

Registered pharmacy inspection report

Pharmacy Name: Soho Pharmacy, 249 Soho Road, Handsworth,
BIRMINGHAM, West Midlands, B21 9RY

Pharmacy reference: 1093196

Type of pharmacy: Community

Date of inspection: 19/09/2019

Pharmacy context

This is a busy community pharmacy located next door to a medical centre on the Soho Road in Birmingham. People using the pharmacy are from the local community which is very ethnically diverse. The pharmacy primarily dispenses NHS prescriptions and provides a wide range of NHS funded services. The pharmacy team dispenses some medicines into multi-compartment compliance packs for people to help them to remember to take their medicines. The pharmacy and pharmacy team have recently merged with another local pharmacy. In preparation for the merger, the pharmacy team at the other branch had been transferring people over to the pharmacy which meant that the item numbers have increased. The pharmacy has been owned by Soho Enterprises (UK) Ltd since April 2016.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards not all met	1.1	Standard not met	Written procedures had not been reviewed for four years and pharmacy staff were not working in accordance with them. It was unclear whether pharmacy staff had read the SOPs as the current team had not signed the signature sheets as evidence of training.
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 not all met	4.3	Standard not met	Pharmacy stock was not managed appropriately. Various products were not being stored in their original containers and were not marked with a batch number and expiry date. Split liquid medicines with limited stability when opened were not always marked with a date of opening. Date checking records were blank.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy does not always identify and manage risk well. It has written instructions to help make sure its team members work safely. But, these have not been reviewed regularly and team members do not always follow their procedures. So, they may not always be working safely and effectively. The pharmacy's team members do not always record their mistakes or who made them. So, they may be missing opportunities to learn and prevent the same errors happening again.

Inspector's evidence

A range of standard operating procedures (SOPs) were in place which covered the operational activities of the pharmacy and the services provided. The main SOPs had been prepared using Informacist templates and had last been reviewed in July 2015, this was prior to the current owners and superintendent (SI) starting at the pharmacy. So there was no evidence that the SI had reviewed the SOPs, which were marked as due for review in July 2017. There were various copies and versions of some of the SOPs in different cupboards and drawers in the pharmacy, for example, there were four different versions of the responsible pharmacist SOPs in the pharmacy. Each SOP had a signature sheet to record staff training but the current team had not signed them. A dispensing assistant was observed dispensing and was not following the SOP as she was dispensing from labels and not referring to the prescription form. Roles and responsibilities of staff were highlighted within the SOPs. The SI could not locate the SOPs or training logs for the pharmacy team that had come from the other branch so there was no assurance that they had received training on the same SOPs as the pharmacy were supposed to be following.

Near miss logs were available and the dispenser involved was responsible for correcting their own error to ensure they learnt from the mistake. The number of near misses recorded was very low compared to the number of items dispensed and the recent increase in dispensing items and new staff. The SI confirmed that not all near misses were recorded due to time pressures. An annual patient safety review had been completed in March 2019 for NHS Quality Payment Scheme. The template forms for monthly reviews were available but were not being used, this could mean that learning opportunities are missed. The SI explained that he has completed training on risk management and would like to do a monthly review but has not had the time to do them. The SI said that if he was informed of a dispensing error he would investigate and record it using the dispensing incident function on the computer system.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A medicine counter assistant correctly answered hypothetical questions related to responsible pharmacist absence and medicine sales. Pharmacy staff wore uniforms and name badges. The medicine counter assistants occasionally helped in the dispensary during busy periods. The risks associated with this were discussed with the SI and he agreed that in future he would only have staff that had completed or were working towards an accredited training course working in the dispensary.

There was a complaints process explained in the SOPs. People could give feedback to the pharmacy team in several different ways; verbal, written and the annual NHS CPPQ survey. The branch team tried to resolve issues that were within their control. The SI had extended the pharmacy after receiving feedback from people that the pharmacy and waiting area was cramped. The results of the patient survey were displayed in the retail area.

The pharmacy had up-to-date professional indemnity insurance in place. The Responsible Pharmacist (RP) notice was displayed and the RP log generally complied with requirements. Controlled drug (CD) registers also complied with requirements. A random balance check matched the balances recorded in the register. A patient returned CD register was in use. Private prescription and emergency supplies were recorded electronically, and records were generally in order. Specials records were maintained with an audit trail from source to supply. Medicines Use Review (MUR) consent forms were signed by the patient. Home delivery records were signed by the recipient as proof of delivery.

The branch had an Information Governance (IG) folder which contained various training and policy documents. But they had not been reviewed for several years so may be out of date. The SI had completed the NHS Data Security and Protection Toolkit at the start of 2019 as an NHS requirement. Confidential waste was stored separately from general waste and shredded. An NHS Smartcard belonging to a pharmacist was inserted into a computer terminal and it had a pass code written on it, which may increase the risk of unauthorised use. The pharmacists had completed Centre for Pharmacy Postgraduate Training (CPPE) on safeguarding and a dispensing assistant explained what warning signs she would look out for when speaking to people about multi-compartment compliance packs.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage the workload. Pharmacy team members generally complete the training they need to do their jobs. But they are not always trained to follow the pharmacy procedures so may not fully understand what is expected of them. Staff have access to training material but do not always have time to complete it. So, they may not always keep their skills and knowledge up to date.

Inspector's evidence

The pharmacy team comprised of the superintendent, an additional pharmacist, three dispensing assistants, two apprentices, three medicine counter assistants, a shop assistant, a security guard, a cleaner and a delivery driver. Some of the team members, including a pharmacist, had previously worked at the other pharmacy and had moved on 1st July 2019. The SI explained that he felt less pressure now there was a larger team and having a second pharmacist was helpful, especially when offering services. Holidays were requested in advance and cover was provided by other staff members as required.

