

Registered pharmacy inspection report

Pharmacy Name: Dudley Road Late Night Pharmacy, 328-330 Dudley Road, BIRMINGHAM, West Midlands, B18 4HJ

Pharmacy reference: 1106244

Type of pharmacy: Community

Date of inspection: 20/06/2022

Pharmacy context

The pharmacy is located in a row of shops, services and residential properties in an ethnically diverse, inner-city suburb of Birmingham. The pharmacy is open extended hours over seven days. The pharmacy dispenses NHS prescriptions, and it provides other NHS and private services. The pharmacy team dispenses medicines into multi-compartment compliance packs for people to help make sure they remember to take them.

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 manages the risks associated with its services to make sure people receive appropriate care. There are written procedures available to help make sure the pharmacy team works safely. Members of the team discuss their mistakes so that they can learn from them, and they make changes to stop the same sort of mistakes from happening again. There have been changes within the pharmacy recently and the team are continually reviewing their procedures and training. The pharmacy team members understand their role in supporting vulnerable people.

Inspector's evidence

The pharmacy had been through a period of change in the months leading to the inspection. Another pharmacy belonging to the same owner had closed in April 2022 and the NHS contract had transferred to this pharmacy. The other pharmacy had been in the same road as this pharmacy. The two pharmacy teams had merged, and the stock had been transferred over, including requisitions for the controlled drug stock. There were some snagging issues which were outside of the pharmacy team's control, and these were making processes, especially NHS dispensing, more difficult and time consuming. The team explained that this was expected to resolve itself in time and the owners were speaking with the relevant people to understand more. The two company directors were working at the pharmacy regularly as Responsible Pharmacist (RP) during this period of change so that they could understand more about the pharmacy and review the systems and processes. One of the company directors was also the Superintendent (SI).

Standard operating procedures (SOPs) had recently been updated by the SI and uploaded to a shared computer file which could be accessed from any location if the person had the correct link. The SI had emailed the link to all of the team members and a pharmacy technician demonstrated how to access the SOPs from the pharmacy computer and from his mobile phone. There was a signature document within the online SOPs which could be used to record staff training although it was unclear how this was being used in practise. It was not clear whether all of the pharmacy team members had read the latest pharmacy procedures. This meant it would be difficult for an RP that had not worked at the pharmacy before to know that whether all members of the team were suitably trained to undertake various pharmacy tasks. Roles and responsibilities of staff were highlighted within the SOPs.

There was a near miss logbook available, however, no records had been made in the book since September 2021. And one of the team members that had transferred from the other pharmacy did not know where the logbook was kept. Two dispensers explained the process for near misses, and how they were made aware of any mistakes they had made so that they could use it as a learning opportunity. Both gave specific examples of their previous mistakes and how they had learned from them. A dispenser was aware that she should be recording near misses in a log and had previously done this when she worked at the other pharmacy. But she had not started making records at this pharmacy yet. Members of the team discussed pharmacy issues and workload on an ongoing basis within the dispensary. But they had not had a more formal team meeting or briefing, for example, to discuss patterns with near misses or dispensing incidents, since the two teams had merged in April. This meant

some learning opportunities may have been missed. The RP was informed of any dispensing incidents and spoke with the person about what had happened and then recorded it on a log. The members of the team involved were then informed and asked for their opinion on why it happened and what could be done differently in future during a one-to-one discussion session.

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

The pharmacy's complaints process was explained in the SOPs and on a poster in the retail area. People could give feedback to the pharmacy team in several different ways; verbal, written and online. The pharmacy team tried to resolve issues that were within their control and would involve the SI or RP if they could not reach a solution.

The pharmacy had up-to-date professional indemnity insurance. The Responsible Pharmacist (RP) notice was clearly displayed, and whilst it did not display the correct details at the start of the inspection this was promptly rectified. The RP log was electronic and met requirements. Controlled drug (CD) registers were generally in order and a random balance check matched the balance recorded in the register. Balance checks for methadone were done approximately every two weeks but the actual balance did not reflect the balance recorded in the register. The RP agreed to investigate this and rectified the balance following the inspection. Private prescription records were seen to comply with requirements. Specials records were maintained with an audit trail from source to supply. An audit trail for deliveries was maintained.

Confidential waste was stored separately from general waste and destroyed securely. Some of the pharmacy team had their own NHS Smartcards and confirmed that their passcodes were not shared. However, an NHS Smartcard belonging to a pharmacist that was not present was being used during the inspection which meant that his passcode must have been shared. The card removed from the terminal and put for safekeeping when it was pointed out. The pharmacy professionals had completed level 2 training on safeguarding. The pharmacy team understood what safeguarding was and a pharmacy technician gave several examples of concerns that he had shared with the RP and action that had been taken.

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 its services. The team works well together in a supportive environment, and they can raise concerns and make suggestions.

Inspector's evidence

The pharmacy was open for extended hours over seven days so had a team spread across these hours. The team comprised of; two pharmacists, two pharmacy technicians, two dispensing assistants, a pharmacy student, an OSPAP student and a counter assistant. One of the pharmacy technicians was also the delivery driver. Some of pharmacy team were new to the pharmacy as they had either moved from the other pharmacy or had recently been recruited. The team explained that they were experiencing difficulties in recruiting reliable staff and gave examples of where people had accepted a position and worked for a couple of shifts before not returning.

Staffing levels and staff rotas had been reviewed when the pharmacies had merged to ensure that the rotas matched the needs of the pharmacy. For example, a pharmacy technician started her shift at the time when the surgery usually approved the repeat prescriptions so that she could start dispensing them as soon as they reached the pharmacy. And the counter staff started their shifts at times when the shop was normally busier. The pharmacists had continued to review staffing levels and recruit for specific roles. Annual leave was requested in advance and cover was provided by other staff members as required.

