

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: 04/07/2022

Pharmacy context

This is an independently owned community pharmacy in a small parade of shops in a residential estate in Birmingham. The pharmacy is open extended hours, seven days a week. It mainly dispenses NHS prescriptions, and it provides medicines in multi-compartment compliance packs to some people who need assistance in managing their medicines at home. The pharmacy offers other NHS services such as Covid-19 vaccinations, seasonal influenza vaccinations, sexual health services under the Umbrella scheme, treatment for urinary tract infection under the Pharmacy First scheme and Blood pressure checks. Enforcement action has been taken against this pharmacy, which remains in force at the time of this inspection, and there are restrictions on the provision of some services. The enforcement action taken allows the pharmacy to continue providing other services, which are not affected by the restrictions imposed.

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 adequately identifies and manages the risks associated with its services. And it largely keeps the records it needs to by law, to show that medicines are supplied safely and legally. Members of the pharmacy team keep people's personal information securely. And they understand how they can help protect vulnerable people. But they do not always review mistakes they make during the dispensing process effectively so opportunities to improve their ways of working may be missed.

Inspector's evidence

The pharmacy had a range of in-date standard operating procedures (SOPs) for the services it offered. Members of the pharmacy team had signed the SOPs to indicate that they had read and understood them. A correct Responsible Pharmacist (RP) notice was displayed in the pharmacy. The dispenser was able to explain the tasks he could not undertake in the absence of the RP.

Dispensing mistakes that had been identified before medicines were handed to a person (near misses) were recorded. But there was little evidence of a periodic review to identify and emerging trends. The records showed that some near misses such as incorrect strength of gabapentin kept on recurring, which demonstrated that the actions taken to mitigate such events were not always effective. The superintendent pharmacist (SI) said that dispensing mistakes where the medicine had reached a person (dispensing errors) would be recorded on a standard template and reported to the National Pharmacy Association (NPA).

A complaints procedure was available, but this was not advertised in the pharmacy. So, people visiting the pharmacy may not know how to raise concerns or provide feedback on how the pharmacy operated. The SI that he had many loyal customers in the area and there hadn't been any complaints about the pharmacy. Prior to the pandemic, the pharmacy had undertaken an annual patient survey. The SI said that people could leave their feedback in person at the pharmacy counter.

The pharmacy's indemnity insurance certificate on display in the dispensary had expired, but the insurance provider confirmed that the pharmacy had current cover. Private prescription records were kept electronically, and they were generally in order. There were some records where the name of the prescriber had been omitted. The pharmacy dispensed few private prescriptions, and they were mainly for antibiotics. Controlled drugs (CD) registers examined had been largely filled in correctly, although some page headings were missing. And this was pointed out to the SI. CD running balances were kept and audited periodically. A random check of several CDs showed that the quantity of stock matched the recorded balance. A separate register was used to record patient returned CDs. The pharmacy had some obsolete CD stock needing destruction. Records about RP and supplies of unlicensed medicines were kept in line with requirements.

No confidential information was visible from the public area and a shredder was used to dispose of confidential waste. Members of the pharmacy team were aware of the importance of protecting people's private information. Completed prescriptions were stored securely albeit not tidily. This could increase the chances of mistakes happening. The SI used his own NHS smartcard to access electronic prescriptions. Members of the pharmacy team had read and signed the safeguarding SOP and the SI confirmed he had completed Level 2 safeguarding training.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staffing levels for its services and workload. Members of the pharmacy team work well together and are supportive of each other. 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, there was the SI (RP), a trained dispenser, and a recently recruited member of staff working on the medicine counter. The team member had worked in the pharmacy for about a month but had not yet started an accredited training course. The SI said that he was planning to register the team member when she had successfully completed the probation period. Members of the pharmacy team were managing their workload adequately and appeared to work well together. Members of the pharmacy team received some informal on-going training, such as updates on new medicines or when seasonal ailments such as hayfever started. And they had access to pharmacy journals and literature from manufacturers. Members of the pharmacy team felt comfortable about raising concerns or making suggestions, and the pharmacy had a whistleblowing policy. There were no formal targets or incentives for team members.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are adequate for the provision of the pharmacy's services. And they are kept secure from unauthorised access when the pharmacy is closed. People can have a conversation with a team member in a private space. The dispensary has limited storage space and members of the pharmacy team could do more to improve its overall organisation.

