General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Shareef Pharmacy, 149 Church Road, Yardley, BIRMINGHAM, West Midlands, B25 8UP

Pharmacy reference: 1098344

Type of pharmacy: Community

Date of inspection: 24/02/2020

Pharmacy context

This is a quiet community pharmacy located in the centre of Yardley. People using the pharmacy are from the local community and a home delivery service is available. The pharmacy dispenses NHS prescriptions and provides other NHS funded services such as Medicines Use Reviews (MUR) and a stop smoking service. The pharmacy team supplies some medicines in weekly packs for people that can sometimes forget to take their medicines. A private GP-led remote consultation service which is registered with the Care Quality Commission (CQC), can be accessed from a computer terminal in the consultation room.

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
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 generally identifies and manages the risks associated with its services. The pharmacy team have written instructions to help make sure it works safely. The pharmacy keeps people's information safe, and the team understands its role in protecting and supporting vulnerable people. The team records pharmacy incidents and team members discuss their mistakes so that it can learn from them.

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. SOPs had been prepared by the superintendent (SI) using NPA templates in January 2019, following a change of ownership and superintendent in March 2018, the SOPs had been in place for 12-months and the team appeared to be working in accordance with them. Signature sheets were available to record staff training but staff members had not signed the SOPs relevant to their job role confirming they had read and understood them. The SI explained that the pharmacy team had read the SOPs but did not want to sign them until they were confident that they understood them. Roles and responsibilities of staff were highlighted within the SOPs.

A near miss log was used and the dispenser involved was responsible for correcting their own error to ensure they learnt from the mistake. Each near miss was discussed at the time to see if there were any reasons for the near miss, and it was used as a learning opportunity. A near miss review sheet was available for each month of 2019, however these were blank. The SI was planning to complete an annual patient safety review as part of the NHS Pharmacy Quality Scheme (PQS) which needed to be submitted by 29th February 2020. Undertaking an annual review, rather than a monthly review, might mean that patterns, trends and learning opportunities are not identified and addressed promptly. An SOP that included near misses was not available, so it was unclear how often a near miss review should have taken place. The SI had undertaken additional training on risk management and LASA (look alike, sound alike) medicines, and a poster showing examples of LASA medicines was displayed for team members. Dispensing errors were recorded using a template form and there were areas for improvement identified during the review.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A trainee medicine counter assistance explained the WWHAM questions and additional checks she made when a member of the public requested over-the-counter high-risk medicines, such as co-codamol and sleeping aids, and when she would refer to the pharmacist.

The SI explained the complaints policy and how she would try to resolve any issues raised that were within her control and make improvements based on the feedback. People could give feedback to the pharmacy team in several different ways; verbal, written, on the NHS website and the annual NHS CPPQ survey. But the pharmacy did not have an SOP for complaints or any supporting material for people, such as, a practice leaflet or a complaints, comments or suggestions poster.

The pharmacy had professional indemnity insurance in place and the policy was provided by Numark. The RP notice was clearly displayed, and the RP log was seen to be generally compliant with

requirements. The entries in the controlled drug (CD) registers were in order. A random balance check matched the balance recorded in the register. The patient returned CD register could not be located during the inspection. A sample of private prescriptions records were seen to comply with the requirements. An audit trail for home deliveries was kept.

Confidential information such as documents for pharmacy services were stored in areas which had restricted access. Completed prescriptions were stored out of public view. Confidential waste was stored separately and shredded for secure destruction. Pharmacy staff answered hypothetical safeguarding questions correctly and explained when they had made a referral to the prescriber when they were concerned about a patient that was supplied with a compliance pack. Local safeguarding contacts were available in the dispensary. The SI had completed the Centre for Pharmacy Postgraduate Training (CPPE) on safeguarding.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to provide its services. Pharmacy team members complete the training they need to do their jobs. But they do not have formal training plans or protected time to complete ongoing training, so they may not always keep their skills and knowledge up to date.

Inspector's evidence

The pharmacy team comprised of the SI (RP at the time of the inspection), two dispensing assistants and two trainee dispensing assistants. One of the dispensing assistants was employed on a zero-hour contract so they only worked at the pharmacy when required. One of the trainee medicine counter assistants was also the delivery driver. The SI thought that the current staffing level was sufficient to manage the volume of work and the workload was managed well during the inspection. Holidays were booked in advance to ensure there was enough cover. The team did overtime or swapped shifts to cover holidays, and a part time member of staff was available to work additional days when required.

Staff explained that they had informal and ongoing performance discussions with the SI but these were not documented. One of the qualified dispensing assistants had not done any regular formal training or development activities for a while. But they had done some unplanned learning when new products were launched in the pharmacy, such as CBD oil. The trainee medicine counter assistant had regular training time to work through her course materials and was on track to complete the course within the time frame suggested by the course provider. The pharmacy team appeared to work well together during the inspection and were observed helping each other and moving onto the healthcare counter when there was a queue. Pharmacy staff had regular discussions in the dispensary to communicate messages and updates. The pharmacy staff said that they could discuss any ideas, concerns or suggestions with the superintendent, and they would contact the GPhC if they had any concerns.

