held the position of manager, and two MCAs. Another dispensing assistant was providing additional cover at a nearby branch. The team managed the workload adequately and were up to date with dispensing activities. Leave was planned in advance to ensure that sufficient staffing numbers were maintained.

Pharmacy team members were appropriately trained for the roles in which they were working or were enrolled on suitable training. The pharmacy team members had access to some ongoing training through e-Learning modules, but these were not currently being completed. The pharmacy manager said that she also would encourage team members to attend other training events when the pharmacy was made aware of them. The manager had regular one-to-one conversations with team members to identify any learning and development needs. Any concerns were referred to the superintendent pharmacist, who visited the branch regularly.

There was an open culture in the pharmacy. Pharmacy team members were comfortable to provide feedback and raise concerns to one another, and to the pharmacy manager and superintendent pharmacist, if required.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is well maintained and it provides a suitable space to deliver its services. It has a consultation room, so people are able to have a conversation with team members in private.

### Inspector's evidence

The pharmacy was suitably maintained and in a good state of repair. The retail area was spacious and stocked a range of good suitable for a healthcare-based business. But there were some carbonated drinks for sale which may not be in keeping with health promotion. Pharmacy medications were secured behind the medicine counter. The dispensary was appropriately sized for the volume of dispensing and there were segregated area for dispensing, checking and the assembly of multi-compartment compliance aid packs. There was a small room to the front of the premises, with a separate entrance which was being let out to an independent business.

The pharmacy had a consultation room which was well maintained and equipped with a desk and seating to enable private and confidential discussions. The room was accessed via steps, so it may not be accessible to people with mobility issues. The pharmacist was not aware of any previous issues with people accessing the room.

## Principle 4 - Services Standards not all met

### Summary findings

The pharmacy cannot demonstrate that it stores and manages its medicines appropriately so that they are fit for supply. Its services, although accessible, are not always managed as effectively as they could be, and people may not always get all the information they need about their medicines.

### Inspector's evidence

The pharmacy had a step-free entrance from the main high street and an automatic door to assist with entry. Most pharmacy team members were bilingual and communicated with patients in several languages to provide counselling. The pharmacy's services were advertised throughout the retail area and additional health promotion materials were on display.

Prescriptions were dispensed using baskets in order to keep them separate and reduce the risk of medicines being mixed up. Baskets were colour coded to help prioritise the workload. Team members signed dispensed by and checked by boxes on dispensing labels as an audit trail to identify people involved in dispensing. The pharmacy did not always retain prescription forms alongside dispensed medicines until they were collected. This meant that team members might not have access to important information at the point of prescription handout. Prescriptions for controlled drugs were not always identified and an expired prescription for tramadol was found on the retrieval shelves awaiting collection. The pharmacist explained that where possible she tried to identify prescriptions for high-risk medicines so that additional counselling could be provided. The pharmacy had the necessary warning materials for the supply of valproate-based medicines. The pharmacist was not aware of any patients at the pharmacy who fell within the at-risk criteria.

Pharmacy team members ordered some repeat medicines from local GP surgeries and an audit trail was maintained through the patient medication record system. The pharmacy supplied a large number of multi compartment compliance aid devices. The compliance aids were managed using a four-week schedule. Master records of medication were only currently held for two of the weeks, so all patients may not have an up-to-date audit trail of changes to their medicines. Completed compliance aid packs did not always have a patient identifying label, full descriptions of medicines were not recorded and there was not always a clear audit trail for dispensing and checking. Patient leaflets were also not supplied with packs.

The pharmacy offered a travel vaccination service. The pharmacist was trained in the administration of three different vaccinations. She had completed the relevant training including basic life support and equipment to aid the administration of vaccinations was available including adrenaline and a sharps bin. Following the administration of the vaccination, patients received an email recording which vaccination had been administered along with the batch number. Patients were asked to provide this information to their GP. No other records of administration were kept. It was unclear if other records were required as the pharmacist did not have access to details of the service, such as relevant patient group directives, as the account was managed by the superintendent pharmacist.

A pharmacy team member explained the eligibility criteria for the hypertension monitoring service. Team members had completed training and had a blood pressure monitor available for use. No

referrals had been made to date.

The pharmacy sourced its medicines from several reputable suppliers and unlicensed specials were sourced through specials manufacturers. Medicines were stored on large shelving units and were generally organised, but they were not always stored in the original packaging provided by the manufacturer. There were a large number of containers which contained loose tablets that had been packed down ready to be dispensed into multi compartment compliance aid devices. The boxes did not contain the batch number or expiry dates of the medicines. The pharmacy had a date checking matrix but the last entry that had been recorded was for one small section of tablets which were checked in November 2022. Team members were not aware of when any other checks had been completed. Multiple expired medicines were identified during random checks of the dispensary shelves. These were removed and placed in medicines waste bins, which were also used to store returned medicines.

The pharmacy had two refrigerators which were fitted with maximum and minimum thermometers, but temperature records had not been completed since January 2023 and the maximum temperature of one of the refrigerators was slightly in excess of the recommended level. So, the pharmacy cannot always demonstrate that medicines are suitable stored. CDs were stored appropriately, and two random balance checks were found to be correct.

Alerts for the recall of faulty medicines and medical devices were received by some team members via email. Team members actioned alerts but no audit trail was maintained. And it was unclear if there was a system to allow all team members to access alerts if required.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to provide its services. Team members use the equipment in a way that protects people's privacy.

### Inspector's evidence

The pharmacy had access to reference textbooks including the British National Formulary (BNF) and general internet access was also available to facilitate further research. There was a range of crown stamped and ISO approved liquid measures. A separate measure was marked for use with methadone, but it had not been cleaned out after its last use, so contained some residue. Counting triangles for tablets were also available and equipment was otherwise suitably maintained.

Electrical equipment was in working order. Computer screens were password protected and screens faced away from public view. Cordless phones were available to enable conversations to take place in private.

### 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.