

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: 27/03/2023

Pharmacy context

The pharmacy is located inside a health centre in Lozells, an area on the outskirts of Birmingham city centre. Lozells is an 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. The pharmacy was subject to an Improvement Notice issued in September 2022 and this was the first inspection of the pharmacy since the requirements of the Improvement Notice had been met.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan; Statutory Enforcement

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 | Members of the pharmacy team do not always follow SOPs and are unclear about what is expected of them (statutory enforcement) |
| | | 1.6 | Standard not met | Responsible pharmacist, controlled drug, date checking, and specials records are not always maintained appropriately (improvement action plan) |
| 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 manage controlled drugs safely. Controlled drug balance audits are not completed in accordance with the SOP. The pharmacy needs to make improvements to the way it manages controlled drugs and demonstrate how these improvements will be sustained (statutory enforcement) |
| | | 4.3 | Standard not met | The pharmacy does not follow its processes for date checking and there are deficiencies in the way that stock, including split liquid medicines are stored (improvement action plan) |
| 5. Equipment and facilities | Standards met | N/A | N/A | N/A |

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy has written procedures to help make sure it operates safely. But the procedures are not always up to date, and team members are unclear about what is expected of them. So, they may not always work effectively. They keep the records that are needed by law. But some of the records are incomplete, so the pharmacy may not be able to demonstrate what has happened or who is responsible. And members of the team do not always record things that go wrong. So, they may miss opportunities to learn from them and improve the service they provide.

Inspector's evidence

The superintendent (SI) was the sole director of the company that owned the pharmacy, and he often worked at the pharmacy as the responsible pharmacist (RP). The company owned another pharmacy nearby and the staff were shared between the two premises. An action plan was displayed in the dispensary with action points intended to address failings that had been identified during the previous inspection. Neither the dispensing assistant nor RP appeared to be aware of the action plan and some of the actions had not been carried out. The RP present during the inspection also worked regularly at the two pharmacies but was not aware of the pharmacy's previous inspection performance or that there had previously been an Improvement Notice issued.

A range of standard operating procedures (SOPs) were available which covered the operational activities of the pharmacy and the services provided. The SOPs had been had last been reviewed by the SI in October 2022, however, he had said that this was a hurried review to meet the completion date for the previous Improvement Notice and he had provided assurance that more time and attention would be put into a review that he had intended to do in November 2022. However, this had not been done. There were some basic requirements of the SOPs that were not being followed in the pharmacy. For example, dispensed by and checked by boxes were not being completed on dispensing labels, split liquid medicines were not being marked with their date of opening, CD keys were not being stored appropriately and near misses were not being recorded. Roles and responsibilities of staff were highlighted within the SOPs. Pharmacy staff had signed training records to show they had received training on the SOPs relevant to their job role. But when questioned, the pharmacy team members were not clear about how they were supposed to carry out some basic pharmacy tasks such as date checking, dealing with complaints and error reporting. They were not very knowledgeable about the pharmacy's processes and repeatedly said they would need to ask the SI despite him working at the other premises for part of the working week so not always being available at the pharmacy.

A near miss log had been started since the last inspection and two near misses had been recorded. But no further incidents had been recorded, and recording had not become an embedded part of the pharmacy's procedures. The responsible pharmacist (RP) was unaware of where the near miss log was kept and said that he would refer any errors or complaints to the superintendent. The pharmacy team were aware of the NHS requirement to report pharmacy incidents using the 'Learn from patient safety events (LFPSE) service' and controlled drug (CD) incidents using the 'Controlled Drug Reporting' website, however, the pharmacy's computers did not have useable internet access, which made incident reporting difficult.

Patients could give feedback to the pharmacy team verbally or in writing. If anyone wanted to make a complaint and the pharmacy team could not resolve it, they were referred to the superintendent.

