

Registered pharmacy inspection report

Pharmacy Name: Handsworth Wood Pharmacy, 110 Church Lane,
Handsworth Wood, BIRMINGHAM, West Midlands, B20 2ES

Pharmacy reference: 1084469

Type of pharmacy: Community

Date of inspection: 17/04/2024

Pharmacy context

This community pharmacy is located next to a GP practice in Handsworth Wood, a suburb 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 NHS funded services such as the Pharmacy First service and blood pressure testing. The pharmacy team dispenses some medicines into multi-compartment compliance packs for people to help make sure they remember to take them.

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 the team members understand their role in protecting vulnerable people and they keep people's personal information safe.

Inspector's evidence

The pharmacy had been through a period of change in recent months. It had been owned by a large company since April 2000 and had been bought by a smaller local company in December 2023. The superintendent pharmacist (SI) was the regular responsible pharmacist (RP), and he was also a part owner of the company.

A range of standard operating procedures (SOPs) were in place which covered the activities of the pharmacy and the services provided. He had reviewed the SOPs in preparation for the change of ownership and he had made some changes to the SOPs so that they reflected the pharmacy's working practices. Signature sheets were used to record staff training, and roles and responsibilities of team members were highlighted within the SOPs. The pharmacy team had read and signed the SOPs that were relevant to their job role.

A near miss log was available and near misses were generally recorded. The SI thought that there were some additional near misses that had been discussed but not recorded and this was something that he wanted to work on. Near misses were discussed with the dispenser involved to ensure they learnt from the mistake, and any immediate learnings were shared verbally with the team. The team gave some examples of medicines that had been separated to reduce the risk of them being selected in error during the dispensing process. Dispensing incidents were recorded and reviewed.

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

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 involved the SI if they could not reach a solution. A text message reminder service had been installed as a result of patient feedback. The pharmacy had up-to-date professional indemnity insurance. The RP was clearly displayed, and the RP log met requirements. Controlled drug (CD) registers were in order and a random balance checked matched the balance recorded in the register. Patient returned CDs were recorded in a register. Private prescription records were seen to comply with requirements. Specials records were not always maintained with an audit trail from source to supply and the SI agreed to rectify this.

Confidential waste was stored separately from general waste and destroyed securely. The pharmacy team members had their own NHS Smartcards. The RP had completed the Centre for Pharmacy

Postgraduate Education Training (CPPE) on safeguarding, and the pharmacy team had a clear understanding of what safeguarding meant and what to do if they had a concern.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage the workload and the services that it provides. Its 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 the superintendent pharmacist, three trainee dispensing assistants, a pharmacy student and a home delivery driver. The trainee dispensing assistants had been recently enrolled on accredited training courses. Holiday requests were discussed with the SI and cover was provided by other staff members as required.

Pharmacy team members completed ongoing training and training needs were identified to align with pharmacy changes, new services, seasonal events, and customer service. The pharmacy team were observed working well together and helped each other by moving from their main duties to help with more urgent tasks when required. The team discussed any pharmacy issues as they arose and held regular huddles within the dispensary during quieter times. One of the pharmacy's other owners visited occasionally and provided on-the-job training to team members and shared pharmacy updates with them.

The pharmacy team members said that they could raise any concerns or suggestions with the SI and felt that he was responsive to feedback. Team members said that they would speak to other members of the team, or the GPhC if they ever felt unable to raise an issue internally. The SI was observed making himself available throughout the inspection to discuss queries with people and giving advice when he handed out prescriptions. 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 a consultation room, so that people can speak to the pharmacy team in private when needed.

Inspector's evidence

The premises were smart in appearance and appeared to be well maintained. Any maintenance issues were reported to the SI. 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. Toilet facilities were available in the surgery and were cleaned by the surgery cleaner.

The pharmacy had plinth heaters and portable fans and the temperature in the dispensary felt comfortable. Lighting was adequate for the services provided. The dispensary was an adequate size for the services provided and an efficient workflow was seen to be in place. Dispensing and checking activities took place on separate areas of the worktops and there was ample space to store completed prescriptions.

There was a private soundproof consultation room which was signposted. The consultation room was professional in appearance. 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 a range of healthcare services which are accessible. It manages its services and supplies medicines safely. The pharmacy obtains its medicines from licensed suppliers, and stores them securely and at the correct temperature, so they are safe to use. People receive appropriate advice about their medicines when collecting their prescriptions.

Inspector's evidence

The pharmacy had step free access from the surgery car park. A home delivery service was available for people who could not easily access the pharmacy. Health promotion leaflets were available, and posters were displayed in the waiting area. The pharmacy team could speak to people in English, Urdu and Punjabi. Pharmacy staff referred people to other services using local knowledge and the internet to support signposting. The pharmacy offered the NHS Pharmacy First service. Quick reference guides were available, and the NHS PGDs (patient group directions) and supporting documentation were available for reference.

Medicines were dispensed into baskets to help make sure they were not mixed up together. Different coloured baskets were used to prioritise prescriptions. Team members signed the 'dispensed-by' and 'checked-by' 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 containing medicines during pregnancy, and the need for additional counselling. People were sent text messages when their prescriptions were ready to collect.

Multi-compartment compliance packs were supplied to some people in the community. This was a new service that had been introduced after the change of ownership. There were SOPs for the service. A sample of dispensed compliance packs were seen to have been labelled with a brief description of medication. Patient information leaflets (PILs) were not included with each monthly supply. So, people may not have all the information that they needed about their medicines. The SI explained that this was one of the services that he had wanted to offer and was intending to increase the number of people supplied with compliance packs steadily. The pharmacy team did not complete a suitability assessment with the patient before they agreed to dispense into compliance packs, so packs may be supplied to people when there were more suitable adjustments available. And they had not filled in the patient record sheet showing the dosage time and which external items the person required to help with continuity. The SI agreed to review compliance with the associated SOPs, record keeping and how to carry out suitability assessments for the service.

A random sample of dispensary stock was checked, and all the medicines were found to be in date. Short dated medicines were highlighted and they were pro-actively removed prior to their expiry date. Medicines were stored in an organised manner on the dispensary shelves. Most medicines were observed being stored in their original packaging, but a few were removed from the shelves as they did not contain a batch number or expiry date. 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 designated bins. Medicines were obtained from a range of licenced wholesalers. Drug recalls were received electronically and managed appropriately.

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 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 services safely. The pharmacy team stores and uses the 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 computer terminals for the workload currently undertaken. A range of clean, crown stamped measures and counting triangles were available.

Equipment for clinical consultations had been suitably procured and was stored appropriately. Some of the equipment was single use, and ample consumables were available. Computer screens were not visible to members of the public. 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.