

# Registered pharmacy inspection report

**Pharmacy Name:** Richmond Pharmacy, 57 Richmond Road,  
Stechford, BIRMINGHAM, West Midlands, B33 8TL

**Pharmacy reference:** 1101667

**Type of pharmacy:** Community

**Date of inspection:** 05/12/2024

## Pharmacy context

This community pharmacy is situated in a row of shops and other services opposite a large healthcare centre which contains a GP surgery and a district nurse base. The pharmacy is open extended hours over seven days. It dispenses NHS prescriptions and sells a range of over-the-counter medicines. The pharmacy supplies some medicines in multi-compartment compliance aid packs to help make sure people take them at the right time.

## 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
<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 manages the risks associated with its services to make sure people receive appropriate care. Members of the pharmacy team follow written procedures to make sure they work safely, and they complete tasks in the right way. They discuss their mistakes so that they can learn from them. Team members understand their role in protecting vulnerable people and they keep people's personal information safe.

### Inspector's evidence

A range of standard operating procedures (SOPs) were in place which covered the activities of the pharmacy and the services provided. The SOPs had last been reviewed in October 2023 by the superintendent (SI). Signature sheets were used to record team member training, and roles and responsibilities were highlighted within the SOPs. The signature sheet that accompanied the October 2023 showed that the pharmacy team members had undertaken training on the SOPs.

A near miss log was available. Near misses were discussed with the team member involved to help make sure they learnt from the mistake. The pharmacy team gave some examples of different types of mistakes that occurred and demonstrated some examples of how some medicines had been separated to try and avoid the same mistake happening again. The near miss log was reviewed at the end of each month using the Royal Pharmaceutical Society's review tool. The actions identified were discussed with the team. There was an SOP available for investigating dispensing incidents and the team knew the process to follow if a dispensing incident was identified.

Members of the pharmacy team were knowledgeable about their roles. A dispensing assistant correctly answered hypothetical questions related to high-risk medicine sales and discussed how he managed requests for codeine containing medicines. There were several new members of the pharmacy team, and they explained what tasks they could and could not do according to their job role. They all confirmed that they would ask a trained member of the team, or a pharmacist if they were unsure of how to undertake a task or respond to a query.

The pharmacy's complaints process was explained in the SOPs. People could give feedback to the pharmacy team in several different ways; verbal, written, or by leaving a review online. The pharmacy team members tried to resolve issues that were within their control and involved the SI if they could not reach a solution.

The pharmacy had up-to-date professional indemnity insurance. The responsible pharmacist (RP) notice was clearly displayed. The RP log met requirements. Controlled drug (CD) registers were in order and two random balance checks matched the balances recorded in the register. Private prescription records were seen to comply with requirements. Specials records were maintained with an audit trail from source to supply.

Confidential waste was stored separately from general waste and there was a shredder to destroy

waste securely. The pharmacy team members had their own NHS smartcards and confirmed that passcodes were not shared. The pharmacy team members had their own NHS Smartcards. The pharmacists had completed the Centre for Pharmacy Postgraduate Education Training (CPPE) on safeguarding, and the pharmacy team had a clear understanding of what safeguarding meant and what to do if they had a concern.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to manage the workload and the services that it provides. Its team members plan absences in advance, so the pharmacy has enough staff cover to provide the services it offers. Team members work well together in a supportive environment, and they can raise concerns and make suggestions.

### Inspector's evidence

The pharmacy team comprised of the SI, a locum pharmacist, three dispensing assistants, a trainee dispensing assistant, a trainee medicine counter assistant, several pharmacy students, and home delivery drivers. Annual leave was requested in advance and changes to the rota were made in advance when people were on holiday. A dispensing assistant had been working at the pharmacy for many years and supported the SI with the running of the pharmacy. She assisted and guided other members of the team with their tasks and answered questions from them.

The pharmacy team worked well together during the inspection and were observed helping each other and were seen moving from their main duties to help with more urgent tasks when required. The pharmacy staff said that they could raise any concerns or suggestions with any of the pharmacists and felt that they were responsive to feedback. Team members said that they would speak to other members of the team, their college tutor, or GPhC if they ever felt unable to raise an issue internally. The RP was observed making himself available throughout the inspection to discuss queries with people and giving advice when he handed out prescriptions, or with people on the telephone. Targets for professional services were not set.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and tidy, and it provides a suitable environment for the delivery of healthcare services. It has a consultation room, so that people can speak to the pharmacy team members in private when needed.

### Inspector's evidence

The premises were smart in appearance and well maintained. Any maintenance issues were reported to the SI and various maintenance contracts were in place. 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 and there was allocated space to store completed prescriptions.

The dispensary was clean and tidy. The pharmacy was cleaned by pharmacy staff. Hot and cold running water, hand towels and hand soap were available. The temperature in the dispensary felt comfortable and lighting was adequate for the services provided.

There was a private consultation room which was used by the pharmacy team during the inspection. The consultation room was professional in appearance and signposted to people using the pharmacy.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy offers a range of healthcare services which are accessible. It manages its services and supplies 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. People receive appropriate advice about their medicines when collecting their prescriptions.

### Inspector's evidence

The pharmacy had a step-free access from the pavement and a member of staff was available in the shop to assist people with the front door when required. A home delivery service was available when the patient could not access the pharmacy and a small amount of parking was available outside. Pharmacy staff could speak to patients in English, French and Urdu. The pharmacy was open for extended hours across seven days.

Prescriptions were dispensed into baskets to help make sure medicines were not mixed up together. Team members signed the 'dispensed-by' and 'checked-by' boxes on medicine labels, so there was a dispensing audit trail. The team were aware of the risks associated with the use of valproate containing medicines during pregnancy, and the need for additional counselling. Counselling materials were available to support this and supplied when necessary. Valproate containing medicines were supplied in original packaging.

Multi-compartment compliance packs were used to supply medicines to some people. Prescriptions were ordered in advance to allow for any missing items or changes to be queried with the surgery ahead of the intended date of supply. Each person had a record to show what medication they were taking and what time slot it should be dispensed into the pack. Compliance packs were dispensed at the weekend as that was when the pharmacy was usually quieter.

The dispensary and shop were date checked regularly and short dated stock was removed from the shelf prior to its expiry date. All medicines were observed being stored in their original packaging. Split liquid medicines with limited stability once they were opened were marked with a date of opening. Patient returned medicines were stored separately from stock medicines in designated bins. Medicines were obtained from a range of licenced wholesalers and the pharmacy was alerted to drug recalls via emails from the Medicines and Healthcare products Regulatory Agency (MHRA).

The controlled drug cabinet was secure and a suitable size for the amount of stock that was held. Medicines were stored in an organised manner inside. Fridge temperature records were maintained, and records showed that the pharmacy fridge was 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 access to a range of up-to-date reference sources, including the British National Formulary (BNF) and the children's BNF. Internet access was used for additional information when needed. Patient records were stored electronically and there were enough computer terminals for the workload currently undertaken. A range of clean, crown stamped measures and counting triangles were available.

Equipment for clinical consultations had been procured and was stored appropriately. Some of the equipment was single use, and ample consumables were available. Computer screens were not visible to members of the public. Cordless telephones were in use, and staff were observed taking phone calls in the back part of the dispensary 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.