Inspector's evidence

The pharmacy's retail area was of an adequate size, tidy and free of any obstructions. And it was in a suitable state of repair. The dispensary was very small which impacted overall organisation and workflow. The work benches and storage spaces were somewhat cluttered with paperwork and baskets of dispensed prescriptions awaiting final accuracy check. Floor spaces were obstructed with boxes 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 sink in the dispensary was equipped with hot and cold running water. There was adequate lighting throughout the premises and temperature was suitable for the storage of medicines. A private signposted consultation room was accessible from the retail area for people to have a confidential discussions. The room was small, but it was kept tidy. The premises could be secured against unauthorised access when it was closed

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a wide range of services and people with different needs can access its services. It takes the right action in response to safety alerts so that people get medicines and medical devices that are safe to use. And it obtains its medicines from reputable sources but it could do more to make sure it stores medicines tidily.

Inspector's evidence

The entrance to the pharmacy was at street level and step free. The retail area of the pharmacy was clear of slip or trip hazards and there was adequate space to accommodate a wheelchair or a push chair. The pharmacy's opening hours were advertised in-store. A range of healthcare leaflets were available, and members of the pharmacy team used their local knowledge to signpost people to other providers if a service required was not offered at the pharmacy. The SI said the demand for Covid-19 vaccination service had decreased significantly and there were very few appointments being booked currently.

A prescription collection and delivery service was offered and an audit trail was kept in the pharmacy. People receiving medicines were no longer signing for them, and instead, to help with Covid-19 infection control, the driver signed to indicate that medicines had been delivered safely.

Baskets were used during the dispensing process to prioritise workload and minimise the risk of prescriptions getting mixed up. An 'owing' note was issued to people to keep an audit trail when prescriptions could not be supplied in full when first dispensed.

An assembled multi-compartment compliance pack was examined. It was labelled with a description of the medicines inside, to help people and their carers identify them. An audit trail was used to show who had done the dispensing and checking of the packs. Patient information leaflets were not always supplied. This could mean that people do not have ready access to information to help them take their medicines safely. This was pointed out to the SI during the previous inspection. The SI said that most people in the local community spoke very little English and preferred to call him to discuss information about their medicines and their side effects. Members of the pharmacy team spoke several other languages such as Urdu and Punjabi and this helped in communicating with people who could not converse in English.

The SI was aware of the risks involved in supplying valproate containing medicines to people in the at-risk group. The pharmacy did not currently have any person in the at-risk group being supplied with valproate containing medicines. The required warning cards were seen to be attached to the manufacturer's pack. All CDs were stored appropriately, and members of the pharmacy team were aware about the 28-day validity periods for all CDs including those that did not require storage in the CD cabinet. But a dispensed prescription for gabapentin found on the shelf was not highlighted which could increase the chances of it being handed out beyond its validity period.

The pharmacy obtained its stock medicines from licensed wholesalers and there was just about enough space to store them safely but medicines could have been better organised on the shelves. Medicines were date checked at regular intervals and this was recorded. No date-expired medicines were found

with stock medicines. Medicines requiring cold storage were kept in the fridge and these were stored between 2 and 8 degrees Celsius. The fridge was in good working order and the maximum and minimum fridge temperatures were recorded daily. The pharmacy had a process to deal with safety alerts and medicines recalls. Records of these and the action taken by team members were kept, providing an audit trail.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. And it uses its equipment to help protect people's personal information.

Inspector's evidence

The pharmacy had a range of calibrated glass measures and equipment for counting loose tablets and capsules. Members of the pharmacy team had access to up-to-date reference sources. All electrical equipment appeared to be in good working order. The pharmacy's computers were password protected and positioned away from the public view. Hand sanitising gel was available in the pharmacy for team members and for people using the pharmacy.

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.