

Registered pharmacy inspection report

Pharmacy Name: Birk and Nagra Chemists, Unit 5 Cressida Close,
Heathcote, WARWICK, Warwickshire, CV34 6DZ

Pharmacy reference: 1085466

Type of pharmacy: Community

Date of inspection: 09/12/2019

Pharmacy context

This community pharmacy is part of a family-run chain of independent pharmacies. It is in a residential area and near a busy GP surgery. It sells a range of over-the-counter medicines and dispenses prescriptions. And it offers a prescription collection and delivery service and supplies medicines in multi-compartment compliance packs to a small number of people who need assistance in managing their medicines.

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 adequately identifies and manages the risks associated with its services. It asks people who use its services for their feedback. It keeps the records it need to by law. Team members protect people's personal information appropriately. And they understand how they can help protect vulnerable people. Members of the pharmacy team record mistakes that happen during the dispensing process to help them learn and prevent a recurrence where possible.

Inspector's evidence

A range of up-to-date standard operating procedures (SOPs) were available and these had been read and signed by members of the pharmacy team. Roles and responsibilities of staff members were outlined in the SOPs. And when asked, members of the pharmacy team were clear about the tasks they could not undertake in the absence of a pharmacist. A correct responsible pharmacist (RP) notice was on display and the RP records were complete.

Members of the pharmacy team kept records of near misses and dispensing errors. And they were aware of 'look-alike' and 'sound-alike' medicines and used stickers to highlight these on the shelves. Contributory factors and actions taken to prevent similar events were noted on the near miss logs and were largely 'to use five point check at labelling stage', 'to read the prescriptions carefully' or 'not to rush'. The pharmacy discussed a recent dispensing error involving an incorrect hand out. The incident had been fully documented and submitted to the superintendent pharmacist. The pharmacy had reviewed its handout procedures and notices were put by the medicine counter to remind staff to confirm name, address and postal codes before handing out medicines to people.

A complaints procedure was available and displayed in the pharmacy. The pharmacy's practice leaflet was available and it gave information about how people could provide feedback about the quality of pharmacy services provided. Each year, members of the pharmacy surveyed the views of people who used the pharmacy and the results of the most recent survey were on display in the pharmacy. 98% of the respondents had rated the pharmacy as very good or excellent. There was some feedback about not providing advice on leading a healthier lifestyle. The pharmacy was yet to address this feedback.

The pharmacy had appropriate indemnity insurance arrangements and a certificate was on display in the pharmacy. Records about controlled drugs (CDs), RP, private prescriptions and supplies of unlicensed specials were maintained in line with requirements. Running balances of CDs were kept and audited at regular intervals. A random CD check showed that the amount of stock in the cabinet matched the running balance in the register. A separate register was used to record CDs returned by people. And the appropriate records were made when these were received in the pharmacy.

The pharmacy's confidentiality and privacy notice was displayed in the pharmacy. And members of the pharmacy team had all signed confidentiality agreements and had completed training about the General Data Protection Regulation. The pharmacy manager used her own NHS smart card to access electronic prescriptions, and confidential waste was shredded in the pharmacy. Prescriptions awaiting collection were stored securely and patient medication records were password protected. The pharmacy's computers were positioned away from public view.

There were SOPs about protecting vulnerable people and the pharmacy manager had completed Level 2 safeguarding training. The other members of the team had completed safeguarding training relevant to their roles. Contact details for local safeguarding agencies were available for staff to escalate any safeguarding concerns. The pharmacy had not had any safeguarding concerns to report.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its current workload. Members of the pharmacy team have the appropriate qualifications for their roles and they work well together. They are supported with on-going training to help keep their skills and knowledge up to date.

Inspector's evidence

The pharmacy manager, a trained dispenser and a trained medicines counter assistant (MCA) were working at the time of the inspection. The pharmacy manager covered the branch for three and a half days per week and the rest of the opening hours were covered by a regular pharmacist. A dispenser based permanently at this pharmacy was on an unplanned absence. A dispenser from another branch had come in to cover the pharmacy. Members of the pharmacy team shared messages with each other via a WhatsApp group and a communication book.

The team members were managing their workload adequately and worked well together. The dispenser was busy in the consultation room sorting out repeat prescriptions. The pharmacy manager was dispensing and self-checking walk-in prescriptions. And she was aware of the potential risks associated with dispensing and self-checking. She explained how she created a mental break between the two processes to reduce risk. The MCA followed the WWHAM protocol when selling over-the-counter medicines. And she was aware of the restrictions on sales of pseudoephedrine-containing products and codeine-containing medicines. She said that she would refer to the pharmacist if a person regularly requested to purchase medicines which could be abused or may require additional care.

Members of the pharmacy team had access to on-going training which was provided by an external training provider. The dispenser based at this pharmacy had recently completed training on cervical cancer, how to prevent falls, and stroke. Certificates of completed training were available in the pharmacy. A whistleblowing policy was in place and it had been signed by all members of the pharmacy team. The pharmacy manager said she would have no hesitation in speaking to the owner of the pharmacy if she had any concerns about the way the pharmacy operated. And she was able to exercise her professional judgement when delivering additional services which would be subject to staff availability. There were no specific targets or incentives set.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are secure and adequate for the services it provides. And it has facilities to protect people's privacy when using the pharmacy's services.

