

Registered pharmacy inspection report

Pharmacy Name: Madeenah Pharmacy, 373 Coventry Road, Small Heath, BIRMINGHAM, B10 0SW

Pharmacy reference: 1109115

Type of pharmacy: Community

Date of inspection: 28/02/2020

Pharmacy context

This is a community pharmacy which is open for 100 hours every week. It is located along the Coventry Road, in amongst several shops in Small Heath, in Birmingham. The area serves a high population of people from South Asia. The pharmacy dispenses NHS and private prescriptions. It sells a range of over-the-counter medicines and provides advice. And it supplies multi-compartment compliance packs to people if they find it difficult to manage their medicines.

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

Overall, the pharmacy manages risks in an adequate manner. It protects people's private information appropriately and members of the pharmacy team understand how to protect the welfare of vulnerable people. The pharmacy's team members deal with their mistakes responsibly. But they are not always recording or formally reviewing them. This could mean that they may be missing opportunities to learn from their mistakes and prevent them happening again.

Inspector's evidence

The pharmacy was managing some of the risks associated with providing its services. The dispensary was clear of clutter. Medicines were stored in an organised manner. The responsible pharmacist (RP) could easily locate the pharmacy's paperwork and this was generally in order. Most of the pharmacy's business was from collection or repeat prescriptions although some walk-in trade was seen. After processing prescriptions, they were dispensed by staff on one side of the main workbench, placed into baskets and accuracy-checked from a separate area by the RP. Staff described separating look-alike and sound-alike (LASA) medicines. This included moving different strengths of levothyroxine and placing other stock in between them so that they could be easily differentiated.

The pharmacy held a range of documented standard operating procedures (SOPs) to support the provision of its services. The SOPs were dated from 2017. Staff stated that they had read through the SOPs and as they were new members of the team, they were in the process of signing them. They knew which activities were permissible in the absence of the RP and they understood their responsibilities. The correct RP notice was on display and this provided details of the pharmacist in charge on the day.

However, dispensing staff were not always marking their details as a dispensing audit trail when assembling prescriptions and near misses had not routinely been recorded. The former was discussed and the importance of marking this stressed so that staff involvement could be easily identified. The RP admitted that no records about mistakes made by the team had been documented for some time. There were only a few records present and they were from before 2016. This limited the ability of the pharmacy to show how team members had learnt from their errors or the remedial action taken when mistakes happened internally. There was information on display about the pharmacy's complaints process. The RP handled incidents. His process involved checking relevant details, apologising, rectifying the situation, discussing the details with staff and recording information. According to the RP, no mistakes had happened recently.

Both the pharmacist and dispensing assistant were trained to level 2 to safeguard the welfare of vulnerable people. The former was through the Centre for Pharmacy Postgraduate Education (CPPE) and stated that this had happened in the last few years. The latter described being trained by attending a training event and this was through her previous employment. Contact details about the local safeguarding agencies were available. There was no confidential information left within areas that were accessible to the public. Sensitive details on dispensed prescriptions awaiting collection could not be seen from the retail space and confidential waste was shredded. However, there was no notice on display to inform people about how their privacy was maintained.

The pharmacy's professional indemnity insurance arrangements were through the National Pharmacy

Association (NPA) and due for renewal after October 2020. This was verified by telephone with the NPA at the time of the inspection. Records of private prescriptions and emergency supplies had been maintained in line with statutory requirements.

However, there were some issues seen with the RP record and with some of the registers for controlled drugs (CDs). The inspector had arrived at the pharmacy just after 8am and the pharmacy was not open. After waiting for some time, the inspector later returned to complete the inspection and the RP admitted that the pharmacy opened some time after 9am. However, the RP record had been marked to state that he had been present at 8am. There were also some gaps seen within this. The RP was instructed that he must ensure that these records accurately reflected the situation. It was also noted that expired CDs and CDs returned by members of the public for destruction had not been clearly segregated. On checking a random selection of CDs, the quantities held did not match the balance entries in the corresponding registers. The RP was asked to investigate this and to provide an update. He confirmed after the inspection that the discrepancies were returned medicines. Photographic evidence was provided to indicate that the pharmacy's stock of CDs had subsequently been clearly separated.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. The team is suitably qualified to provide advice and deliver the pharmacy's services.

Inspector's evidence

Staff present during the inspection included the RP who was also the superintendent pharmacist and a full-time, trained, dispensing assistant who was also trained as a medicines counter assistant. The pharmacy dispensed very few walk-in prescriptions and the numbers of staff present were adequate in line with the pharmacy's volume of workload. The dispensing assistant's employment had only recently started at the pharmacy and her certificate(s) of qualifications were not seen. The pharmacy only provided the Essential Services and the RP had not set any formal targets to complete additional services. Staff used an established sales of medicines protocol with an appropriate range of questions being asked before medicines were sold over the counter. They knew when to refer to the pharmacist and described keeping their knowledge up to date by completing modules via CPPE. They also read through articles from trade publications. The member of staff's progress was being monitored informally and as they were a small team, details and updates were provided verbally.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises generally provide an appropriate environment to deliver healthcare services. The dispensary and retail space are maintained to a suitable standard. But other parts of the pharmacy require ongoing monitoring and cleaning.

