

# Registered pharmacy inspection report

**Pharmacy Name:** Birk And Nagra Chemists, The Pharmacy, Court Street, LEAMINGTON SPA, Warwickshire, CV31 2BB

**Pharmacy reference:** 1085917

**Type of pharmacy:** Community

**Date of inspection:** 16/10/2019

## Pharmacy context

This community pharmacy is part of a family run chain of independent pharmacies. It is in a residential area opposite a busy GP surgery. It sells a range of over-the-counter medicines and dispenses prescriptions. And it offers a prescription 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<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 met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy has written instructions to help make sure its services are safe. And members of the pharmacy team generally follow safe practices. They keep records required by law to ensure medicines are supplied safely and legally. They keep people's private information securely and understand how they can help protect vulnerable people. And they record some of the mistakes they make during the dispensing process. But the lack of detail or ability to review some of this information may mean they miss opportunities to learn and improve from these events.

### Inspector's evidence

The pharmacy had a range of in-date standard operating procedures (SOPs) for the services it offered. Members of the pharmacy team had read and signed the SOPs. But their roles and responsibilities had not been defined within the SOPs. A Responsible Pharmacist (RP) notice was prominently displayed and a recently recruited member of staff explained the tasks she could not undertake in the absence of a RP.

Members of the pharmacy kept some records about near misses but these were not consistently written down. And the details recorded were very brief and did not always contain information about what had gone wrong or learning points implemented to prevent recurrence. The pharmacy manager described some of the actions the team had taken to minimise dispensing errors such as separating various strengths and forms of ramipril and clarithromycin. Members of the pharmacy team were aware about 'look-alike and 'sound-alike' medicines such as amitriptyline and amlodipine. The pharmacy manager said that all these had been previously separated on the shelves but recently the stock medicines had been reorganised, and the level of separation had been reduced. The pharmacy had a process to report dispensing errors, but the pharmacy manager said that there hadn't been any recent errors that had reached patients. But he would normally complete an incident form and report it to the National Reporting and Learning System.

The pharmacy's confidentiality and privacy notice were advertised in the consultation room. 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 his 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. The pharmacy's Information Governance policy was yet to be reviewed. It was due to have been reviewed on 1/5/2019.

The pharmacy manager said that he always endeavoured to resolve people's complaints locally. But these could be escalated to the superintendent pharmacist (SI) if necessary. The pharmacy's practice leaflet was not available and the information about how people could give feedback about the quality of services provided was not prominently advertised which could mean that people visiting the pharmacy may not be aware of how to raise concerns about the pharmacy. Members of the pharmacy undertook an annual survey of people who used the pharmacy and the results of the most recent survey were on display in the pharmacy. 100% of the respondents had rated the pharmacy as very good or excellent. There was some feedback about not providing a commissioned smoking cessation to help people stop smoking. The pharmacy manager said that people were signposted to their sister branch

who did provide this service.

The pharmacy had appropriate indemnity insurance arrangements and a certificate was on display in the pharmacy. Records about controlled drugs (CD), 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 balance check of an item showed the recorded balance and the stock held in the cabinet agreed. A separate register was used to record CDs returned by people. And the appropriate records were made when these were received in the pharmacy.

There were SOPs about protecting vulnerable people and the pharmacy manager had completed Level 2 safeguarding training. 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's staffing levels are just about enough to manage the current workload. Members of the pharmacy team work well together and they are supported with on-going training to help keep their skills and knowledge up to date.

### Inspector's evidence

The pharmacy manager, a recently recruited member of staff, and a trainee medicine counter assistant from another branch were on duty on the day of the inspection. The pharmacy manager covered the branch four days a week and a regular locum pharmacist was used to cover the manager's day off. The pharmacy also employed a full-time dispenser. The team were managing their workload adequately and appeared to work well together. The pharmacy manager said he was aware of the potential risks associated with dispensing and self-checking and explained how he created a mental break between dispensing and checking prescriptions.

