

Registered pharmacy inspection report

Pharmacy Name: Medisina Pharmacy, 11 Canford Close, Highgate,
BIRMINGHAM, B12 0YU

Pharmacy reference: 1110087

Type of pharmacy: Community

Date of inspection: 29/04/2021

Pharmacy context

This is an independently owned pharmacy in a small parade of shops in a residential area of Birmingham. The pharmacy is open extended hours, seven days a week. It mainly dispenses NHS prescriptions. And it offers other services such as sexual health services under the Umbrella scheme, treatment for urinary tract infection under the Pharmacy First scheme and seasonal flu vaccinations. It also provides medicines in multi-compartment compliance packs to people who need assistance in managing their medicines at home. And it has a few people who receive instalment supplies for substance misuse treatment. This inspection was undertaken during the Covid-19 pandemic.

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 adequately. Members of the pharmacy team record and review their mistakes so that they can learn and improve from these events. They generally keep the records required by law to show that medicines are supplied appropriately. And they know how to respond to concerns about vulnerable people. The pharmacy keeps people's private information securely. And it has written procedures to help members of the pharmacy team deliver its services safely. But these have not been updated recently. This means there is a risk that the written procedures don't fully reflect the way the team members are working or current best practice.

Inspector's evidence

The superintendent pharmacist (SI) provided most of the responsible pharmacist (RP) cover at the pharmacy and was on duty during the inspection. The pharmacy had a range of written standard operating procedures (SOPs) but these had not been reviewed recently. Most of the SOPs were due to have been reviewed in 2019. Members of the pharmacy team had read and signed the SOPs that were relevant to their roles.

The NHS SOPs relating to Covid-19 were in place and the SI confirmed that he had completed workplace risk assessments for Covid-19 with team members at the start of the pandemic last year. Members of the pharmacy team had access to personal protective equipment (PPE) and were seen observing social distancing where possible. The pharmacy had Covid-19 self-test kits available for team members to test themselves bi-weekly and it was also a collection site for distributing lateral flow test kits to members of the public.

A RP notice was displayed in the pharmacy. The dispenser was able to describe what action he would take in the absence of the RP and he was clear about the tasks he could not undertake in such situations. The SI explained the procedure team members would follow when recording mistakes they made during the dispensing process. Mistakes that were detected before the medicines left the pharmacy (near misses) were recorded and reviewed each month to identify any emerging trends. Mistakes that had reached patients (dispensing errors) were recorded, reviewed and submitted to the National Reporting and Learning Systems (NRLS). The near miss records examined during the inspection showed that the pharmacy was recording these consistently. But the records did not always contain actions taken to prevent similar events from happening again or what the contributory factors were. Stock medicines that 'looked-alike' or 'sounded-alike' (LASA) and methotrexate had all been well separated and highlighted on the shelves to minimise the risk of picking errors. The SI said that as methotrexate was classed as a higher-risk medicine, he made a decision to only stock the 2.5mg tablets to avoid any confusion.

The pharmacy had appropriate insurance arrangements in place for the services it provided. Records about RP, controlled drugs (CDs) and unlicensed medicines were kept in line with requirements. The pharmacy's private prescription records were not up to date. Members of the pharmacy team had fallen behind with their private prescription records. There were quite a few private prescriptions that had been dispensed but not yet entered in the prescription book. But the SI gave an undertaking that these would be brought up to date imminently. Running balances of CDs were kept and the recorded balance of one randomly selected CD was checked during the visit and was correct. A register for

patient-returned CDs could not be located during the inspection. Subsequent to the inspection, the SI emailed to say that the new register had been ordered.

The SI said that the pharmacy was not required to undertake the Community Pharmacy Patient Questionnaire during the year 2020/21. But the pharmacy had received many very positive and complimentary testimonials online. The pharmacy's computers were password protected and members of the pharmacy team had all signed confidentiality agreements. Confidential waste was separated and shredded in the pharmacy. The SI used his own NHS smartcard to access electronic prescriptions.

The SI had completed Level 2 safeguarding training. The dispenser had completed Level 1 training and had read the pharmacy's safeguarding SOPs. The team were aware of the "Safe Space" initiative and "Ask for Ani" codeword scheme. But the SI said that there had been no enquiry about the service to date.

Principle 2 - Staffing ✓ Standards met

Summary findings

Members of the pharmacy team work well together and are supportive of each other. They have the right skills and qualifications to deliver pharmacy services safely and effectively. And they have access to some training resources to help keep their skills and knowledge up to date.

