

# Registered pharmacy inspection report

**Pharmacy Name:** Olive Tree Pharmacy, 463 Stratford Road, Sparkhill,  
BIRMINGHAM, West Midlands, B11 4LD

**Pharmacy reference:** 1091775

**Type of pharmacy:** Community

**Date of inspection:** 26/08/2021

## Pharmacy context

This is an independently owned community pharmacy situated on a busy main road in Sparkhill, Birmingham. It mainly dispenses NHS prescriptions and it sells a small range of over-the-counter medicines. And it has a small number of people who receive instalment supplies for substance misuse treatment. The pharmacy is open extended hours seven days a week. This inspection was undertaken during the Covid-19 pandemic. Enforcement action has been taken against this pharmacy, which remains in force at the time of this inspection, and there are restrictions on the provision of some services. The enforcement action taken allows the pharmacy to continue providing other services, which are not affected by the restrictions imposed.

## 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 risks appropriately to help ensure its services are delivered safely and effectively. The pharmacy has procedures in place for the services it offers. It keeps the records it needs to by law. Its team members keep people's private information safe. And they know how to protect vulnerable people.

### Inspector's evidence

The superintendent pharmacist (SI) was the responsible pharmacist (RP) on duty on the day of the inspection. The correct RP notice was displayed by the medicine counter.

The pharmacy had made significant progress since its last inspection. The workflow in the pharmacy was well organised and the SI was managing her workload comfortably. The pharmacy had a range of current standard operating procedures (SOPs) and these had been read and signed by team members.

The SI explained the procedure she would follow to record and report dispensing errors, and this included submitting a report to the National Reporting and Learning System. The SI said that she was able to prioritise her workload adequately and did not have many near misses or dispensing errors to report as the volume of dispensing was very low. And she normally incorporated a mental break between labelling, dispensing and checking prescriptions. The SI also said that she ensured that medicines were always stored in an organised fashion to minimise picking errors when dispensing prescriptions. She was the only member of the team who was involved in ordering and putting away stock on the shelves. At the time of the inspection, the SI was observed unpacking the delivery and putting away medicines on the shelves.

A current certificate of professional indemnity insurance was on display in the pharmacy. Records about the RP, controlled drugs (CDs), private prescriptions and unlicensed medicines were kept in line with requirements. The pharmacy did not dispense many private prescriptions. Running balances of CDs were kept and audited regularly. The pharmacy held minimal stock of CDs and most solid dosage forms were ordered when a prescription was received in the pharmacy.

The pharmacy's computer terminal was positioned away from public view and completed prescriptions were stored appropriately. And people's personal details were not visible to the public. An incinerator bin was used to destroy confidential waste. The SI said that she hadn't realised that she needed a permit to destroy waste by burning. She said that she would apply for the relevant permit as soon as possible and would email the inspector to confirm this.

The pharmacy had a safeguarding policy in place and details for local safeguarding agencies to escalate any safeguarding concerns to were available. The SI said that she had completed Level 2 safeguarding training.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff members to manage its current workload adequately. The small team works well together and the team members have the appropriate skills and qualifications for their roles.

### Inspector's evidence

The SI provided most of the RP cover in the pharmacy and was supported by two part-time qualified dispensers. Since the last inspection, the pharmacy had recruited an additional part-time qualified dispenser. The training certificates for both dispensers were made available to the inspector. The SI said that having an additional member of staff had helped her manage her routine tasks efficiently and the team were working well together. At the time of the visit, the pharmacy was relatively quiet and the SI was working by herself. And she was managing the dispensing workload comfortably.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are secure and are adequate for the provision of pharmacy services.

### Inspector's evidence

The front fascia of the pharmacy was in a good state of repair. The entrance to the pharmacy was at street level and it was step free. The retail area of the pharmacy was clear of slip or trip hazards and could just about accommodate a wheelchair or a pram.

