

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: 08/01/2024

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 the NHS Community Pharmacist Consultation Service, blood pressure testing 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
1. Governance	Standards not all met	1.6	Standard not met	The pharmacy does not adequately maintain its records including the responsible pharmacist log, controlled drug (CD) registers and private prescription records. Entries are not always completed within the appropriate timeframe. This means that the pharmacy cannot always demonstrate what has happened in the event of a query.
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 not all met

Summary findings

Although the pharmacy keeps the records it needs to by law, the records are not always adequately maintained, and entries are not always made within appropriate timeframes. And information is sometimes missing or incomplete, which means the pharmacy cannot clearly demonstrate what has happened in the event of a query. Pharmacy team members understand how to keep people's private information safe, and they record their mistakes to help them learn and improve.

Inspector's evidence

The pharmacy had a range of standard operating procedures covering operational tasks and activities in the pharmacy. The procedures had been recently reviewed and they were colour coded to define staff roles and responsibilities. Three newer team members had not yet read the procedures. Team members were generally aware of their roles and an apprentice understood the tasks that could and could not be completed in the absence of a responsible pharmacist (RP). The pharmacy had professional indemnity insurance and a certificate displayed was valid until May 2024.

There was a near miss log, which was reviewed on an ad hoc basis to identify any underlying patterns or trends. No record of the reviews was kept, so the pharmacy may not always be able to demonstrate how frequently records are reviewed and the types of issues which are identified. Posters which identified common 'look alike, sound alike' medicines were displayed in the dispensary. The pharmacist explained the incident reporting procedure and said that where an issue could not be resolved in the pharmacy, it would be escalated to the pharmacy owner. The pharmacist was not aware of any recent errors.

People using pharmacy services could provide feedback verbally. Concerns were generally referred to the manager in the first instance. If they could not be resolved in the branch, issues were escalated to one of the directors of the pharmacy.

The correct RP notice was clearly displayed next to the medicine counter. The RP log contained some missing entries and was not fully compliant. This made it difficult to identify who was responsible for the safe running of the pharmacy on some occasions. Controlled drug registers kept a running balance. Some previous balance checks had been completed but there were other record keeping issues identified in recent weeks. Private prescription records contained the necessary information, but there were some private prescriptions supplied in December which had not been recorded within the necessary timeframe. Records for the supply of unlicensed specials appeared in order.

Pharmacy team members had an understanding of confidentiality. No patient identifiable data was visible from the medicine counter and a policy was displayed explaining how the pharmacy used and managed people's personal data. Confidential waste was segregated and shredded. Some newer team members did not yet have their own NHS Smartcards.

Several members of the pharmacy team had completed safeguarding training and the contact details of local safeguarding agencies were accessible. There was a chaperone policy displayed at the entrance to the consultation room.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members are trained for the jobs that they do, and they can raise concerns and provide feedback. But regular ongoing learning and development is limited. 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 the regular pharmacist, a foundation trainee pharmacist and three dispensers, one of whom also held the position of pharmacy manager. The pharmacy had recently employed three apprentices, two of whom were yet to begin their training courses and a medicine counter assistant (MCA) who had been in post for approximately one week. Overall, the team members managed the workload adequately. There had been some increased pressure in the weeks preceding the inspection due to bank holidays and staffing challenges and there was a slight backlog in dispensing of approximately two working days.

Team members were trained for their roles or were being enrolled on accredited courses. Following the completion or formal training there was limited ongoing learning and development opportunities available. The regular pharmacist held informal team meetings every one to two weeks to discuss near misses and provide updates on any services. The pharmacy manager explained that she was implementing one-to-one development reviews with team members.

The foundation trainee pharmacist was enrolled on an additional training programme, which provided study days on a monthly basis. One of the directors of the company which owned the pharmacy was their designated supervisor. The trainee pharmacist confirmed that all the necessary reviews had been completed and she was aware of who to contact in the event of any concerns.

There was an open dialogue amongst the pharmacy team. Team members were happy to approach the regular pharmacist or the pharmacy manager with any concerns or feedback.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is suitably maintained and provides an appropriate space for the delivery of healthcare services. It has a consultation room, so people are able to have a conversation with team members in private, but it may not be accessible to everyone.

Inspector's evidence

The pharmacy was in a good state of repair. There was a retail area which generally stocked a range of goods 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 suitably sized for the volume of dispensing and there were segregated areas for dispensing and checking. A separate area off the main dispensary was used for 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 had 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 team explained how a ramp to the side of the premises could be used to access the room, if necessary. But this led to an entrance that was currently blocked and would mean people passed through the compliance aid dispensing area, which may pose a risk to confidentiality.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy sources its medicines from reputable wholesalers and team members complete some checks to help make sure medicines are stored appropriately and fit for supply. The pharmacy's services are accessible and in general its supplies medicines safely. But it does not always identify prescriptions for high-risk medicines so team members may miss some opportunities to provide further counselling and advice.

Inspector's evidence

The pharmacy was accessible from the main high street and there was an automatic door to assist with entry. Most pharmacy team members were bilingual and could communicate 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 to help keep them separate and reduce the risk of medicines being mixed up. Baskets were colour coded to help prioritise the workload. An audit trail for dispensing was kept by team members signing 'dispensed' and 'checked' by boxes on dispensing labels. Stickers were used to identify prescriptions for CDs to help make sure that supplies were made within the valid expiry date. But the pharmacy did not routinely identify prescriptions for high-risk medicines, so some opportunities for counselling may be missed. The pharmacist was aware of recent changes to the guidance when supplying valproate-based medicines, but she was unsure if other team members were and agreed to review this with them.

The pharmacy ordered repeat prescriptions via NHS Mail and kept a record of requests through the PMR system. Compliance aid packs were organised using a four-week schedule. Master records of medicines were held for each patient and were updated with the details of any changes. There were no completed compliance aid packs available to review. Packs which were being dispensed had patient identifying details to the front and descriptions were present to enable individual medicines to be identified. Team members reported that patient leaflets were supplied. The delivery service was organised using an electronic App. The system contained GPS which planned driver routes and QR codes were used as a record of deliveries made. Medication from failed deliveries were returned to the pharmacy.

The pharmacy offered a local minor ailments service. There was a list of formulary items available at the medicine counter and supplies were recorded on designated forms. The pharmacy offered blood pressure testing, with several team members being trained to provide the service. The criteria for referral was displayed in the consultation room and any high readings were referred to the pharmacist for review. The pharmacy provided a private blood glucose level testing service.

The pharmacy sourced its stock from a variety of wholesalers and unlicensed specials from a specials manufacturer. Date checking was being completed during the inspection and some previous record sheets were available. Short-dated medicines were being removed from the shelves. Two expired medicines were identified during random checks of the dispensary, and these were placed into a medicines waste bin. Alerts for the recall of faulty medicines and medical devices were

received through email and an electronic alert system which recorded whether alerts had be acknowledged and actioned.

Two refrigerators were within the recommended temperature range and a daily record was kept documenting the maximum and minimum temperature ranges. CDs were suitably stored.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides. 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. There was a range of approved measure for measuring liquids. A separate measure was marked for use with CDs. Counting triangles for tablets were also available and equipment appeared to be suitably maintained. The necessary equipment was available for the blood glucose monitoring service including a sharps bin, but the pharmacy did not keep calibration records for the testing machine in use, so it may not always be able to demonstrate that the equipment is appropriately calibrated.

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.