Inspector's evidence

The pharmacy premises consisted of a medium-sized retail area and dispensary with a staff WC along the rear corridor. The retail space was professional in its appearance. The dispensary was clean, clear of clutter and there was enough workspace available for assembling medicines. The pharmacy was suitably lit and ventilated. Pharmacy (P) medicines were stored behind the front counter and staff were always within the vicinity to restrict their access by self-selection. A signposted consultation room was available for private conversations and services. The door to the room was kept closed but unlocked. The space was of a suitable size for its intended purpose. However, a sharps bin was present on the floor and this meant that a risk of needle stick injury could result if anyone inadvertently entered the room. Removing this or keeping the door to the consultation room locked was discussed at the time.

In addition, the staff WC was unclean at the point of inspection. The sink, toilet and floor in here were dirty and there was mould on wall side of the wall. This was also noted at the last inspection. The rear corridor that led to the fire exit was blocked with various items that were not pharmacy related. After discussing this with the RP, photographic evidence was provided following the inspection that the latter had been cleared, the WC had been cleaned, and an attempt had been made to clear the mould. To ensure the premises are suitable to provide services safely and for health and safety purposes, the RP must ensure that this is sustained in future.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services in a satisfactory manner. The pharmacy's team members can help people with different needs to access the pharmacy's services. They make relevant checks for people prescribed higher-risk medicines and record this information. This ensures that people can take their medicines safely. The pharmacy obtains its medicines from reputable sources. But it doesn't always store or manage its medicines in the best possible way or in line with the pharmacy's written instructions.

Inspector's evidence

There was a small step at the front of the pharmacy although most people could still easily enter the pharmacy from the street. Staff explained that they physically assisted people with wheelchairs if required and a bell alerted the team if their help was needed. Staff spoke Urdu and some Arabic to assist people in the local area whose first language was not English, and details were written down to help communicate with people who were partially deaf. The pharmacy's opening hours were listed on the front door. There was one seat available for people waiting for prescriptions and several, timed car parking spaces along the road.

The team used baskets to hold prescriptions and medicines during the dispensing process and this helped prevent any inadvertent transfer. Once dispensed, prescriptions were attached to bags and fridge items as well as CDs were identified. Uncollected prescriptions were removed every few months.

The pharmacy supplied compliance packs to people after their GP initiated this. Prescriptions for the compliance packs were ordered by the pharmacy and when they were received by the pharmacy team, details were cross-referenced against records that the team had been maintaining to help identify any changes or missing items. Queries were checked with the prescriber and audit trails were maintained to verify this. The compliance packs were not left unsealed overnight and all medicines were de-blistered into them with none left within their outer packaging. Patient information leaflets (PILs) as well as the descriptions of the medicines supplied within the compliance packs were routinely provided. Mid-cycle changes were dependant on the change required. Either the pharmacy retrieved the old packs and supplied new ones, or they amended them, re-checked and re-supplied them.

The team was aware of the risks associated with valproates. There had been no people at risk who had been supplied this medicine, according to the team. Ensuring the pharmacy held relevant literature that could be provided upon supply of this medicine was discussed during the inspection. People prescribed higher-risk medicines were asked about relevant parameters where possible. This included asking people prescribed warfarin about the International Normalised Ratio (INR). Details were seen recorded about this which helped verify that this process had been taking place.

The pharmacy obtained its medicines and medical devices from licensed wholesalers such as DE Midlands, Alliance Healthcare and AAH. The pharmacy team was in the process of complying with the European Falsified Medicines Directive (FMD). The pharmacy had registered with SecurMed and equipment was present for the decommissioning process to take place, but this had not yet been set up.

Staff described checking the expiry date of medicines regularly although the schedule about this had last been completed in 2015. This limited the pharmacy's ability to verify when this process had taken place. Medicines approaching expiry were identified. There were no date-expired medicines or mixed batches of medicines seen. However, loose blisters of medicines were present, and the team was instructed to ensure they were stored appropriately going forward. CDs were stored under safe custody. The key to the cabinet was maintained in a manner that prevented unauthorised access during the day and overnight. Medicines were stored evenly and appropriately within the pharmacy fridge.

Medicines requiring disposal were stored within designated containers. People returning sharps for disposal were referred to the GP surgery. CDs returned for destruction were brought to the attention of the RP and held in the CD cabinet before being destroyed. However, as discussed under Principle 1, they had not been appropriately segregated at the point of inspection until the RP was advised to clearly separate them. Drug alerts were received by email. The RP checked for stock and acted as necessary. There was an audit trail available to verify the process on the pharmacy's email system although some of the emails seen had not been opened. There was a risk that affected batches of medicines may not have been actioned appropriately and the pharmacist was advised that a more robust process was required to manage this.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities it needs to provide services safely. Its equipment is clean and helps to protect people's privacy.

Inspector's evidence

The pharmacy held current versions of reference sources and necessary equipment. This included counting triangles, a fridge, legally compliant CD cabinet and a range of clean, crown-stamped conical measures for liquid medicines. The sole computer terminal in the dispensary was positioned in a way that prevented unauthorised access and there were cordless phones present. This meant that conversations could take place in private if required. The dispensary sink for reconstituting medicines was clean. There was hot and cold running water available as well as hand wash present. A shredder was available to dispose of confidential waste. Staff held their own NHS smartcards to access electronic prescriptions and took them home overnight.

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.