

Registered pharmacy inspection report

Pharmacy Name: Al Shafa Pharmacy, 93 Shireland Road,
SMETHWICK, West Midlands, B66 4QJ

Pharmacy reference: 1103406

Type of pharmacy: Community

Date of inspection: 16/09/2021

Pharmacy context

This community pharmacy is located within a parade of shops, in a residential area of Smethwick. It is open late nights and at weekends. The pharmacy dispenses prescriptions and provides some medicines in multi-compartment compliance aid packs, to help people take them at the right time. It also offers a substance misuse service. The pharmacy is subject to conditions following previous enforcement action and these conditions remain in place. The inspection took place during the COVID-19 pandemic.

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 adequately identifies and manages the risks associated with its services. And it keeps the records it needs to by law. Pharmacy team members are clear about their roles, and they understand how to keep people's private information safe and raise concerns to protect the wellbeing of vulnerable people.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) covering operational tasks and activities. The procedures had been reviewed in December 2020 and most of them were signed by team members as confirmation of their acknowledgement and understanding. Team members were familiar with their roles and responsibilities and were observed to work within their competence during the inspection. The pharmacy had professional indemnity insurance provided by Numark and a certificate which was valid until the end of October 2021 was displayed near to the medicine counter.

The pharmacy used a near miss log. Entries were recorded by the responsible pharmacist (RP) or by the team member involved in the near miss. But there was some under recording and some of the entries in the log were incomplete, as learning and action points had not always been documented. The RP on the day, who was a regular locum pharmacist had previously raised this within the team and incomplete entries were highlighted on the log as a prompt. The RP showed the inspector a near miss review that he had completed when he first began working shifts at the pharmacy, and reviews had been ad hoc since then. Since July, the RP had tried to introduce more structure and had begun to undertake a monthly review of near misses, where any patterns or trends were discussed with pharmacy team members. A record of the review was being kept on the patient medication record (PMR) system. The RP and a dispenser discussed some of the changes that had been made in response to previous near misses and shelf edge labels had been used to highlight some common look alike, sound alike (LASA) medicines. Dispensing incidents were recorded electronically. The RP was not aware of any recent incidents at the pharmacy, but he understood the reporting system in place.

People using pharmacy services could provide feedback verbally and the pharmacy also participated in the community pharmacy patient questionnaire (CPPQ). It had a complaint procedure and complaint forms were available to record the details of any concerns that were raised.

The correct RP notice was displayed near to the medicine counter. The RP log was maintained electronically, but there were a small number of occasions where the time RP duties ceased had not been recorded, so it was not technically compliant. Private prescription records were in order and records of unlicensed specials documented patient details as an audit trail from source to supply. The pharmacy CD registers kept a running balance, and balance checks were completed periodically.

The pharmacy had an information governance folder which contained some policies and procedures. Pharmacy team members understood the need to protect confidentiality and discussed some of the ways in which they would keep people's private information safe. Team members had signed

confidentiality agreements and confidential waste was segregated for suitable disposal. Team members on the day held their own NHS smartcards, but one regular locum did not hold a working smartcard and used one allocated to a dispenser. This was not appropriate and was discussed with the team on the day. They agreed to raise the issue with the locum pharmacist to ensure it was resolved.

The pharmacy displayed the contact details for the local safeguarding agencies. The RP had completed safeguarding training and discussed some of the types of concerns that might be identified.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members are suitably trained for the roles in which they are working, and they can provide feedback on the pharmacy and its services. But ongoing learning and development is limited which may mean that team members are not always able to effectively identify and address gaps in their knowledge.

Inspector's evidence

On the day of the inspection the RP was working alongside a qualified dispenser. The RP worked as a regular locum at the pharmacy, covering several shifts throughout the week. The remaining shifts were covered by other regular locum pharmacists. The pharmacy employed two additional dispensers, one of whom was a trainee and a pharmacy student. The staffing level was usual during the inspection and the RP and dispenser worked well together. The workload in the pharmacy was busy, but the team said that they generally managed it. Leave was planned in advance and cover was arranged amongst colleagues to ensure adequate staffing levels were in place.

Team members were suitably trained for the roles in which they were working. They completed some ongoing training, but this was not regular or structured. The last training had taken place several months prior to the inspection, when modules on sepsis had been completed. There were several team members who wished to complete further training, including the pharmacy technician training course. But support for this was not always available due to financial constraints. The pharmacy also lacked formal processes for feedback. So, team members may not always be aware of how they can learn and improve.

