

# 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:** 07/11/2023

## 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 such as the New Medicine Service (NMS).

## Overall inspection outcome

✓ **Standards met**

**Required Action:** None

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## 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 generally manages the risks associated with its services to make sure people receive appropriate care. It has written procedures, but these are not up to date, so its team members may not always work effectively. They discuss their mistakes so that they can learn from them. And team members understand their role in protecting vulnerable people and they keep people's personal information safe.

### Inspector's evidence

The superintendent pharmacist (SI) was the sole director of the company that owned the pharmacy, and he often worked as the responsible pharmacist (RP). The company owned another nearby pharmacy and some of the it team members were shared between the two premises.

A range of standard operating procedures (SOPs) were in place which covered the activities of the pharmacy and the services provided. The SOPs had been reviewed by the SI in October 2022, although there were some references to defunct organisations and services within the SOPs, suggesting the review was not thorough. Signature sheets were used by members of the team to record training and their roles and responsibilities were highlighted within the SOPs. The newest member of the team had not signed the SOPs and it was agreed that she would read and sign them over the coming weeks.

Near miss logs were available, and errors were discussed with the team member involved at the time of the mistake to help make sure they learnt from it. The team members gave some examples of where they had learnt from errors. And the RP gave an example of 'look alike, sound alike' (LASA) packaging. They explained how separating similar packaging on the dispensary shelving could reduce the chances of selecting the incorrect medicine during the dispensing process. The pharmacy technician said he would contact the SI if there was a dispensing error so that it could be reviewed. Near misses were not routinely reviewed for patterns or trends so additional learning opportunities could be missed.

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

People could give feedback to the pharmacy team verbally or in writing. The pharmacy team tried to resolve issues that were within their control and would involve the SI if they could not reach a solution.

The pharmacy had up-to-date professional indemnity insurance. The RP notice was clearly displayed. It did not contain the correct details at the start of the inspection, but this was promptly rectified. The RP log was held electronically and met requirements. Controlled drug (CD) registers were in order and nine random balance checks matched the balances recorded in the register. CD balance audits were carried out every month. Private prescription records were seen to generally comply with requirements, although there were occasions when the prescriber details were missing. Specials records were maintained with an audit trail from source to supply.

Confidential waste was stored separately from general waste and destroyed securely. The pharmacy

team members had their own NHS Smartcards and they confirmed that passcodes were not shared. The RP had completed level two safeguarding training. The pharmacy team adequately understood what safeguarding vulnerable people meant. An example was provided where the pharmacy technician had to support someone who was getting confused between their morning and evening medicines. There was a safeguarding policy in the SOP folder.

## 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 has enough cover to provide the services. They work well together, and they can raise concerns and make suggestions.

### Inspector's evidence

The pharmacy shared its team members with the company's other pharmacy which was in close proximity. Team members mainly worked in this pharmacy as it dispensed more prescriptions. There was a pharmacist (the SI), a pharmacy technician, and a pharmacy apprentice working between the two pharmacies. A home delivery driver worked exclusively for the pharmacy and delivered medicines to some people each afternoon. Locum pharmacists worked at the pharmacy when the SI was at the other pharmacy. Annual leave was booked with the SI, and he made changes to the rotas to help make sure the opening hours of the pharmacy were covered appropriately.

The pharmacy apprentice had started around 12-months ago and had recently started a level three apprenticeship at a local college. They attended face-to-face training at the college every week. The pharmacy technician had recently joined the GPhC register after completing a level three qualification and he was enrolled on an accuracy checking technician course.

The team did not have performance reviews or appraisals to support their development. The pharmacy team worked well together during the inspection and were observed helping each other with more urgent tasks when required. Members of the team explained they could raise any concerns or suggestions with the SI. The pharmacy technician gave examples of how they had discussed ideas to increase the services that the pharmacy offered. The RP made herself available to people to discuss queries and provided advice when she handed out prescriptions.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides an appropriate environment for people to receive healthcare services. It has a consultation room, but it is cluttered and untidy which means that it is not suitable for use for private conversations with people or provision of pharmacy services.

