

Registered pharmacy inspection report

Pharmacy Name: Erdington Day Night Chemist, 213 High Street,
Erdington, BIRMINGHAM, West Midlands, B23 6SS

Pharmacy reference: 1107990

Type of pharmacy: Community

Date of inspection: 17/01/2024

Pharmacy context

This community pharmacy is in Erdington town centre. People who use the pharmacy are from the local community and a home delivery service is available. The pharmacy is open extended hours over seven days. The pharmacy dispenses NHS prescriptions, and it provides some other NHS funded 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 generally 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. And 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. Signature sheets were used to record staff training, and roles and responsibilities were highlighted within the SOPs. The SOPs had been implemented by the previous SI and there was no evidence of them being properly reviewed in the last few years. They contained some outdated references which suggested they were in need of a thorough review and update.

A near miss log was available. Near misses were discussed with the team member involved to ensure they learnt from the mistake. The pharmacy team gave some examples of different types of mistakes and demonstrated some examples of how the dispensary layout had been adapted to try and avoid the same mistake happening again. There was an SOP for investigating dispensing incidents.

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Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A trainee pharmacist correctly answered hypothetical questions related to high-risk medicine sales and discussed how she managed requests for codeine containing medicines. The pharmacy's complaints process was explained in the SOPs. People could give feedback to the pharmacy team verbally, by email, or in writing. The pharmacy team members tried to resolve issues that were within their control and gave examples of how they had responded to feedback.

The pharmacy had up-to-date professional indemnity insurance. The responsible pharmacist (RP) notice was clearly displayed. The full RP record was not available for inspection. The RP explained that it was recorded on a shared drive on the computer but technical issues meant that it had not been available for a few days, so a backup paper record had been used. The RP agreed to review this to make sure the records complied with legal requirements, including being accessible. Controlled drug (CD) registers appeared to be in order. Two random balance checks matched the balances recorded in the register. Patient returned CDs were recorded in a register. Private prescription records were recorded in a book and 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 destroyed securely. The pharmacy team members had their own NHS Smartcards. The pharmacy professionals working at the pharmacy

had completed the Centre for Pharmacy Postgraduate Training (CPPE) on safeguarding, and the pharmacy team understood what safeguarding meant.

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 the services. They work well together in a supportive environment, and they can raise concerns and make suggestions.

Inspector's evidence

The pharmacy team comprised of two regular pharmacists, two trainee pharmacists, a level three dispensing assistant, a level three apprentice, a level two apprentice and a home delivery driver. A new member of the team had been recruited and was working an induction period before being enrolled on an accredited training course. The RP reported that the pharmacists discussed staffing levels and were comfortable with the current staffing levels and were considering whether they required another apprentice. The two pharmacists were workplace supervisors for the trainee pharmacists and their rotas were designed so that the trainee spend the majority of their working week with their workplace supervisor. Holidays were booked in advance and the rota was amended so that the opening hours were covered.

The pharmacy team worked well together during the inspection and were observed helping each other and 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 pharmacist in private when needed.

Inspector's evidence

The premises were generally smart in appearance and appeared to be well maintained taking into consideration the age of the building. Any maintenance issues were reported to the pharmacists. Prepared medicines were held securely within the pharmacy premises and pharmacy medicines were stored behind the medicines counter.

The dispensary was an adequate size for the services provided and an efficient workflow was in place. Dispensing and checking activities took place on separate areas of the worktops. There was a private soundproof consultation room which was professional in appearance.

The dispensary was clean and tidy with no slip or trip hazards evident. The pharmacy was cleaned by pharmacy staff. Hot and cold running water, hand towels and hand soap were available. The pharmacy was heated using central heating and cooled in the summer with portable fans. Lighting was suitable for the services provided.

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 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.

Inspector's evidence

The pharmacy was accessed via a small step from the pavement. A home delivery service was available for people who could not access the pharmacy. Health promotion leaflets were available, and posters were displayed in the waiting area. Pharmacy staff referred people to other local services using local knowledge and the internet to support signposting. Pharmacy staff were observed speaking to people in different languages throughout the inspection including English, Urdu and Polish.

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 team were aware of the risks associated with the use of valproate during pregnancy, and the need for additional counselling. Counselling materials were available to support this.

Multi-compartment compliance packs were used to supply medicines for 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 when it should be packed. Notes about prescription changes and queries were kept on the patient medication record. A sample of dispensed compliance packs that were waiting to be delivered were labelled with descriptions of medication, and patient information leaflets (PILs) were generally supplied every month.

Date checking took place regularly and no out of date medication was seen on the shelves during the inspection. Short, dated medicines were clearly marked and removed prior to expiration. Medicines were stored in an organised manner on the dispensary shelves. 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 a designated area. 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 cabinets were secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. Substance misuse prescriptions were dispensed before the person was due to collect them and stored securely in a CD cabinet. 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. But fridge temperatures were not always recorded every day, so the pharmacy might not be able to easily demonstrate that medicines are consistently stored at an appropriate temperature.

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 it 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 available. Patient records were stored electronically and there were enough terminals for the workload currently undertaken. A range of clean, crown stamped measures and counting triangles were available. Computer screens were not visible to members of the public as they were excluded from 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.