Registered pharmacy inspection report

Pharmacy Name: Sparkbrook Pharmacy, 153A Stratford Road, Sparkhill, BIRMINGHAM, West Midlands, B11 1RD

Pharmacy reference: 1097725

Type of pharmacy: Community

Date of inspection: 30/08/2023

Pharmacy context

This community pharmacy is located on a busy road in Sparkbrook, Birmingham. It dispenses prescriptions and sells a range of over-the-counter medicines. It offers New Medicine Service (NMS) checks, smoking cessation, a needle exchange scheme, substance misuse treatment, sexual health services, the Community Pharmacist Consultation Service (CPCS), the Hypertension Case Finding Service and a prescription delivery service. It also supplies medicines in multi-compartment compliance packs to some people who need assistance in managing their medicines at home and administers seasonal flu vaccinations. Enforcement action has been taken against this pharmacy, which remains in force at the time of this inspection. There are restrictions on the provision of some services. The enforcement action taken allows the pharmacy to continue providing other services, which are not affected by the restrictions imposed.

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
1. Governance	Standards met	N/A	N/A	N/A
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 met	N/A	N/A	N/A
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✔ Standards met

Summary findings

The pharmacy has systems in place to identify and manage risks associated with its services. And it has written procedures to help deliver services safely and effectively. Team members understand their roles and responsibilities. And they record and review dispensing mistakes, so that they can learn and prevent similar events from happening again. The pharmacy keeps people's private information securely. And it has procedures to safeguard vulnerable people.

Inspector's evidence

The pharmacy had a range of current standard operating procedures (SOPs) for the services it provided. These were available both electronically and in a paper format. Team members had read the SOPs relevant to their roles and responsibilities. The superintendent pharmacist (SI) was the responsible pharmacist (RP) on duty on the day of the inspection. The workflow in the pharmacy was well organised and the team was managing the workload well. The correct RP notice was displayed in the retail area of the pharmacy where people visiting the pharmacy could see it. Team members understood their roles and responsibilities. And they could explain the tasks they could or could not undertake in the absence of a pharmacist.

The pharmacy had systems for recording and reviewing incidents in the pharmacy including mistakes made during the dispensing process. Team members discussed learning points when they identified a mistake, and they reviewed errors at regular intervals to help identify any emerging trends and mitigate similar events from happening again. Team members were aware of the risks associated with look-alike and sound-alike medicines. And these were marked with stickers on the shelves to minimise picking errors. The foundation trainee pharmacist explained the process he would follow to record and report mistakes that had reached people (dispensing errors).

The pharmacy had current professional liability and public indemnity insurance. Records about controlled drugs (CDs) were kept in line with requirements. CD running balances were kept and audited regularly. A separate register was used to record patient-returned CDs. The stock of several randomly selected CDs matched with the recorded balance in the register. Records about the RP, unlicensed medicines and private prescriptions were in order. The pharmacy's private prescriptions were mostly for antibiotics and these were generated from GPs registered in the United Kingdom.

The pharmacy displayed its privacy policy to inform people how their private information was managed. Confidential information was kept securely and prescriptions awaiting collection were stored appropriately. People's personal details were not visible to the public. Confidential waste was separated from general waste and shredded in the pharmacy. Team members used their own NHS smartcards to access electronic prescriptions. The pharmacy had information governance procedures and it had recently completed the Data Security and Protection tool kit.

The SI and the accuracy checking technician (ACT) had completed Level 2 training about safeguarding vulnerable people. A safeguarding SOP and contact details for safeguarding leads to escalate safeguarding concerns were available in the pharmacy. A chaperone policy was available, details about which were displayed in the consultation room.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough team members to manage its current workload. They understand their roles and responsibilities, and they work well together. They have access to training resources to help keep their skills and knowledge up to date.

Inspector's evidence

At the time of the inspection, the SI, two foundation trainee pharmacists, an ACT, and a dispenser were on duty. Team members' training certificates were displayed in the pharmacy. Team members demonstrated a positive attitude throughout the inspection, and they were working well together. They were managing the workload efficiently. People visiting the pharmacy were served promptly and team members appeared to share a good rapport with their customers.

