

# 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:** 13/04/2021

## Pharmacy context

This is a busy community pharmacy located next door to a medical centre on 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 make sure they remember to take them. This inspection was undertaken during the COVID-19 pandemic.

## 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 effectively manages the risks associated with its services to make sure people receive appropriate care. It is responsive to feedback and uses this to make improvements. Members of the pharmacy team follow written procedures to make sure they work safely. They record their mistakes so that they can learn from them, and they make changes to stop the same sort of mistakes from 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 Numark templates and had last been reviewed at the start of April 2021. Each SOP had a signature sheet to record staff training.

Adverse incidents, such as near misses and dispensing errors were recorded electronically and the dispenser involved was responsible for correcting their own error to ensure they learnt from the mistake. Dispensing incidents were investigated and recorded. The team discussed adverse incidents and steps that could be put in place to prevent recurrence. An annual patient safety review and various medicines safety audits were completed.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A dispensing assistant correctly answered hypothetical questions related to high-risk medicine sales.

COVID-19 risk assessments had been carried out for members of the team and a COVID-19 business continuity plan was in place. PPE was available and was being worn by all members of the pharmacy team. Coronavirus information was displayed throughout the premises, and this was printed in a number of different languages to reflect the diverse culture of the area.

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 patient survey. The branch team tried to resolve issues that were within their control. The results of the most recent 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 complied with requirements. Controlled drug (CD) registers also complied with requirements. A patient returned CD register was in use. Private prescription and emergency supplies were recorded electronically, and records were in order.

The branch had an Information Governance (IG) folder which contained various training and policy documents. Confidential waste was stored separately from general waste and it was shredded. The pharmacy team had their own NHS Smartcards and removed them from the terminals when they were not on duty. 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 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 can raise concerns and make suggestions.

### Inspector's evidence

The pharmacy team comprised of the superintendent, an additional pharmacist, four dispensing assistants, three medicine counter assistants, a security guard, a cleaner and a delivery driver. The SI explained that he felt having a second pharmacist was helpful, especially when offering a wide range of 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. The team explained that they had recently done some training on a new NHS service (Discharge Medicines Service) and this had helped them understand how the service worked when they had received a referral from the hospital. Despite the pressure of working through the pandemic, the team had continued with training and appraisals.

The team members knew their role within the dispensary and different tasks were allocated to different team members to ensure they were completed. 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. The pharmacy manager (pharmacist) had very recently left the business. The SI was aware of the tasks she completed and was recruiting a replacement. 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 or the SI. 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 throughout the inspection. The consultation room was professional in appearance and the door remained closed when not in use to prevent unauthorised access. Prepared medicines were held securely within the pharmacy premises and pharmacy medicines were stored behind the medicines counter.

Various COVID-19 related signs had been produced to explain the social distancing measures and to restrict the number of people that could be in the pharmacy at any one time. Perspex screens had been installed between the shop area and 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 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. People receive advice about their medicines when collecting their prescriptions. The team supplies medicines in multicompartment compliance packs for those who may have difficulty managing their medicines.

### 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 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 and Mirpuri. Google Translate was also used.

Items were dispensed into baskets to ensure prescriptions were not mixed up together. Staff signed the dispensed and checked boxes on medicine labels, so there was a dispensing audit trail for prescriptions. 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. There was a folder available that contained the necessary counselling materials and records were made on the patient medication record.

A wide range of NHS services were available. Some of these were supplied under Patient Group Directions (PGD's) including 'flu vaccinations, emergency hormonal contraception, contraceptive services which included a depo injection, and hepatitis B vaccinations. The services were popular and the latest service to be introduced, lateral flow tests, was also proving particularly popular with a number of people who were working locally and coming in regularly for a test. A prescription collection service was offered, and various options were available dependent on what the person preferred.

Multi-compartment compliance packs were used to supply medicines for some patients, and the process was usually managed by three of the dispensing assistants to ensure they had contingency cover for absence. 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 show what medication they were taking and when it should be packed. 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 dispensers used a common-sense approach when talking to people about changes to compliance packs and did what was best for the patient. The pharmacy recognised that compliance packs are not suitable for everyone and had a written suitability assessment that they completed with the patient or carer when someone first requested that medication was provided in compliance packs.

Date checking took place regularly and no out of date medication was seen during the inspection. There was a date checking matrix available for both the dispensary and the shop, and members of staff were each allocated a section to help share the workload. 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. The pharmacy was alerted to drug recalls via emails to the shared NHS inbox so that it could be checked on the SI's day off.

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 it 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. Computer 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.