

Registered pharmacy inspection report

Pharmacy Name: Rana Dispensing Chemist, Finch Road Primary Care Centre, 2 Finch Road, Lozells, BIRMINGHAM, West Midlands, B19 1HS

Pharmacy reference: 1097587

Type of pharmacy: Community

Date of inspection: 07/06/2022

Pharmacy context

The pharmacy is located inside a health centre in Lozells, an area on the outskirts of Birmingham city centre. Lozells is a very ethnically diverse area with a high population of people of Afro-Caribbean, Bangladeshi and Pakistani origin. The pharmacy's main service is dispensing NHS prescriptions, and a small number of other services are available.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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
1. Governance	Standards not all met	1.1	Standard not met	The risks associated with providing safe pharmacy services are not adequately identified and managed. SOPs are out of date, and the pharmacy has not maintained previous improvements, such as recording of near miss errors.
		1.6	Standard not met	Responsible pharmacist, controlled drug and specials records are not always maintained appropriately.
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	The pharmacy does not always store and supply medicines safely. People in the at-risk group who are prescribed valproate do not receive adequate information about their medicine. And the pharmacy needs to make improvements to the way it manages controlled drugs and out of date medicines.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The risks associated with the provision of pharmacy services are not adequately identified and monitored. The pharmacy does not operate in a way that promotes the health and safety of the people that use it. And it does not have up to date procedures to make sure its team members are working safely. Record keeping, safeguarding and information governance procedures require improvement to bring them to the standards expected.

Inspector's evidence

The superintendent (SI) worked at the pharmacy as the regular pharmacist. The pharmacy was located near to a 'sister' pharmacy owned by the same company. The sole director was a pharmacist who usually worked at the sister pharmacy.

A range of standard operating procedures (SOPs) were in place which covered the operational activities of the pharmacy and the services provided. The SOPs had been prepared and approved by the SI using templates and they were last reviewed in March 2018. The SOPs were marked as due for review in 2020 so their review was overdue. Roles and responsibilities of staff were highlighted within the SOPs. Pharmacy staff used signature sheets to show they had received training on SOPs relevant to their job role. The member of staff working during the inspection was not always clear about how to carry out basic pharmacy tasks and said he would ask the other dispenser or pharmacist if he was unsure. The pharmacy team members were not very knowledgeable about the pharmacy's processes and many of the questions were answered by suggesting that they would need to ask the director. The team members answered hypothetical questions related to high-risk medicine sales correctly with some coaching.

A folder for near misses was available and there were various template forms in the folder. A dispensing assistant had attempted to record and review near misses back in 2018, however, this process had not continued and become an embedded part of the pharmacy's procedures. This meant that learning opportunities may be missed. The responsible pharmacist (RP), who was also SI, said that he would refer any complaints or dispensing errors to the director as he worked at the pharmacy for an hour a day and covered the SI's days off.

People could give feedback to the pharmacy team in a several different ways; verbal, written and using the NHS CPPQ survey. If anyone wanted to make a complaint, they were referred to the owner. The pharmacist was absent for two hours over lunchtime each day and the doors to the pharmacy remained open so a dispensing assistant could take in prescriptions and answer queries. There was a steady flow of people coming into the pharmacy during this time and many of them were not pleased about not being able to pick up their prescription. The dispensing assistant was polite and acted within the scope of the Responsible Pharmacist regulations.

The pharmacy had up-to-date professional indemnity insurance. The RP notice was clearly displayed, but the RP log did not meet requirements as lunchtime absence was not recorded. And the director did

not sign is as RP for the first hour of the day (9am – 10am) which he covered. This meant that the pharmacy may not be able to clearly demonstrate who was responsible for the pharmacy services at a given time. Controlled drug (CD) registers were available but some of the running balances were not appropriately maintained. Private prescription records were seen to comply with requirements. Specials records were maintained; however, they did not all contain an audit trail from source to supply.

Confidential waste was stored separately from general waste and destroyed securely. The RP had his own NHS Smartcard; however, it did not work, and the team were using the Smartcard belonging to a dispensing assistant that was not present for the inspection. This was not appropriate use of the card and a data security concern as healthcare information could be accessed without proper authorisation. The team referred safeguarding concerns to the director. The RP had not completed any safeguarding training for a number of years and his explanation of safeguarding matters was vague. The pharmacy dispensed prescriptions for a mental health clinic that was based in the same building so the team saw a number of potentially vulnerable adults and children. For this reason, it would be beneficial for safeguarding training to be up-to-date and the team members to know what is expected of them.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are generally enough pharmacy staff members to manage the day-to-day workload of the pharmacy. The pharmacy has fallen behind with some tasks due to staffing issues. Team members complete the right accredited training for their roles, but they do not receive any ongoing training so their skills and knowledge might not be up to date. And pharmacy staff often have to refer to the director they are not empowered to undertake basic pharmacy tasks.

