

# Registered pharmacy inspection report

**Pharmacy Name:** Fakir Pharmacy Cannon Hill, 200 Edward Road,  
Cannon Hill, Balsall Heath, BIRMINGHAM, West Midlands, B12 9LY

**Pharmacy reference:** 1091506

**Type of pharmacy:** Community

**Date of inspection:** 08/05/2024

## Pharmacy context

This community pharmacy is open for extended hours and it is situated in a parade of shops in Birmingham. Its main activity is dispensing NHS prescriptions to people living in the local area. It sells a range of over-the-counter medicines and supplies medicines in multi-compartment compliance packs to people who need assistance in managing their medicines safely at home. The pharmacy also provides the New Medicine service (NMS), NHS Pharmacy First Service, NHS hypertension case-finding service, a substance misuse service, needle and syringe program, seasonal flu vaccinations, and smoking cessation service.

## 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

Overall, the pharmacy manages the risks associated with its services adequately. It has written procedures to help deliver its services safely and effectively. And it keeps all its records required by law. Members of the pharmacy team understand how they can help to protect vulnerable people and they keep people's confidential information securely. However, the pharmacy does not always review mistakes that happen during the dispensing process, so it may be missing opportunities to learn and improve from these.

### Inspector's evidence

A range of current standard operating procedures (SOPs) were available in the pharmacy and team members had read and signed the SOPs. The correct Responsible Pharmacist (RP) notice was on display and the dispenser could explain the tasks they could not undertake in the absence of a pharmacist.

The pharmacy had systems to record mistakes made during the dispensing process. A template to record mistakes that were detected before medicines were handed out (near misses), was available and a few records had been made. However, there was limited evidence to show that these were being reviewed regularly to help identify any trends or actions taken to help mitigate similar events from happening again. Medicines with similar names or packaging such as losartan, levothyroxine, amlodipine, and amitriptyline had been marked and separated to minimise picking errors. The pharmacy had a process to record dispensing mistakes that had reached people (dispensing errors). The superintendent pharmacist (SI) said that an incident involving an incorrect supply of beclomethasone nasal spray had been recorded and reviewed. And further commented that they would report dispensing errors to NHS Learn From Pharmacy Safety Events (LFPSE).

The pharmacy had current professional indemnity and public liability insurances. Records about RP, controlled drugs (CDs) and private prescriptions were kept in line with requirements. CD running balances were kept and audited at regular intervals. A random balance check of a CD was correct. The pharmacy recorded patient-returned CDs on loose sheets of paper. This was discussed with the SI about making records in a bound book to maintain a robust audit trail. The SI said that the pharmacy received very few patient-returned CDs. Records seen during the inspection showed that the pharmacy had last received returns in 2022.

The pharmacy had a complaints procedure and an information governance policy. Access to electronic patient medication records (PMR) was password protected. Confidential information was stored securely and no person-identifiable information was visible to members of the public visiting the pharmacy. Prescriptions awaiting collection were stored safely and confidential waste was shredded in the pharmacy. Team members used NHS their own smart cards and passwords to access people's records.

Team members understood safeguarding requirements relevant to their roles and could explain the actions they would take to safeguard a vulnerable person. The SI had completed level 2 safeguarding training and a chaperone policy was available and displayed in the consultation room.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to manage its current workload and its team members are supportive of each other. They they can raise concerns with their superintendent pharmacist when appropriate.

### Inspector's evidence

At the time of the inspection, the pharmacy was staffed by the SI and a qualified dispenser. The pharmacy was quiet and the team was managing the workload comfortably. The pharmacy also employed a further two apprentices and three regular locum pharmacists who covered the rest of the opening hours. They were not on duty at the time of the inspection.

The dispenser had completed a BTEC Level 2 certificate in 'The Principles and Practice for Pharmacy Support Staff', and kept their knowledge and skills current by reading journal articles and pharmacy magazines.

The dispenser said that they worked closely with the SI and would have no hesitation in raising concerns or giving feedback to improve pharmacy services. The pharmacy did not have any targets or incentives for its team members.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are kept secure and they are adequate for the services provided though the condition of the floor in the shop area detracts from the professional image presented. And people visiting the pharmacy can have a private conversation with a team member if required.