### Inspector's evidence

The premises were smart in appearance and generally well maintained. Any maintenance issues were reported to the SI. The pharmacy was located within a health centre and accessed through its main reception. The other doors to the pharmacy opened on to the main road but this entrance was kept closed as the automatic function was broken and too heavy for people to open manually. The dispensary was an adequate size for the services provided. Dispensing and checking activities took place on separate areas of the worktops. Some of the areas of the worktops were used for storage of paperwork and out of date medicines which reduced the useable workspace available, although each member of the team did have a clear space to assemble prescriptions safely.

There was a consultation room. It was being used for various purposes, including storage and as an area for team members to have a rest break. The door to the consultation room remained closed when not in use to prevent unauthorised access. But the room was cluttered and untidy which meant that it was not suitable for use a consultation room where people could have a private conversation or receive a pharmacy service.

The pharmacy was cleaned by the pharmacy team. The sinks in the dispensary and staff areas had running water. The hot water tap was not working in the dispensary and had been reported to the SI. There were some boxes stored on the floor in the dispensary and empty tote boxes on the floor in the public area. They were stacked neatly and against the walls to try and reduce the chances of them becoming trip hazards.

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 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. Equipment is available to monitor the temperature of the pharmacy fridge, but action is not always promptly taken to address any out-of-range readings.

### Inspector's evidence

The pharmacy had step-free access from the health centre and a car park was available for people to use. A home delivery service was available for people who could not access the pharmacy. Members of the pharmacy team spoke several different languages including English, Urdu, Bengali, and Mirpuri. Some health promotion leaflets were available and posters signposted people to services available locally. Team members referred people to local services, such as walk-in centres, when necessary.

Dispensing baskets were used to keep people's medicines separate to help reduce the risk of mistakes. 'Dispensed by' and 'checked by' boxes were printed on to the dispensing labels, which 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 that it may not be possible to identify which dispenser had been involved in the dispensing process if a mistake occurred. So, they may miss out on learning opportunities. Team members 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.

The pharmacy dispensed medicines into multi-compartment compliance packs for some people who required additional support to take them in a safe manner. A paper record was kept for people who received the packs to detail what medicines they were taking and if any changes by the prescriber were made. The packs had dispensing labels attached and patient information leaflets were supplied each month. But the pharmacy did not routinely include the description of the medicines so it may make it harder for people to identify them. A record of when the pack was supplied was made on the patient medical record (PMR) so that team members could see when the next pack was due or if a query arose.

Date checking took place regularly and a random selection of medicines were checked which were all within the expiry date stated. However, some expired medicines were found in the retail area. The pharmacy team completed date checking of medicines every four months and made a record in a book. The SI said that date checking took place more regularly than had been recorded. And there were some expired and short dated medicines that had been removed from the shelves and placed into baskets to evidence this. Medicines were obtained from a range of licenced wholesalers. They were generally stored in an organised manner on the dispensary shelves and were stored in its original packaging. Split liquid medicines, with limited stability once opened, were clearly marked with a date of opening. Patient returned medicines were stored separately from stock medicines in a designated area. The pharmacy was alerted to drug recalls via emails from the MHRA.

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 fridge was not always working within the required temperature

range of 2°C and 8°C. The readings had been outside of this range for a few months. The SI was aware of this and had asked the team to monitor the fridge and keep resetting the thermometer. He provided evidence that a new pharmacy fridge had been purchased shortly after the inspection. 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 the equipment it needs to provide its services safely. And the team uses it 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 such as the British National Formulary (BNF) and the BNF for Children on their mobile phones. The pharmacy was connected to the internet, but the pharmacy team could not access web browsers as they caused the computers to malfunction. They thought this was due to the age of the computers and the operating system. The health centre provided NHS Wi-Fi which the pharmacy team used on their mobile phones. Patient records were stored electronically and there were enough computer terminals for the workload. A range of crown stamped measures were available for dispensing liquids. 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.