Inspector's evidence

The pharmacy's front fascia and its public-facing areas were generally clean and in a good state of repair. The covering on chairs for waiting customers was stained and dirty. This somewhat detracted from the pharmacy's professional image. The dispensary was clean and tidy. There was just about adequate storage and work bench space in the dispensary to allow safe working. The pharmacy manager said that the owner was planning to fit more shelves in the dispensary and that would help create more storage space. The sink in the dispensary for preparation of medicines was clean and it had a supply of hot and cold running water. There was sufficient heating and lighting throughout the premises. The pharmacy's consultation room was clean and it was suitable for private consultations and counselling. The dispensary was separated from the retail area and afforded some privacy for the dispensing operation and any associated conversations and telephone calls. The pharmacy was secured against unauthorised access when it was closed.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy manages its services adequately and people with a range of needs can access its services. It obtains its medicines from reputable suppliers and manages them appropriately. And it takes the right action in response to safety alerts, so that people are supplied with medicines that are fit for purpose. Members of the pharmacy team know about higher-risk medicines and they provide people with appropriate advice when these are collected, to protect people's health and wellbeing.

Inspector's evidence

The pharmacy's entrance was step free and it had a conventional push and pull door. The shop area was clear of slip or trip hazards and there was adequate space to accommodate wheelchairs or prams. The pharmacy's opening hours were advertised in-store. A range of healthcare leaflets was available and members of the pharmacy team used their local knowledge to signpost people to other providers if a service someone wanted was not offered at the pharmacy. The pharmacy manager could converse fluently in Punjabi. This was helpful for some of the customers. The pharmacy's Healthy Living Zone displayed some posters about raising awareness about cervical cancer.

The pharmacy offered a prescription delivery service, but signatures from recipients were only obtained for deliveries of CDs. This could make it harder for the pharmacy to show that all medicines have reached the right person. The workflow in the dispensary was organised. Baskets were used during the dispensing process to prioritise workload and minimise the risk of prescriptions getting mixed up. An 'owing' note was issued to provide an audit trail when a prescription could not be fully supplied.

Medicines were dispensed in multi-compartment compliance packs to a small number of people who needed assistance in managing their medicines. The pharmacy had a tracking system to prompt staff when people's prescriptions were to be ordered so that the packs were prepared in a timely manner. Members of the pharmacy team kept records of each person using the service and these included the current medication the person was on and the time of day it should be taken. Any interventions or changes made to people's medication were recorded to ensure people received the correct medicines in their compliance packs. A pack checked during the inspection included descriptions of the medicine contained within it. The dispensing labels had been initialled and patient information leaflets were supplied.

The pharmacy manager was aware of the valproate Pregnancy Prevention Programme (PPP) and knew which people needed to be provided with advice about its contraindications and precautions. The pharmacy did not have anyone currently in the at-risk group prescribed valproate. Patient information leaflets and cards were available in the pharmacy. The pharmacy had a small number of people taking warfarin and the team routinely enquired about people's latest blood test results. And there was evidence to show that these had been recorded on the patient's medication records. 'INR' stickers were available and used to highlight warfarin prescriptions. The pharmacy highlighted CD prescriptions to ensure these were handed out within the 28-day validity period.

Medicines were obtained from licensed wholesalers and specials were obtained from specials manufacturers. No extemporaneous dispensing was carried out. Pharmacy-only (P) medicines were stored out of reach of the public. At the time of the inspection, the pharmacy was not fully compliant

with the Falsified Medicines Directives (FMD). The pharmacy manager said that members of the pharmacy team had completed FMD training, but the system was not yet fully operational.

Stock medicines were date-checked at regular intervals and the records of the most recent checks were available in the pharmacy. Short-dated medicines were highlighted for removal at an appropriate time. Liquid medicines with limited stability were marked with opening dates. Medicines requiring refrigeration were stored correctly between 2 and 8 degrees Celsius. Fridge temperatures were checked and recorded each day. All CDs were stored appropriately, and denaturing kits were available to denature waste CDs safely. Designated bins were available to store waste medicines. And these were stored in an area adjacent to the dispensary. The pharmacy had a process to deal with safety alerts and drug recalls. Records about these and the actions taken by the members of the pharmacy team were made and kept in the pharmacy.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy generally has the equipment and facilities it needs to provide its services. And its equipment is adequately maintained.

Inspector's evidence

Members of the pharmacy team had access to the internet and a range of up-to-date reference sources. Pharmacy computers were password protected and computer terminals were not visible to customers visiting the pharmacy. The pharmacy's consultation room was suitable for private conversations and counselling. Equipment for counting loose tablets and capsules was clean. And a range of clean, crown-stamped, glass measures were available. The pharmacy's electrical equipment appeared to be in good working order.

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.