Inspector's evidence

The pharmacy team comprised of the SI (RP at the time of the inspection), a dispensing assistant and a delivery driver. During the inspection, the dispensing assistant explained that he usually worked at the sister pharmacy, and he was covering for the regular dispenser who was due in after lunch. He had completed an accredited training course. And the regular dispenser had also completed an accredited training courses, but the SI said that the usual they did not complete any ongoing training on a regular basis. The regular dispenser did not arrive when the pharmacy team expected her to. The director later told them she was not coming in that day, but they were not given any guidance of what to do. This meant the team members were unclear about what they were expected to do for the rest of the day.

The SI worked part time and worked flexible hours. Locum pharmacists, and the director covered the rest of the shifts. The SI explained that various tasks were not always completed regularly due to a lack of staff, for example, date checking and staff training.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe and secure environment for people to receive healthcare services. The pharmacy team members have access to a consultation room so they can talk to people in private.

Inspector's evidence

The premises were smart in appearance and were generally well maintained. Any maintenance issues were reported to director. The pharmacy was located within a health centre and accessed through their main reception. The other doors to the pharmacy opened onto the main road and were kept locked. They had broken, but the team preferred to keep them locked for security purposes. The dispensary was an adequate size for the services provided and an efficient workflow was seen to be in place. The team had identified that they did not have enough room for some services, such as dispensing multi-compartment compliance packs, so they referred any requests to the sister pharmacy. Dispensing and checking activities took place on separate areas of the worktops.

There was a private consultation room. It was used for various purposes, including storage and as staff rest facilities and it could benefit from being de-cluttered. The door to the consultation room remained closed when not in use.

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 running water. Hand soap was available but toilet roll was being used for hand drying as they had run out of hand towels.

The pharmacy was a comfortable temperature. It was heated with fan heaters and cooled with portable fans. Lighting was adequate for the services provided. Prepared medicines were held securely within the pharmacy premises and pharmacy medicines were stored behind the medicines counter.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy offers healthcare services which are easy for people to access. It generally manages its services and supplies medicines safely. But people do not always get all of the information that they require to take their 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. The pharmacy does not follow its date checking processes, and issues with the pharmacy's controlled drug stock are not identified or investigated promptly.

Inspector's evidence

The pharmacy had step-free access from the health centre and a car park. A home delivery service was available for people who could not access the pharmacy. Pharmacy staff spoke a number of different languages including English, Urdu, Bengali, Gujrati, Pushtu and Punjabi. Google translate was also available. Home deliveries were made by a delivery driver and audit trails were available for CD deliveries.

Some health promotion leaflets were available and posters signposted patients to services available locally. The pharmacy staff referred patients to local services, such as local walk-in centres, when necessary. The sister branch was a short walk away so any requests for multi-compartment compliance packs and travel vaccinations were referred there.

Dispensing baskets were used to keep patient's medication separate from other patients. 'Dispensed by' and 'checked by' boxes were printed onto the dispensing labels, and these were intended to be used to provide an audit trail. A sample of assembled prescriptions seen did not have the dispensed by box completed on the labels, so the audit trail was incomplete. This was a requirement of the SOP for dispensing and it allowed the pharmacist to identify which dispenser had been involved in the dispensing process so they could learn from incidents.

The SI was not aware of the pregnancy prevention programme and the requirement to provide additional counselling and information to people in the at-risk group that had been prescribed valproate. This was discussed during the inspection and the SI was sent links to additional reading after the inspection.

A date checking matrix was displayed in the dispensary however it was not filled in and there were several out-of-date medicines seen during the inspection. Medicines were obtained from a range of licensed wholesalers and a specials manufacturer. Medicines were generally stored in an organised manner on the dispensary shelves. Split liquid medicines with limited stability once opened were marked with a date of opening. Patient returned medicines were stored separately from stock medicines in designated bins.

There was a medical fridge in place to hold stock medicines and assembled medicines. The medicines in

the fridge were stored in an organised manner. Fridge temperature records were maintained, and records showed that the pharmacy fridges were working within the required temperature range of 2°C and 8°Celsius. The CD cabinet was secure and a suitable size for the amount of stock held although it was untidy and reaching capacity due to the amount of out of date and patient returned CD's. Patient returned CDs were not destroyed promptly and they were not always recorded in the patient returned register.

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 and internet access was available. Patient records were stored electronically and there were enough terminals for the workload currently undertaken. A range of crown stamped measures were available for dispensing liquids. 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.

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.