

Registered pharmacy inspection report

Pharmacy Name: N D Chemist Ltd, 456 College Road, Erdington,
BIRMINGHAM, B44 0HL

Pharmacy reference: 1110125

Type of pharmacy: Community

Date of inspection: 03/07/2019

Pharmacy context

This is a busy community pharmacy situated within a medical practice, in a residential area of Erdington, Birmingham. The pharmacy mainly dispenses NHS prescriptions. It supplies medicines in weekly multi-compartment compliance aids for people to use in their own homes and delivers medication to people who are housebound. The pharmacy provides several other NHS services including Medicines Use Reviews (MURs) and the New Medicine Service (NMS).

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's working practices are generally safe and effective. It keeps the records it needs to by law, but some information is missing, so the team may not always be able to show what has happened. The pharmacy has written procedures to help make sure team members complete tasks safely, but not everyone is familiar with these and so might be unsure of their responsibilities.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) in place to cover tasks in the pharmacy. The procedures had been updated within the last two years and outlined staff roles and responsibilities. A signature sheet was in place to confirm staff acknowledgement of the procedures. But some team members were not always clear on their responsibilities. A medicine counter assistant (MCA) was unaware that pharmacy restricted medicines could not be supplied in the absence of a responsible pharmacist (RP). It was confirmed that due to the pharmacy's location, a pharmacist was usually always present on the premises and the pharmacist agreed to review the procedures with the team following the inspection.

Near miss records were maintained. Entries were usually recorded by the pharmacist who discussed any incidents with the team when they occurred. The last entry recorded was a near miss from May 2019 and no further entries had been made. The pharmacist confirmed that there may be some near misses which are not recorded. A review was conducted each month and discussed at a team meeting. Records to demonstrate this could not be located on the day so the team may not always be able to show what they have learnt. Records of dispensing incidents were made using root-cause analysis forms and the pharmacist discussed the action that had been taken in response to a previous incident.

A complaint procedure was in place, but this was not clearly advertised so people may not always know it is available. An MCA said that concerns would usually be referred to the pharmacy manager. The pharmacy also participated in the annual Community Pharmacy Patient Questionnaire (CPPQ).

Professional indemnity insurance was in place. An RP notice was not clearly displayed upon the inspector's arrival. After discussion, the notice was moved to a conspicuous location so it was visible to the public. The RP log did not routinely record the time at which RP duties ceased and so it was not technically compliant. Controlled drugs (CD) registers were available, but page headings were not completed in line with regulations which might increase the risk of an entry being made in the incorrect register. Running balances were maintained and team members carried out some balance checks. Patient returns were recorded in a designated register. Private prescription and emergency supply records were in order and specials procurement records provided an audit trail from source to supply.

The pharmacy team had been provided with some internal information governance and General Data Protection Regulation (GDPR) training. Some procedures were in place but had surpassed their review date so may not always reflect current practice. The non-pharmacist manager had attended formal training and had completed the latest NHS information governance submission for the year. A

pharmacy apprentice discussed the ways in which she would help to ensure that patient confidentiality was protected. Confidential waste was shredded on the premises but during the inspection some patient identifiable data was found to be disposed of in a general waste bin. The waste was primarily unused dispensing labels and was of minimal quantity. The waste was immediately removed and placed for shredding when identified and the pharmacist and non-pharmacist manager were made aware. They agreed to review this with the team. Completed prescriptions were stored out of public view. There were some members of the team who did not have individual NHS smartcards and therefore had to rely on other individuals to access the NHS spine.

A safeguarding procedure was in place and a member of the team discussed some of the types of concerns that might be identified. Concerns were referred to the pharmacist, who had completed additional training through the Centre for Pharmacy Postgraduate Education (CPPE). The contact details of local agencies were available to escalate concerns.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide its services safely and the team work well together. Pharmacy team members work in an open culture and complete training so they develop the knowledge and skills for their role.

Inspector's evidence

On the day of the inspection the regular pharmacist was present, along with four dispensers. One was the non-pharmacist manager, and another had recently completed the NVQ level 3 pharmacy technician programme and was awaiting a certificate so that an application for registration could be made. Two other dispensers were untrained. Confirmation of enrolment on an accredited training programme was provided by the company director. A pharmacy apprentice was enrolled on a course through a local college and two trained MCAs were also present. The pharmacy team were two members of staff down on the day. Support was being provided by the two company directors, one of whom was a registered pharmacist and the other an MCA. Leave restrictions were in place so that adequate staffing levels could be maintained, and the company directors were available to provide additional assistance if needed. Part-time staff were also able to increase their hours.

A dispenser discussed some of the questions that she would ask to help to ensure that sales of medicines were appropriate. Concerns were referred to the pharmacist. The team received some informal training to help them stay up to date. The pharmacist, non-pharmacist manager and a dispenser, who was not present on the day attended ad hoc training events in the area. They said any relevant information was then communicated back to other team members. Additional training materials including counter skills books were also completed and copies were filed in staff training folders. The development of the pharmacy team was monitored through appraisals, some of which were overdue.