### Inspector's evidence

The pharmacy's entrance was stepped but people with mobility challenges could seek assistance to access the premises. The retail area of the pharmacy was free of any trip or slip hazards. But its flooring needed a good clean. There was some seating available for people waiting for services. The dispensary had enough space to store medicines and undertake dispensing activities safely. A clean sink was available for preparing liquid medicines. There was enough lighting throughout the premises and the ambient temperatures were suitable for storing medicines. A signposted consultation room was available for services and to enable people to have private conversations if needed. The room was basic, but private and kept tidy. The pharmacy could be secured against unauthorised access when it was closed.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides a range of services and people with different needs can access its services. It obtains its medicines from reputable sources. And its team members understand how to act on concerns about medicines that are not fit for purpose to protect the health and wellbeing of people. But they do not keep records to provide assurances that suitable actions have always been taken and in a timely manner. And the pharmacy team members don't always ensure medicines requiring denaturing before disposal are managed appropriately. This increases the risk of possible diversion.

### Inspector's evidence

The pharmacy offered a range of services and information about these was displayed by the entrance to the pharmacy. There was also a range of healthcare leaflets displayed in the retail area of the pharmacy. Team members used their local knowledge to signpost people to other healthcare providers where appropriate. A prescription delivery service was offered to people who could not attend the pharmacy in person and delivery records were kept to show that medicines were delivered safely.

The workflow in the pharmacy was adequately organised and baskets were used during the dispensing process to help prioritise workload and minimise the chances of medicines getting mixed up. Dispensing labels were initialled at the dispensing and checking stages to show which team members were involved during each stage of the process.

The pharmacy supplied multi-compartment compliance packs to a few people and these were labelled with the descriptions of medicines contained within the pack to help people or their carers to identify individual medicines. Patient information leaflets were included with the completed packs seen during the inspection.

The pharmacy had signed up to deliver the NHS 'Pharmacy First' service and the SI said that approximately ten people accessed the service each month. Team members had all completed the relevant training required to deliver the service safely. And relevant training records and accompanying patient group directions were available in the pharmacy.

Team members knew about the recent changes regarding supplying valproate-containing medicines in their original pack. And they knew about the information that needed to be provided to people about pregnancy prevention when supplying these medicines.

The pharmacy used licensed wholesalers to obtain its medicines. Pharmacy-only medicines were restricted from self-selection. All CDs were stored securely. Prescriptions for CDs not requiring secure storage in the CD cabinet were not routinely marked. However, the SI said that all uncollected prescriptions were cleared each month and this minimised the chances of such prescriptions being handed out beyond their 28-day validity period.

Medicines returned for disposal were stored in designated bins. However, there were some gabapentin capsules found in the designated bins that required denaturing before they were disposed of. This was pointed out to the SI and it was addressed during the inspection.

Temperature-sensitive medicines were stored appropriately. Maximum and minimum temperatures were recorded and records showed that temperatures had remained within the required range of 2 and 8 degrees Celsius. Team members kept records of short-dated medicines and these were marked for removal from in-date stock at an appropriate time. Stock medicines were randomly checked during the inspection and no date-expired medicines were found amongst in-date stock.

The pharmacy had a process to deal with safety alerts and recalls. The SI explained the process team members would follow to action medicine recalls and could remember actioning a recent recall about Oestrogel pump pack. But the pharmacy did not keep records of actioned alerts and recalls which made it harder for the pharmacy to show that it had addressed such concerns in a timely manner.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the necessary equipment and facilities to provide its services safely.

### Inspector's evidence

Team members had access to current reference sources. The pharmacy had calibrated measures available for measuring liquid medicines. And some measures were kept specifically for measuring certain liquids to minimise the chances of cross-contamination. Equipment for counting loose tablets and capsules was available and it was kept clean. Medicine containers were capped. All electrical equipment was in good working order. People's confidential information on the pharmacy's computer system was stored securely. Team members had access to cordless phones so that they could converse in private where appropriate.

### 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.