The small retail area of the pharmacy was not routinely manned. But the CCTV in the dispensary and the door chimes alerted the team members when people entered the pharmacy. The dispensary was on the first floor and it had been recently refurbished. It was clean, tidy and well-organised. There was just about adequate storage and bench space to allow safe working. The dispensary was not accessible to members of the public. A dispensary sink for medicines preparation was clean and it had a supply of hot and cold water. Members of the pharmacy team had adequate access to hygiene facilities and the pharmacy was secured against unauthorised access when it was closed.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy manages its services safely to help make sure people receive appropriate care. It tries to adjust its services when needed so people get the care and support they need. The pharmacy sources, stores and manages medicines appropriately to ensure that all the medicines it supplies to people are fit for purpose.

### Inspector's evidence

The SI could speak to people in several languages including Urdu and Punjabi. And used her local knowledge to signpost people to other providers, if a service required was not offered at the pharmacy.

The pharmacy did not routinely offer a prescription delivery service. But during the pandemic, the pharmacy made an exception and delivered medicines to a few people who were unable to attend the pharmacy in person or did not have any representatives able to collect medicines on their behalf. Due to the pandemic, team members were not obtaining signatures from recipients for deliveries. A delivery sheet was annotated accordingly to keep an audit trail.

The workflow in the pharmacy was organised and baskets were used during the dispensing process to prioritise workload and minimise the risk of prescriptions getting mixed up. 'Owing' notes were issued to people to keep an audit trail when prescriptions could not be fully supplied.

The SI was aware of the valproate pregnancy prevention programme and knew which people needed to be provided with additional advice about its contraindications and precautions. The pharmacy currently did not supply valproate medicines to any people in the at-risk group. But it had patient information leaflets and patient cards available to supply to people receiving valproate.

The pharmacy had several people receiving warfarin and the SI said that she routinely checked people's yellow books to make sure the therapeutic monitoring (INR) levels were within the required range before making a supply of this medicine. The pharmacy supplied medication in multi-compartment compliance packs to one person living in the community, who needed assistance in managing their medicines. There were no prepared packs awaiting collection. But the SI described the way these were labelled to include a dispensing audit trail, the person's details, dosage instructions and details about the medicines contained within the packs. And the person was given the patient information leaflets that came with their medicines, routinely.

The pharmacy ordered its stock medicines from licensed wholesalers and these were stored tidily and in their original containers. No extemporaneous dispensing was carried out. Pharmacy-only medicines were kept out of reach of the public. The pharmacy did not supply codeine linctus and promethazine over the counter. There were a few boxes of Phenergan 25mg tablets kept in the dispensary. The SI said that these were solely supplied against an NHS prescription.

Stock medicines were date checked every three months and short-dated medicines were marked for removal at an appropriate time. Stock medicines were randomly checked during the inspection and no date expired medicines were found on the shelves. Medicines requiring cold storage were kept in a

refrigerator and these were stored between 2 and 8 degrees Celsius. The maximum and minimum temperatures were recorded daily, and records showed that the temperatures had been maintained within the required range.

All CDs were stored in line with requirements and the pharmacy had denaturing kits to dispose of waste CDs safely. The SI knew that prescriptions for CDs not requiring secure storage, such as tramadol or pregabalin had a 28-day validity period and she said that prescriptions for these were generally collected within 28 days. There were no prescriptions for these items awaiting collection. The pharmacy had a process to deal with safety alerts and medicines recalls. Records about these and the action taken by the team were kept, providing an audit trail.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. And it maintains its equipment appropriately.

### Inspector's evidence

The pharmacy's computer screen was not visible from the public area of the pharmacy and its patient medication records were password protected. The SI used her own smartcard to download electronic prescriptions. The pharmacy had access to the internet and various other current reference sources such as the British National Formulary (BNF) and BNF for Children. All electrical equipment appeared to be in good working order. There were a couple of crown-stamped measures available for measuring liquid medicines and the equipment used for counting loose tablets and capsules was clean. Medicine containers were capped to prevent contamination. All private and confidential information was stored securely. Members of the pharmacy team had access to hand sanitisers and personal protective equipment including facial masks.

### 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.  |