Pharmacy staff had access to various online training courses and a record of training was kept in the training folders. Staff explained that they had not had any time to complete training during their working day for a while as it had been busy. Some staff members had completed training at home and others had not. Staff appraisals were due and the SI was planning to do these soon.

The team were busy throughout the inspection which was to be expected as the pharmacy was next door to a medical centre containing multiple practices. The team knew their role within the dispensary and different tasks were allocated to different team members to ensure they were completed. The team appeared to work well together during the inspection and were observed helping each other and moving from their task to help with more urgent tasks when required. Members of the team discussed any pharmacy issues with their colleagues as they arose but did not have team meetings. A dispenser explained that the pharmacist was planning on holding a monthly patient safety huddle, but this had not happened yet. The pharmacy staff said that they could raise any concerns or suggestions with the SI, pharmacist or GPhC.

The SI was observed making himself available to discuss queries with people and giving advice when he handed out prescriptions. No targets were set for professional services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. The pharmacy team uses a consultation room for services and if people want to have a conversation in private.

Inspector's evidence

The premises were smart in appearance and appeared to be well maintained. Any maintenance issues were reported to the building landlord. The dispensary was an adequate size for the services provided 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 used by the pharmacist during the inspection. The consultation room was professional in appearance. The door to the consultation room remained closed when not in use. Prepared medicines were held securely within the pharmacy premises and pharmacy medicines were stored behind the medicines counter.

The dispensary was clean and tidy with no slip or trip hazards evident. The pharmacy was cleaned by a cleaner. The sinks in the dispensary and staff areas had hot and cold running water, hand towels and hand soap were available. The pharmacy had air conditioning and the temperature was comfortable during the inspection. The lighting was adequate for the services provided.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy offers a range of healthcare services and makes it easy for people to access them. The pharmacy team members sign prescription labels so that each person involved in the prescription is clearly identified. The pharmacy does not always provide medicine leaflets to people who receive their medicines in compliance packs. So, they may not have all of the information they need about their medicines. The pharmacy does not have robust date checking and stock management procedures. This could increase the chance that expired or recalled medicines are supplied to people.

Inspector's evidence

The pharmacy had three step free entrances and a home delivery service was available for people that could not access the pharmacy. The services provided by the pharmacy were advertised and health promotion leaflets were available. Pharmacy staff referred to people to other local services using local knowledge and the internet to support signposting. Pharmacy staff could communicate with people in English, Punjabi, Hindi, Urdu, Bengali, Mirpuri and Vietnamese. Google Translate was also used.

A dispensing audit trail was seen to be in place for prescriptions through the practice of staff signing their initials on the dispensed and checked by boxes provided on medicine labels. Dispensing baskets were used to keep medication separate. A dispensing assistant was observed dispensing prescriptions from labels, without referring to the prescription form. This was not in accordance with the SOP and may increase the risk of error.

A range of NHS services was available. These were supplied under Patient Group Directions (PGD's) and included 'flu vaccinations, emergency hormonal contraception, contraceptive services which included a depo injection and hepatitis B vaccinations. The services were popular with people and the hepatitis b vaccination service had recently been changed so that it was more accessible through the pharmacy. The pharmacy had administered approximately 60 'flu vaccinations in the three days prior to the inspection. A 'flu vaccination PGD naming the authorised pharmacist was supplied following the inspection. The sexual health service commissioners confirmed by email that the authorisation for the pharmacist to supply and administer using the PGD was made electronically by completing a declaration of training and competence and signing in using the GPhC registration number.

Multi-compartment compliance packs were used to supply medicines for some patients, and the process was usually managed by one of the dispensing assistants. The dispensing assistant had reviewed the process since she had started working in the pharmacy in July to ensure there was consistency in the paperwork. Prescriptions were ordered in advance to allow for any missing items to be queried with the surgery ahead of the intended date of supply. Each person had a record sheet to log who had dispensed and checked their packs and when they had been supplied. A sample of dispensed compliance packs were seen to have been labelled with descriptions of medication but did not contain patient information leaflets (PILs) which are a legal requirement and give people information about their medicines. The dispenser used a common-sense approach when talking to people about compliance packs and recognised that they are not suitable for everyone. The pharmacy did not have a written suitability assessment or risk assessment for the medicines that were to be packed into the trays.

A prescription collection service was offered, and various options were available dependent on what

the person preferred. The pharmacy kept a list containing the items that the patient had requested and chased any outstanding items ahead of the person returning to pick up their prescription.

Stickers were attached to completed prescriptions to highlight people suitable for certain services or that needed fridge or CD items adding. The team were aware of the risks associated with the use of valproate during pregnancy, and the need for additional counselling. The pharmacist said she had spoken to all of the patients who may be at risk. She could not locate where she had put the folder containing the supporting materials so these would not be available for supply.

The team explained that date checking took place regularly, but they did not record this. There was a date checking matrix, but this was blank. Medicines were not all stored in their original packaging and there were various medicines in bottles that had the name of medicine on but there was no batch number or expiry date. Some split liquid medicines with limited stability once they were opened were marked with a date of opening, there were some that were not and some had passed the date that they could be used by. The pharmacy was not compliant with the Falsified Medicines Directive (FMD). Patient returned medicines were stored separately from stock medicines in designated bins. The pharmacy was alerted to drug recalls via emails from NHS England. A record of recalls was seen.

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 services safely. And the team uses in a way that keeps people's information safe.

Inspector's evidence

The pharmacy had 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. Screens were not visible to the public as members of the public were excluded from 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.