Team members were aware of the whistleblowing policy and commented that they would feel comfortable raising any concerns with the SI. The SI worked regularly at the pharmacy.

Team members kept their knowledge and skills current by completing mandatory training courses required under the Pharmacy Quality Scheme. And they had access to pharmacy trade publication articles and booklets which provided information about selling medicines over the counter safely. The dispenser said that she was enrolled on a technician's course. There were no formal targets or incentives set for team members.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's premises are kept clean and they are suitable for providing the pharmacy's services. They are kept secure from unauthorised access.

Inspector's evidence

The pharmacy's front fascia and its public facing areas were clean and well maintained. The retail area of the pharmacy was spacious, and it was kept clear of slip or trip hazards. There was enough storage and work bench space in the dispensary to allow safe working. The sink in the dispensary was clean and it had a supply of hot and cold running water. There was enough lighting throughout the premises. A private signposted consultation room was available for services and to enable people to have private conversations with team members. The room was kept clean and tidy. The premises were lockable and could be secured against unauthorised access.

Principle 4 - Services ✔ Standards met

Summary findings

Overall, the pharmacy manages its services well to help make sure people receive the appropriate care and support they need to use their medicines safely. People with different needs can access the pharmacy's services. The pharmacy gets its medicines from reputable sources, and it stores them appropriately. Team members take the right action in response to safety alerts and recalls so that people get medicines and medical devices that are fit for purpose.

Inspector's evidence

The entrance to the pharmacy was step free and there was seating available for people waiting for services. The pharmacy's opening hours and a list of services available were advertised by the entrance of the pharmacy. Team members spoke several languages including Urdu and used local knowledge to signpost people to other providers when a service required was not offered at the pharmacy.

The workflow in the dispensary was organised. Team members used baskets during the dispensing process to prioritise workload and minimise the risks of medicines getting mixed up. Team members initialled dispensing labels to show which team members had been involved in dispensing and checking prescriptions. 'Owing notes' were issued to people to keep an audit trail when prescriptions could not be supplied in full when first dispensed.

Dispensed multi-compartment compliance packs checked during the inspection were labelled appropriately and included the descriptions of medicines in the packs. Patient information leaflets were supplied. Records were kept for each person receiving compliance packs so any regime or medication changes could be recorded, monitored, and queried where appropriate. The pharmacy had a few people receiving treatment for substance misuse and instalments were generally prepared in advance and stored in the CD cabinet.

The pharmacy had recently completed its clinical audit for valproate, and it did not have any person in the at-risk group. The stock packs on the shelves included warning cards and alert stickers. Additional patient information leaflets and warning cards were available to supply to people if an original pack was not supplied.

Recognised wholesalers were used to obtain stock medicines, which were stored in an organised manner in the dispensary. Pharmacy-only medicines were restricted from self-selection. Team members knew to be vigilant when selling higher-risk over-the counter medicines such as Phenergan, codeine-containing painkillers, and pseudoephedrine. The pharmacy did not sell codeine linctus over the counter.

CDs were stored in a cabinet which was securely fixed, and access to the cabinet was appropriately managed. Date-expired and patient-returned CDs were separated in the cabinet. Patient-returned CDs were recorded and destroyed using denaturing kits. Temperature-sensitive medicines were stored appropriately, and medicine fridge temperatures were monitored and recorded daily. Stock medicines were date-checked at regular intervals and short-dated medicines were marked and removed from stock in advance of expiry. Stock medicines were randomly checked, and no date-expired medicines were found amongst in-date stock. Waste medicines and sharps were separated and stored in

designated containers.

The pharmacy had a process to deal with safety alerts and medicine recalls. Records about these and the action taken by team members were kept, providing an audit trail. Team members had recently actioned a recall for co-Amoxiclav powder.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. And members of the pharmacy team use the equipment in a way that protects people's privacy and dignity.

Inspector's evidence

The pharmacy's computers were password protected and computer terminals were not visible to people visiting the pharmacy. Team members had access to current reference sources. All electrical equipment was in good working order. There was a range of clean, crown stamped measures available and the equipment for counting loose tablets and capsules was clean. Medicine containers were capped to prevent contamination. Hand-sanitisers were available in the dispensary and in the retail area of the pharmacy for people to use.

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.