The pharmacy had up-to-date professional indemnity insurance. The RP notice was clearly displayed. An RP record was maintained but was incomplete. No pharmacist was recorded as RP during the first hour of the day, when the SI normally worked between the two branches to provide intermittent cover in both. And the pharmacist normally left the pharmacy at lunchtime, but these absences were not recorded. This meant the records did not comply with legal requirements, and the pharmacy may not be able to demonstrate who was responsible for its services at a given time. Specials records were maintained; however, they did not all contain an audit trail from source to supply as the patient details were missing.

Following the previous inspection, the CD management process had been updated to improve the management of CDs. The SOP had been updated and stated that the running balances should be audited on the second Thursday of each month and also at the time of handing out a prescription. However, although there was some evidence that balances had been checked at the time of supply, monthly audits had not been completed. The SI explained that he had not had the time to continue with these. This meant the pharmacy could not provide assurance that CD records were being appropriately maintained, and any discrepancies may not be noticed promptly. Four CD balances were checked and found to be accurate.

Confidential waste was stored separately from general waste and destroyed securely. The RP and dispensing assistant had their own NHS Smartcards. The team referred safeguarding concerns to the superintendent.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are generally enough pharmacy staff members to manage the day-to-day workload of the pharmacy. Team members complete accredited training for their roles, but they do not complete ongoing training so their skills and knowledge might not be up to date. Pharmacy staff often refer to the superintendent and are not working autonomously to carry out basic pharmacy tasks.

Inspector's evidence

The pharmacy shared staff with the company's other pharmacy which was a few minutes' walk away. This pharmacy dispensed more prescriptions, so took priority for staffing. There were two pharmacists, a dispensing assistant and an apprentice working between the two pharmacies. The apprentice had recently been recruited and had not yet started any formal training, but the SI had made enquiries about enrolling her onto an apprenticeship course.

The dispensing assistant had completed an accredited level three training course and was in the process of joining the GPhC's pharmacy technician register. The team did not have performance reviews or appraisals to support their development. The team members answered hypothetical questions related to high-risk medicine sales correctly.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides an appropriate 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 the superintendent. 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 for security purposes. 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 consultation room which was used for various purposes, including storage and as staff rest facilities. The room was cluttered and untidy which meant that the pharmacy team did not actually use it for its intended purpose of. 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.

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 obtains its medicines from licensed suppliers, and stores them securely and at the correct temperature, so they are kept in good condition. But it does not carry out regular date checking, and some expired medicines are present in the dispensary. So, there is a risk that medicines could be supplied when they are no longer fit for purpose. And the pharmacy does not have systems in place to manage CDs effectively, or to make sure they are supplied appropriately.

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. 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.

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 meant the SOP was not being followed and it may not be possible to identify which dispenser had been involved in the dispensing process so they could learn from any incidents. Prescriptions for schedule 3 and 4 CDs were not highlighted to show that they had a 28-day expiry date and some of the prescriptions had expired, but the dispensed medicines were still present waiting to be collected. The team were aware of the risks associated with the use of valproate during pregnancy, and the need for additional counselling. Patient cards and counselling materials were available.

A date checking matrix was displayed in the dispensary however it was not filled in and there were several out-of-date medicines present in the dispensary stock. The team thought the superintendent did the date checking but could not find any evidence of this. Medicines were generally stored in an organised manner on the dispensary shelves. Split liquid medicines with limited stability once opened were not marked with a date of opening. Medicines were obtained from a range of licensed wholesalers and a specials manufacturer. 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.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has most of the equipment it needs to provide its services safely. The lack of internet access makes it difficult for members of the pharmacy team to report incidents or find information they need.

Inspector's evidence

The pharmacy had access to a range of up-to-date reference sources such as the BNF and the BNF for Children. The pharmacy was connected to the internet, but the pharmacy team could not access the internet as it caused the computers to malfunction, they thought this was due to the age of the computers and the operating system. The health centre did provide NHS Wi-Fi but the team said that they had difficulties accessing this on their personal devices and the signal available for mobile data was unreliable. This meant that the pharmacy team did not have access to the internet to report incidents, to find signposting information, or to use online resources that support clinical checks. 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. |