

Registered pharmacy inspection report

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

Pharmacy reference: 1110125

Type of pharmacy: Community

Date of inspection: 12/07/2022

Pharmacy context

This pharmacy is situated within College Road Surgery in the Kingstanding area of Birmingham. People who use the pharmacy are from the local community and a home delivery service is available. The pharmacy dispenses NHS prescriptions, and it provides other NHS funded services such as the Community Pharmacist Consultation Service (CPCS). 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 effectively 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. They record their mistakes so that they can learn from them, and they make changes to stop the same sort of mistakes from happening again. The pharmacy team keeps people's information safe and team members understand their role in supporting vulnerable people.

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. The SOPs had an index and dividers, so that they were easy to refer to. Roles and responsibilities were highlighted within the SOPs.

A near miss recording tool was available and the dispenser involved was responsible for correcting their own error to ensure they learnt from the mistake. The superintendent (SI) explained that he made the dispenser aware of any mistakes and reviewed the near miss log on an ongoing basis. He 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 and the owner could be contacted for advice as part of the investigation. An additional summary form was kept for dispensing incidents to demonstrate what action had been taken to investigate the incident and what had been done as a result.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A dispenser correctly answered hypothetical questions related to responsible pharmacist absence and high-risk medicine sales.

The pharmacy's complaints process was explained in the SOPs and people could give feedback to the pharmacy team in several different ways; verbal, written or by using an online contact form. The pharmacy team members tried to resolve issues that were within their control and would involve the pharmacy manager, SI or owner if they could not reach a solution.

The pharmacy had up-to-date professional indemnity insurance. The Responsible Pharmacist (RP) notice was displayed, and the RP log met requirements. Controlled drug (CD) registers were in order and a random balance check matched the balance recorded in the register. Private prescription and specials records were seen to comply with requirements.

Confidential waste was stored separately from general waste and destroyed securely. The pharmacy team had their own NHS Smartcards and confirmed that passcodes were not shared. The RP had completed the Centre for Pharmacy Postgraduate Training (CPPE) on safeguarding and the details of local safeguarding bodies were available.

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 always 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 the superintendent (RP at the time of the inspection), pharmacy manager (dispensing assistant), three dispensing assistants, a level three apprentice, two medicines counter assistants, two trainee medicines counter assistants and two delivery drivers. Holidays were requested in advance and cover was provided by other staff members as required. The pharmacy manager prepared rotas in advance and sent a copy to each of the pharmacy team members.

Staffing levels were regularly reviewed, and two trainee medicines counter assistants had been recruited to provide additional cover. One of them had been enrolled on an accredited training course and the other was due to be enrolled once she had completed her probationary period. The level three apprentice went to college for a day every week during term time. Training was done in quieter periods and all of the trainees were on track with their coursework.

The 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. Members of the team discussed any pharmacy issues with their colleagues as they arose and held regular huddles within the dispensary during quieter times. Pharmacy staff were trained to deliver new services, such as COVID-19 vaccinations, in preparation for their launch to take some pressure from the pharmacists.

The pharmacy staff said that they could raise any concerns or suggestions with the pharmacy manager, SI or owner and explained that they were responsive to feedback. Performance reviews with the pharmacy manager and superintendent took place every year. The pharmacist was observed making himself available to discuss queries with people and giving advice when they handed out prescriptions. No targets were set for professional services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare services. The pharmacy team uses a consultation room for some services and if people want to have a conversation in private.

Inspector's evidence

The premises were smart in appearance and appeared to be well maintained. Any maintenance issues were reported to the pharmacy manager. The dispensary was large, and an efficient workflow was seen to be in place. Dispensing and checking activities took place on separate areas of the worktops. There was a private soundproof consultation room which was used by the pharmacists during the inspection. The consultation room was professional in appearance. The door to the consultation room remained locked when not in use to prevent unauthorised access. Prepared medicines were held securely within the dispensary and pharmacy medicines were stored behind the medicines counter, so sales were supervised.

The dispensary was clean and tidy with no slip or trip hazards evident. The pharmacy was cleaned by the pharmacy team, and this was recorded on a cleaning rota. The sinks in the dispensary and staff areas had hot and cold running water. Hand towels and hand soap were available. The pharmacy had air conditioning and the temperature felt comfortable during the inspection despite the outside temperature being unseasonably warm. The lighting was adequate 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. People receive advice about their medicines when collecting their prescriptions.

Inspector's evidence

The pharmacy had step free access from the surgery and a home delivery service was offered to people who could not easily access the pharmacy. There was a large car park shared with the surgery and the pharmacy opened extended hours to match the surgery opening times, plus Saturdays. The pharmacy staff referred people to local services when necessary. They used local knowledge and the internet to support signposting.

Items were dispensed into baskets to ensure prescriptions were not mixed up together. Different coloured baskets were used to prioritise certain prescriptions. Staff signed the dispensed and checked boxes on medicine labels, so there was a dispensing audit trail for prescriptions. Notes and stickers were attached to medication when there was additional counselling required or extra items to be added to the bag. The team were aware of the risks associated with the use of valproate during pregnancy, and the need for additional counselling. Patient cards and counselling materials were available. The delivery driver maintained electronic delivery records so that the pharmacy team could quickly see when a prescription had been delivered if there was a query.

Multi-compartment compliance packs were used to supply medicines for some patients. Prescriptions were ordered in advance to allow for any missing items to be queried with the surgery ahead of the intended date of supply. The pharmacy ordered the medicines that went inside the packs, and people contacted the pharmacy to order their external items to reduce wastage. A sample of dispensed compliance packs were seen to have been labelled with descriptions of medication and patient information leaflets (PILs) were sent with each supply. The dispensing assistant used a common-sense approach when talking to people about changes to compliance packs and did what was best for the patient. Compliance packs were checked three times, rather than the usual twice as an additional patient safety check. They were accuracy checked by a dispensing assistant during the assembly process, accuracy checked by the pharmacy manager once they had been completed and then clinically and accuracy checked by the pharmacist.

Date checking took place regularly and no out of date medication was seen during the inspection. There was a date checking record. 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 designated bins. Medicines were obtained from a range of licenced wholesalers and the pharmacy was alerted to drug recalls via emails from the MHRA. The CD cabinets were secure and a suitable size for the amount of stock held. Medicines were stored in an

organised manner inside. Fridge temperature records were maintained, and records showed that the pharmacy fridges were usually working within the required temperature range of 2°C and 8°Celsius.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. The team uses this equipment 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 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 were available. Separate measures were used for the preparation of methadone. Counting triangles were available. Computer screens were not visible to the public as members of the public could not access 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.