An open dialogue was observed amongst the pharmacy team who were happy to approach management with any concerns. A dispenser was aware of whistleblowing and was unsure if there was a policy in place but said that organisations such as the GPhC could be contacted if there were concerns regarding registrants. There were no formal targets for professional services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a secure, clean and professional environment for the delivery of pharmacy services.

Inspector's evidence

The pharmacy was well maintained and portrayed a professional appearance. General maintenance issues were resolved by the building owners and a maintenance fee was paid for this. Standard servicing and testing was arranged by the pharmacy owners. Daily cleaning duties were carried out by the pharmacy team and the premises were clean on the day.

The retail area was spacious and modern. A range of suitable healthcare-based products were available for sale. The pharmacy also sold a small range of sweets and carbonated drinks which may not be in keeping with a business providing healthcare services. There were chairs available for use by people less able to stand and the floor space was free from obstructions.

Some recent internal refurbishment was being completed which had divided a previous office into a separate office and private consultation room. Access to the new consultation room was restricted from the retail area and at the time of the inspection the room was only equipped with a chair and some empty storage files. Work to complete the room was due to be completed in the coming weeks. There was limited signposting for the room, which may mean that people are not always aware that there is a space available for private discussions. Due to the recent refurbishment work, there were some additional storage areas which were unorganised, and some trip hazards were on the floor.

The dispensary had adequate space for the current workload. There was a defined workflow with separate areas for dispensing and checking and the assembly of multi-compartment compliance aids. A sink was available for the preparation of medicines and was equipped with hand sanitisers and cleaning materials. There was adequate lighting throughout the premises and air conditioning provided an appropriate temperature for the storage of medicines.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are suitably managed and accessible. Pharmacy team members usually give advice to people taking higher-risk medicines to make sure they know how to take them. The pharmacy obtains medicines from reputable sources, and generally manages them safely. But stock medicines could be better organised and team members could carry out more robust checks to make sure that they are suitable for use.

Inspector's evidence

The main entrance to the building had an automatic door but both pharmacy doors were manually operated. Access was step free. The pharmacy opening hours were listed at the entrance, but there was limited promotion of services and a pharmacy practice leaflet was not available on the day. The team had access to some resources to support signposting.

Prescriptions were dispensed using baskets to keep them separate and reduce the risk of medicines being mixed up. Baskets were colour coded to prioritise the workload and an audit trail was maintained for dispensing and checking. Stickers were used to highlight prescriptions for additional counselling. The pharmacist said that he would keep records of monitoring and interventions, but specific details of this could not be seen from a report viewed on the day. The pharmacist was aware of the risks of the use of valproate-based medicines in people who may become pregnant and had access to the relevant safety literature. Stickers were available to highlight prescriptions for CDs. The pharmacist said that this would be used for all CDs regardless of their safe custody status. In the prescription retrieval system, the original prescription form was not always retained alongside medications until the time of collection, which may mean that team members do not have access to important information at the time of the supply and could increase the risk of a prescription being claimed for in error.

The pharmacy ordered a limited number of repeat prescriptions, including for people who had weekly multi-compartment compliance aids. Audit trails were kept, so that unreturned prescriptions could be identified. A dispenser said that any relevant information for compliance aids was recorded through the PMR system. Completed compliance aids had patient identifying labels, descriptions of individual medicines and an audit trail. Patient leaflets were not routinely supplied as they should be, so people may not always have access to the information they need to take their medicines properly. Signatures were obtained to confirm the delivery of medicines and failed deliveries were returned to the pharmacy.

Stock medicines were sourced through reputable wholesalers and specials from a licensed manufacturer. Stock organisation was lacking in some areas, but medicines were stored within the original packaging provided. The team explained the date checking systems, but records to demonstrate this could not be located on the day. Random checks identified some expired medicines on the shelves, which could increase the risk that out of date medicine could be supplied in error. The medications identified were removed and placed in an appropriate waste container. The pharmacy was not yet fully compliant with the requirements of the European Falsified Medicines Directive (FMD). It

had the relevant hardware and software, but it was not yet in use. A set of updated SOPs had been produced. Alerts for the recall of faulty medicines and medical devices were received via email. Alerts were actioned as appropriate and an audit trail maintained.

CDs were stored appropriately, with expired CDs clearly segregated from stock. CD denaturing kits were available. The pharmacy fridge was fitted with a maximum and minimum thermometer. The temperature was checked and recorded daily, and the temperature was within the recommended range on the day.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely.

Inspector's evidence

The pharmacy team had access to paper-based reference materials and internet access to support additional research. Several glass British Standard approved measures were available for measuring liquids and measures for use with CDs were clearly marked. Counting triangles were available for loose tablets, as was an electronic tablet counter. Equipment was appropriately maintained.

Electrical equipment underwent annual PAT testing and appeared in order. Computer systems were password protected and screens were located out of view. A cordless phone was available to enable conversations to take place in private.

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.