The SI was observed making herself available to discuss queries with people and giving advice when she handed out prescriptions. No formal targets for services were in place.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is clean, secure and suitable for the services provided. It has a consultation room to enable it to provide members of the public with access to an area for private and confidential discussions

Inspector's evidence

The public facing part of the premises were smart in appearance and well maintained. There was a private soundproof consultation room which was used by the pharmacist during the inspection. The consultation room was professional in appearance and the door to the consultation room remained closed when not in use. The consultation room had been installed recently as the new owner had identified the need to offer additional private and NHS services. The staff only areas were showing signs of their age. For example, the carpet was lifting in places upstairs which was a trip hazard to staff. Any maintenance issues were reported to the building landlord.

The downstairs dispensary was compact, however, an efficient workflow was seen to be in place to make use of the space available. Dispensing and checking activities took place on separate areas of the worktops. Compliance packs were dispensed in a separate room upstairs. There was a stock room to the back of the dispensary for excess pharmacy and shop stock, consumables, the pharmacy fridges and staff facilities. Prepared medicines were held securely within the pharmacy premises and pharmacy medicines were stored behind the medicines counter. The pharmacy sold various unlicensed products containing CBD oil; these were prominently positioned in the centre of the medicines counter with the pharmacy-only medicines. These were removed during the inspection.

The pharmacy was clean and tidy and was cleaned by the pharmacy team. The sinks in the dispensary and staff areas had running water, hand towels and hand soap were available. The pharmacy had a plinth-heaters in the shop area and portable heaters were used elsewhere. The dispensary and the rest of the building felt cold during the inspection, despite the use of multiple portable heaters, which created an uncomfortable working environment. The SI explained that it was an old building and it did not have central heating, but she would like to install it in the future. Lighting was adequate for the services provided.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy manages its services and supplies medicines safely. It gets its medicines from licensed suppliers, and the team members make sure that they store medicines securely and at the correct temperature, so that they are safe to use.

Inspector's evidence

The pharmacy had a small step from the pavement and a member of staff was available in the shop to assist customers with the front door if needed. A home delivery service was available for people that could not easily access the pharmacy. Pharmacy staff could communicate with people in English, Punjabi, Urdu, and Bengali. The SI had noticed an increase in the number of people, especially ladies, using the pharmacy from a Southern Asian background as she could converse with them when English was not their first language. The SI had a special interest in diabetes and had been using this to provide health promotion advice to patients that may not always have access to this information due to cultural barriers. A range of pharmacy leaflets explaining the services was available for customers. The pharmacy staff used local knowledge and the internet to refer people to other providers of services that the pharmacy did not offer.

The pharmacy had a Medicspot consultation facility in the consultation room. People could book an appointment directly with Medicspot and use the computer screen and equipment in the consultation room to have a virtual 'face-to-face' consultation with a doctor. The consultation service was registered and regulated by CQC. The equipment includes a blood pressure monitor, a thermometer, a camera and other items. A representative from Medicspot visited the pharmacy on a regular basis to check and maintain the equipment. If the doctor issued the person with a prescription, this was sent to the pharmacy to be dispensed.

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. The SI was aware of the MHRA and GPhC alerts about valproate, but she could not locate the counselling materials during the inspection and agreed to order more. Various audits had been completed for the NHS PQS submission. The SI was occasionally required to self-check prescriptions. She explained that she took a mental break between dispensing and checking the prescription.

Multi-compartment compliance packs were dispensed for people in the community. The local surgery had recently stopped pharmacies ordering prescriptions on behalf of patients, so the dispensing assistant was considering whether to telephone people to remind them to place their monthly order. Each person had a record to log where they wanted each medicine packed. A sample of dispensed compliance packs were seen to have been labelled with descriptions of medication and had an audit trail for who had been involved in the dispensing and checking process. Patient information leaflets were supplied with each monthly supply. If someone requested a new compliance pack, they were referred to their prescriber so that a suitability assessment could be completed. Some packs were left unsealed until additional medicines were obtained from the wholesaler which increased the risk of contamination. The room also felt damp due to the cold, so the dispenser agreed not to leave the packs unsealed in future.

A prescription collection service was in operation. There were some local surgeries that allowed pharmacies to order repeat prescriptions on behalf of their patients. The pharmacy had audit trails in place for this and routinely checked that all of the items that had been requested and been received and followed up any discrepancies.

Medicines were stored in an organised manner on the dispensary shelves. Most medicines were stored in their original packaging. Medicines were obtained from a range of licensed wholesalers and a specials manufacturer. Split liquid medicines with limited stability once opened, were marked with a date of opening. The SI suggested the dispensary was date checked every three months, but the team were slightly behind on this. There were two out-of-date vitamin products on the shop floor which were removed during the inspection. The pharmacy was not yet compliant with the Falsified Medicines Directive (FMD); they had registered with SecurMed but they had not installed scanners. Patient returned medicines were stored separately from stock medicines in designated bins. The pharmacy received MHRA drug alerts by email from gov.uk and printed, annotated and filed the recalls once actioned.

The CD cabinets were secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. Secure procedures for storing the CD keys were in place. There was a medical fridge used 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.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide services safely. The pharmacy team stores and uses the equipment 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 available for preparation of methadone. Counting triangles were available. There was a separate, marked triangle used for cytotoxic medicines. Electrical testing had taken place in July 2019. 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 or upstairs 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.