There was an open dialogue between the RP and the dispenser. Any concerns or feedback were reported to the superintendent pharmacist. There had been some recent changes made to the layout of the dispensary. The RP had suggested the changes to the superintendent pharmacist to help with the workflow in the pharmacy and he had raised no objection to the plans. The RP had also fed back to the superintendent pharmacist regarding the consultation room, which was currently used primarily for storage. Work to resolve this was currently ongoing, so that the pharmacy may begin to look at other services such as vaccinations.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is generally well maintained. It has a consultation room where people can speak to the pharmacy team in private. But this is not advertised and the room is cluttered, which means that it is not suitable for use.

Inspector's evidence

The pharmacy was in a suitable state of repair. Pharmacy team members completed routine housekeeping duties and the premises were generally clean. There was appropriate lighting throughout, and the temperature was suitable for the storage of medicines.

The retail area was tidy and stocked a range of goods which were suitable for a healthcare-based business. There was chair available for use by people who were waiting for their medicines. A consultation room was located just off the retail area, behind the medicine counter but this was not clearly signposted, so people may not always be aware of its availability and it was being used for general storage, so was not currently suitable for use by patients.

The dispensary had defined work areas for dispensing and checking and large shelving units for storage. Some of the workbenches and shelves were slightly cluttered which detracted from the overall appearance. The dispensary also had a separate sink for the preparation of medicines. The sink was equipped with hot and cold running water and cleaning materials.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are generally suitably managed so that people receive appropriate care. And pharmacy team members complete some checks to help make sure medicines are kept in good condition.

Inspector's evidence

The pharmacy was accessible from the main street and some of its services were advertised in the front window and in the retail area. Additional public health information on COVID-19 was also displayed. The pharmacy team members were bilingual and regularly conversed with people in other languages to provide counselling and resolve queries.

Prescriptions were dispensed using baskets to keep them separate and reduce the risk of medicines being mixed up. Pharmacy team members signed 'dispensed' and 'checked' boxes as an audit trail to identify those involved in the dispensing process. But they did not always store prescriptions alongside dispensed medication until the point of collection. This may mean that pharmacy team members do not have access to important information at the point of prescription handout. Free text labels were available to attach to some prescriptions awaiting collection to help identify some high-risk medicines such as warfarin. But the stickers were not always used by all team members and recording of monitoring parameters such as INR readings were not always maintained as an audit trail. The pharmacy had additional stickers to help identify prescriptions for controlled drugs and materials to support the supply of valproate-based medicines to people who may become pregnant were also available.

The pharmacy managed a repeat prescription collection service. The medications which were required each month were recorded and repeat prescription order forms were placed in date order to be sent to GP surgeries. The pharmacy kept an audit trail to help identify unreturned prescriptions and discrepancies. Prescriptions for people who received their medicines in multi-compartment compliance aid packs were managed the same way. Each patient had a master record of medication that was checked against repeat prescriptions when the medicines were dispensed. And compliance aid packs were labelled with descriptions of individual medications to help patients identify them.

Medicines within the pharmacy were stored on large shelving units in the original packaging provided by the manufacturer. Pharmacy team members completed some date checking and medicines with a short expiry date were suitably highlighted. No expired medicines were identified during random checks of the dispensary shelves. Obsolete and returned medicines were stored in suitable medicines waste bins.

The pharmacy had two refrigerators which were both in working order and equipped with maximum and minimum thermometers. However, fridge temperature records contained some gaps, so the pharmacy may not always be able to demonstrate that cold chain medicines suitably stored. CDs were stored appropriately with expired CDs segregated from stock. Random balance checks were found to be correct.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy had access to paper-based reference materials including the British National Formulary (BNF). Computer systems also provided internet access to facilitate additional research. The pharmacy had a range of approved glass conical measures which were clean and suitably maintained. The pharmacy had access to additional equipment including items of personal protective equipment (PPE), such as facemasks. The pharmacist wore a face mask throughout the inspection.

The pharmacy computer systems were in working order and they were username and password protected. Screens faced away from public view to protect people's private information. And a cordless phone was available to enable conversations to take place in private.

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.