Some members of the team were enrolled on accredited training programmes and received protected training time to work through their course work. A dispensing assistant, enrolled on the level three course was allocated 20% of her contracted hours for training. She also had a monthly review with either her pharmacist mentor or her college tutor and was on track to complete her course within the target time period. Other members of the team had regular discussions with their line manager to discuss their performance and this gave them the opportunity to discuss any concerns or suggestions.

The team worked well together during the inspection and were observed helping each other and moving onto the healthcare counter when there was a queue. The RP for the first part of the inspection was a locum pharmacist that had only worked at the pharmacy once before. So the pharmacy technician was observed taking more of a leadership role, confidently directing and supporting the rest of the team.

The pharmacy staff said that they could raise any concerns or suggestions with the SI and felt that the pharmacists were open and responsive to feedback. Team members said that they would contact the GPhC if they ever felt unable to raise the issue internally. The RP and pharmacy technician were observed making themselves available throughout the inspection to discuss queries with people and giving advice at the pharmacy counter, or with people on the telephone.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare services. The pharmacy team uses a consultation room for some of its services and if people want to have a conversation in private.

Inspector's evidence

The pharmacy was smart in appearance and appeared to be well maintained. Any maintenance issues were reported to the SI. The dispensary was quite large, and an efficient workflow was seen to be in place. Dispensing and checking activities took place on separate areas of the workbench. There was a private consultation room which was professional in appearance although it was used for additional storage so was somewhat cluttered. The door to the consultation room remained closed when not in use. There was a small stockroom to the back of the dispensary and a larger stockroom upstairs for excess retail stock.

The dispensary was clean and tidy with no slip or trip hazards evident. The pharmacy was cleaned regularly by the pharmacy team. The sinks in the dispensary and staff areas had hot and cold running water. Hand towels and hand soap were available, although they were not always replaced when they had run out meaning the toilet had no toilet roll or hand towels present. The pharmacy had air conditioning and the room temperature was comfortable. The back door was marked as an emergency exit and was blocked by an electric external shutter. The cardboard recycling had not been collected for some time and there was a large mound of cardboard boxes outside the back door which was a fire hazard and pest risk. The lighting was adequate for the services provided. Prepared medicines were stored securely within the pharmacy premises and pharmacy medicines were stored behind the medicines counter.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a range of healthcare services which are easy for people to access. It manages its services well 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 advice about their medicines when collecting their prescriptions.

Inspector's evidence

The pharmacy had step-free access from the pavement and a member of staff was available in the retail area to assist customers with the front door if needed. A home delivery service was available for people who could not access the pharmacy and free parking was available on the street outside. The pharmacy staff referred people to other local services when necessary. They used local knowledge and the internet to support signposting. Pharmacy staff could communicate with people in a range of languages including English, Urdu, Punjabi, French, Dutch, Arabic, Portuguese, Spanish, Hindi, Mirpuri, Kurdish and Turkish.

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 RP was aware of the risks associated with the use of valproate during pregnancy, and the need for additional counselling. The counselling materials could not be located during the inspection, however, most of the valproate stock was in the updated packaging which had a patient card attached.

The pharmacy had been issued with a new ODS code by NHS England when the NHS contact had transferred from the other pharmacy to this one. An ODS code is a unique identification code which the pharmacy uses to claim for payments from NHS England, but it also used to direct electronic prescriptions from a surgery to the patients nominated pharmacy. There had been some issues with the new ODS code and an update to the NHS system which meant that some prescriptions were not being automatically sent to the pharmacy like they should have been. And the pharmacy would not know that there was a prescription for it to dispense until the patient informed it that an electronic prescription had been issued. This was creating additional workload for the pharmacy team as they had to manually search the NHS systems for prescriptions. And patients were being inconvenienced because their prescriptions were not always ready when they visited the pharmacy. The pharmacists had been trying to resolve the problem but had been told it would take some time to fix. Having a new ODS code also meant that some NHS services had been temporarily suspended as the accreditation was linked to the old ODS codes and so the pharmacy had to re-apply to do these services.

Substance misuse service prescriptions were dispensed for a number of patients as a mixture of daily supervised doses and take-home doses. The pharmacy had decided that these prescriptions should be dispensed when the patient came to collect them as they did not have sufficient space to safely store pre-dispensed prescriptions. The RP was seen checking the batch of prescriptions that had been received from the substance misuse prescriber to ensure that any missing prescriptions could be investigated before the next prescription was due to commence. There were some titrating dose

prescriptions being issued and the pharmacist explained that he had contacted a prescriber as the patient had not collected the dose from the day before and the 'three-day rule' did not apply to titrating doses. The pharmacy team were trialling an electronic controlled drug register to see whether it would work for them in the long term but a paper register was still being used as the legal record for controlled drugs.

Date checking took place regularly and no out of date medication was found present. There was a date checking matrix available, covering both the dispensary and the medicines counter, which was used to record date checking. Medicines were stored in an organised manner on the dispensary shelves. There were some examples of the team putting mixed batches of medicines within the same stock boxes. This meant that there was a risk that date expired or recalled stock may not be identified and could increase the risk of error. 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 a designated area, awaiting destruction. Medicines were obtained from a range of licenced wholesalers and specials manufacturers. The pharmacy was alerted to drug recalls through emails from MHRA.

The CD cabinets were secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. Fridge temperature records were maintained, and records showed that the pharmacy fridges were working within the required temperature range of 2°and 8° Celsius.

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 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 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 used for the preparation of methadone. Counting triangles were available. Computer screens were not visible to the public as members of the public could not access the dispensary. 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. |