Inspector's evidence

At the time of the inspection, the SI and a qualified dispenser were working. The team members appeared to work very well together and were supportive of each other. The SI, who was an Independent Prescriber, said that he was also supported by his wife who was a pharmacist, a regular locum pharmacist, a part-time trained dispenser and a full-time delivery driver. A whistleblowing policy was in place and it had been signed by team members. The dispenser had access to journal articles, trade magazines and other training material to help keep his skills and knowledge up to date. The pharmacy had not employed any provisionally registered pharmacists. There were no targets or incentives set.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are secure and adequate for the services it provides. The pharmacy could do more to improve the dispensary's overall organisation and tidiness.

Inspector's evidence

The pharmacy's retail area was of adequate size, tidy and free of any obstructions. A Perspex screen had been fitted across the medicines counter to minimise the risk of Covid-19 transmission. There was a chair available for people waiting for their prescriptions to be dispensed. The pharmacy had displayed notices encouraging members of the public to maintain social distancing, regular handwashing and to wear face masks when entering the premises. The pharmacy's consultation room was private, signposted and tidy. The dispensary was very compact. The work benches and storage spaces were somewhat cluttered with paper work and baskets of dispensed prescriptions awaiting final accuracy check. Floor spaces were obstructed with totes as the pharmacy had just received their medicines delivery. The SI said that the floor space would be clear as soon as the delivery was put away. A clean sink with hot and cold running water was available for preparing medicines. The room temperature was appropriate for storing medicines and there was adequate lighting throughout the premises. Members of the pharmacy team had access to hygiene facilities and the premises could be secured against unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy provides its services safely and manages them well. It gets its medicines from reputable sources and it takes the right action in response to safety alerts, so that people get medicines that are safe to use. Members of the pharmacy team identify higher-risk medicines and provide appropriate advice to help people use their medicines safely.

Inspector's evidence

The entrance to the pharmacy was at street level and the door was just about wide enough to accommodate wheelchairs or pushchairs. The pharmacy was a Healthy Living Pharmacy and there was a display section with information about health promotion and a range of other healthcare leaflets. A prescription delivery service was offered to people who couldn't come to the pharmacy to collect their medicines. The SI said that the demand for the delivery service had increased significantly at the height of the pandemic. The pharmacy's delivery driver had been issued with PPE. To minimise the infection risks during the pandemic, he was not obtaining signatures from recipients for deliveries of medicines. But he annotated the delivery sheet accordingly to keep an audit trail.

The dispensary had very limited space. But the workflow in the pharmacy was sufficiently organised. The dispenser used baskets during the dispensing process to prioritise workload and minimise the risk of prescriptions getting mixed up. 'Owing' notes were issued to provide an audit trail when prescriptions could not be fully supplied. A separate area, albeit very small, was used to assemble multi-compartment compliance packs. Dispensed multi-compartment compliance packs were labelled with a description of the tablets or capsules contained within the pack to help people identify their medicines. And they included the initials of the person involved in dispensing and checking the pack. Patient information leaflets (PILs) were supplied when requested. The SI said that most of the local population the pharmacy served, spoke very little English. And many had specifically asked him not to supply PILs. The SI said people preferred to ring the pharmacy and discuss information about their medicines such as side effects and contraindications. Members of the pharmacy team spoke several other languages such as Urdu, Punjabi and Hindi and this helped in conversing with people who could not speak English.

Members of the pharmacy team were aware of the safety guidelines when supplying valproate to people in the at-risk group and had the necessary patient literature available. The SI said that the new valproate packs included warnings and the pharmacy did not currently have any person in the at-risk group being supplied with valproate. The pharmacy had a handful of people who took warfarin and the status of their therapeutic monitoring was routinely updated on their medical records. Prescriptions for all CDs, including those that did not require storage in the CD cabinet, were marked with a 28-day expiry date.

The pharmacy got its medicines from licensed wholesalers and there was just about enough space in the dispensary to store stock medicines safely. But these could have been better organised on the shelves. Medicines were date checked regularly and this was recorded. No date-expired medicines were found with stock medicines. Medicines requiring cold storage were kept in refrigerators and were stored between 2 and 8 degrees Celsius. The maximum and minimum fridge temperatures were recorded daily. All CDs were stored in line with requirements. The pharmacy had a process to deal with

safety alerts and medicines recalls. Records of these and the action taken by the team were kept, providing an audit trail.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides. And it maintains these appropriately.

Inspector's evidence

Members of the pharmacy team had access to the internet and a range of up-to-date reference sources. Pharmacy computers were password protected and confidential waste was managed appropriately. All electrical equipment appeared to be in good working order. A range of clean crown-stamped glass measures were available for measuring liquid medicines. Separate measures were used for measuring CDs. The pharmacy had denaturing kits available to destroy CDs safely. And equipment for counting loose tablets and capsules was clean, with separate equipment reserved for cytotoxic medicines to prevent cross-contamination.

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.