

Registered pharmacy inspection report

Pharmacy Name: Pal Pharmacy, 508 Alum Rock Road, Ward End,
BIRMINGHAM, West Midlands, B8 3HX

Pharmacy reference: 1087191

Type of pharmacy: Community

Date of inspection: 04/10/2022

Pharmacy context

This pharmacy is situated next door to a health centre in the Alum Rock area 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 other NHS funded services such as the Community Pharmacist Consultation Service (CPCS). The pharmacy team dispenses 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 generally follow written procedures to make sure they work safely. They are made aware of their mistakes so that they can learn from them, and they make changes to stop the same sort of mistakes from happening again. The pharmacy team keeps people's information safe and team members understand their role in supporting vulnerable people.

Inspector's evidence

A range of standard operating procedures (SOPs) were in place which covered the activities of the pharmacy and the services provided. Signature sheets were used to record staff training. The SOPs had an index and dividers, so that they were easy to refer to. Roles and responsibilities were highlighted within the SOPs. It was unclear when the SOPs had been produced or reviewed. Some amendments had been made to the SOPs to reflect changes to legislation or to include good practice. These amendments were listed on a change log, but the date had not been recorded so the pharmacy team could not tell whether the changes had been made after they had read the SOPs.

A near miss log was available and the dispenser involved was responsible for correcting their own error to ensure they learnt from the mistake. The responsible pharmacist (RP) explained that he made the dispenser aware of any mistakes. There were some near miss errors recorded, but the RP admitted that he had got out of the habit of recording and reviewing them over time, and the benefits of near miss recording so that a regular review could be carried out were discussed. The pharmacy team gave some examples of different types of mistakes and demonstrated some examples of how the dispensary layout had been adapted to try and avoid the same mistake happening again. Some visual prompts had been added to the pharmacy shelving and placed next to medicines with similar packaging, names, or when there were special considerations when dispensing, such as a 28-day prescription expiry date or cytotoxic medication. There was an SOP for investigating dispensing incidents and the owner could be contacted for advice as part of the investigation. Errors were recorded, reviewed and reported using the NHS learning from patient safety incidents website (previously called NRLS).

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.

The pharmacy's complaints process was explained in the SOPs and people could give feedback to the pharmacy team. The pharmacy often got positive feedback from people using the home delivery service. The pharmacy team members tried to resolve issues that were within their control and would involve the owner if they could not reach a solution. The team had used feedback from the home delivery service to adjust the delivery drivers working pattern seasonally so that deliveries were made before it went dark in the evening.

The pharmacy had up-to-date professional indemnity insurance. The Responsible Pharmacist (RP) notice was displayed but had the incorrect pharmacists' details displayed. This was rectified as soon as

it was pointed out. The RP record met requirements. Controlled drug (CD) registers were in order and two random balance checks matched the balances recorded in the register. Private prescription and specials records were seen to comply with requirements.

Confidential waste was stored separately from general waste and destroyed securely. The pharmacy team had their own NHS Smartcards and confirmed that passcodes were not shared. The pharmacy professionals had completed level two training on safeguarding and the details of local safeguarding bodies were available. The dispensers gave examples of safeguarding concerns for vulnerable adults and children and explained what they would do if they had any concerns.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage the workload and the services that it provides. The team members plan absences in advance, so the pharmacy always 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 pharmacy manager who was a pharmacist and worked at the pharmacy in the mornings, another pharmacist that worked in the afternoons, two pharmacy technicians, two dispensing assistants, and a delivery driver. Holidays were requested in advance and cover was provided by other staff members as required. The pharmacy manager and the owner had reviewed the staffing levels, and these had changed over time to meet the current need of the pharmacy business. The pharmacy technicians and dispensing assistants worked part-time and increased their hours to cover annual leave or sickness. An additional pharmacist was available to cover the pharmacists' annual leave. Pharmacy magazines and literature on new products were used as ongoing training materials. The pharmacy team had annual appraisals.

The team worked well together during the inspection and were observed helping each other and moving from their main duties to help with more urgent tasks when required. Members of the team discussed any pharmacy issues with their colleagues as they arose and held regular huddles within the dispensary during quieter times.

The pharmacy staff said that they could raise any concerns or suggestions with the pharmacy manager, or owner, and described them as being responsive to feedback. The pharmacist was observed making himself available to discuss queries with people and giving advice when they handed out prescriptions. No targets were set for professional services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy generally provides a professional environment for people to receive healthcare services. It has a private consultation room that enables it to provide members of the public with the opportunity to have confidential conversations.

Inspector's evidence

The premises were generally smart in appearance and appeared to be well maintained. Any maintenance issues were reported to the landlord or to local contractors. The dispensary was large, and an efficient workflow was seen to be in place. Dispensing and checking activities took place on separate areas of the worktops. There was a private soundproof consultation room which was signposted, but it was cluttered and required a thorough clean and tidy before it would be suitable for clinical services, such as 'flu vaccination. The door to the consultation room remained closed when not in use to prevent unauthorised access. Prepared medicines were held securely within the dispensary and pharmacy medicines were stored behind the medicines counter, so sales were supervised.

The dispensary was clean and tidy with no slip or trip hazards evident. The pharmacy was cleaned by the pharmacy team. The sinks in the dispensary and staff areas had hot and cold running water. Hand towels and soap were available. The pharmacy had heaters and portable fans and the temperature felt comfortable during the inspection. The lighting was adequate for the services provided.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a range of healthcare services which are easy for people to access. 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.

Inspector's evidence

The pharmacy had a small car park and a home delivery service was offered to people who could not easily access the pharmacy. The pharmacy staff referred people to local services when necessary. They used local knowledge and the internet to support signposting. Pharmacy staff could communicate with people in English, Punjabi and Urdu.

Items were dispensed into baskets to ensure prescriptions were not mixed up together. The SOP stated that pharmacy staff should initial the dispensed and checked boxes on medicine labels, so there was a dispensing audit trail for prescriptions, however, this was not always done in practice. Notes and stickers were attached to medication when there was additional counselling required or extra items to be added to the bag. The team were aware of the risks associated with the use of valproate during pregnancy, and the need for additional counselling. Patient cards and counselling materials were available.

Multi-compartment compliance packs were used to supply medicines for some patients. Prescriptions were ordered in advance to allow for any missing items to be queried with the surgery ahead of the intended date of supply. A sample of dispensed compliance packs were seen to have been labelled with descriptions of medication and patient information leaflets (PILs) were sent with each supply. The dispensing assistant used a common-sense approach when talking to people about changes to compliance packs and tried to do what was best for the patient.

The pharmacy sent prescription requests to surgeries on behalf of some members of the public. Audit trails were maintained for the requests and the pharmacy team queried any missing prescriptions with the surgery if they were not received on the expected day.

No out of date medication was seen during the inspection. Each pharmacy team member had a section of the dispensary that they were responsible for date checking and tidying. Short-dated medicines were clearly marked with their expiry date and removed prior to expiry. Medicines were stored in an organised manner on the dispensary shelves. All medicines were observed being stored in their original packaging. 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 and the pharmacy was alerted to drug recalls via emails from the MHRA. The CD cabinets were secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. Fridge temperature records were maintained, and records showed that the pharmacy fridges were usually working within the required temperature range of 2°C and 8°Celsius.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. The team uses this 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 BNF and the children's BNF. Internet access was available. Patient records were stored electronically and there were enough terminals for the workload currently undertaken. A range of clean, crown stamped measures were available. Separate measures were used for the preparation of methadone. Counting triangles were available. Computer screens were not visible to the public as members of the public could not access the dispensary. 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.