The pharmacy manager said he gave regular feedback to team members about their performance and staff appraisals were conducted annually to identify any skill or knowledge gaps. Members of the pharmacy team had access to on-going training which was provided by an external training provider. The team had recently completed training about recommending the right anbesol product. A whistle blowing policy was in place and it had been signed by members of the pharmacy team.

The pharmacy manager said he was able to exercise his professional judgement when delivering services such as Medicine Use Reviews. And he considered the availability of staff and patient safety when delivering advanced services. There were no specific targets or incentives set.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are safe, secure and adequately maintained. And people visiting the pharmacy can have a conversation with a team member in a private area.

### Inspector's evidence

The pharmacy's front fascia and its public facing areas were generally clean and tidy. The dispensary had not been refitted for some time and this was reflected in the appearance of some its fixtures and fittings. But, overall, they were fit for purpose. There was just about adequate storage and bench space available to manage the current workload safely. The sink in the dispensary for preparation of medicines was clean and it had a supply of hot and cold running water. The dispensary was clearly separated from the retail area and afforded some privacy for the dispensing operation and any associated conversations and telephone calls. The pharmacy's consultation was kept locked when not in use. And it was adequate for private consultations and counselling. The premises were lockable and could be secured against unauthorised access.

## 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 and medical devices that are fit for purpose. Members of the pharmacy team are aware of higher-risk medicines and they take the opportunity to provide advice when these are collected, to protect people's health and wellbeing.

### Inspector's evidence

The pharmacy's opening hours were advertised in-store and it had a step-free entrance. Its doors were wide enough to accommodate mobility scooters, wheelchairs or prams. There was some seating available for people waiting for services. The retail area was clean and kept clear of any slip or trip hazards. The healthcare leaflets were not displayed tidily and the pharmacy's practice leaflet was not available which could mean that people may not be aware about all the services the pharmacy offered. The pharmacy was accredited as a Healthy Living Pharmacy but it did not consistently participate in the healthy living campaigns. There were some leaflets about raising awareness on the usage of antibiotics but these were kept on the bottom shelf where people would not notice them. The pharmacy manager accepted that they could be displayed more prominently and said that he would address the matter. Members of the pharmacy team were aware about signposting requirements and used their local knowledge to signpost people to other providers if a service someone wanted was not offered at the pharmacy.

The pharmacy offered a prescription delivery service, but signatures from recipients were only obtained for deliveries of CDs. This could mean that the pharmacy is unable to show that all medicines have reached the right person. The workflow in the dispensary was adequately 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.

The pharmacy dispensed medicines in multi-compartment compliance packs to a small number of people who needed assistance in managing their medicines. The pharmacy manager said he was aware of the Disability Discrimination Act and he normally conducted a verbal needs assessment to determine whether a person would benefit from having their medicines supplied in compliance packs. The pharmacy had a tracking system to prompt staff when people's prescriptions were to be ordered so that compliance packs were prepared in a timely manner. They 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. The pharmacy kept records of any interventions made or any medication changes, which helped make sure people received the correct medicines in their compliance packs. A pack checked during the inspection included the descriptions of medicine contained within it. The dispensing labels had been initialled by the dispenser and a checker. And patient information leaflets were routinely 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 any-one currently in the at-risk group prescribed valproate. Patient information

leaflets and guides were available in the pharmacy. Prescriptions for CDs not requiring storage in the CD cabinet were highlighted with a sticker to ensure these were not handed out beyond their 28-day validity period. The pharmacy manager knew to counsel people about higher-risk medicines such as warfarin, and members of the pharmacy team kept records of therapeutic monitoring such as INR levels on the person's medication records.

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. The pharmacy had SOPs and the right equipment in place to comply with the Falsified Medicines Directive (FMD). But the pharmacy manager said that there was a glitch in the software and the system was currently not operational. The software providers had been contacted to address the situation. The pharmacy manager was aware about the serious shortage protocol but had not had the need to use it yet.

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. 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 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.