General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Barkat Pharmacy, 775 Stratford Road, Sparkhill, BIRMINGHAM, B11 4DG

Pharmacy reference: 1110907

Type of pharmacy: Community

Date of inspection: 28/02/2020

Pharmacy context

This is a community pharmacy located along the Stratford Road, in Sparkhill, Birmingham. The pharmacy serves a high population of South Asian people. It is open for 100 hours every week. The pharmacy dispenses NHS and private prescriptions. It delivers medicines to people. And it supplies multi-compartment compliance packs to people in their own homes if they find it difficult to manage their medicines.

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

Overall, the pharmacy operates in a satisfactory manner. The pharmacists are trained to protect the welfare of vulnerable people. They protect people's private information well. The pharmacy generally maintains its records in accordance with the law. And team members deal with their mistakes responsibly. But the pharmacy does not formally review its internal mistakes or always record enough detail about this. This makes it harder for members of the pharmacy team to spot patterns and help prevent the same things happening again.

Inspector's evidence

Most of the pharmacy's business was through prescriptions that were collected from the local surgeries or received electronically with very little walk-in trade seen. The pharmacy was relatively well organised. It held a range of documented standard operating procedures (SOPs) to support the provision of its services. The SOPs had been reviewed in 2018. The staff had read and signed them. The correct responsible pharmacist (RP) notice was on display and this provided details of the pharmacist in charge on the day.

The pharmacist explained that prescriptions were processed in batches after they had been downloaded. Stock was then ordered in and there were quiet periods during the day when they could be dispensed. One prescription at a time was processed and the RP ensured that he took a mental as well as a physical break in between processes when he self-assembled and self-checked prescriptions. There was documented information present about look-alike and sound-alike medicines to help highlight the risks associated. The pharmacists were routinely recording their near misses and the numbers seen were in line with the volume of services provided. The pharmacy had separated medicines that had been involved in mistakes. The superintendent pharmacist explained that the near misses were reviewed every few weeks and this was an informal process. However, there were no details being recorded about this. This limited the ability of the pharmacy to demonstrate whether any trends or patterns had been seen or any remedial activity that may have taken place in response to the mistakes.

Pharmacists handled incidents and their process was in line with the pharmacy's documented complaints procedure. This included recording details. According to both pharmacists, there had not been any recent incidents and there were no documented details about incidents seen. There was information on display about the pharmacy's complaints procedure so that people could easily raise concerns if required.

Both pharmacists had been trained to level two to safeguard the welfare of vulnerable people. This was through the Centre for Pharmacy Postgraduate Education (CPPE). There was an SOP to guide the team although no contact details or policy information for the local safeguarding agencies were present. This could lead to a delay in the appropriate response being taken in the event of a concern and the team was advised to remedy this going forward. The pharmacy segregated confidential waste before it was shredded. There was no confidential information left within areas that were accessible to members of the public. Sensitive details on dispensed prescriptions awaiting collection could not be seen from the retail space and a notice was on display to inform people about how their privacy was maintained. The pharmacists had accessed Summary Care Records for emergency supplies. They obtained verbal

consent from people to access this record and details were also documented to help verify this.

The pharmacy's records were largely compliant with statutory and best practice requirements. This included records about unlicensed medicines, private prescriptions, emergency supplies, the RP record in general and records for controlled drugs (CDs). There were occasional gaps within the electronic RP record where pharmacists had failed to record the time that their responsibility ceased, and occasional details in the headers were missing within a few registers for CDs. The pharmacy team checked the balances of CDs regularly. On checking a random selection of CDs, the quantities held, matched the balance entries within the corresponding registers. Records were present to verify that the minimum and maximum temperatures for the fridge had been checked every day. This helped ensure that temperature sensitive medicines had been appropriately stored. There were processes in place to record information about CDs that had been brought back by people and destroyed at the pharmacy. The pharmacy's professional indemnity insurance arrangements were in date and through the National Pharmacy Association (NPA).

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. This is in line with the volume of services that it provides.

Inspector's evidence

Both the regular pharmacists were seen. The RP was a locum pharmacist who provided cover over the weekend and the superintendent pharmacist who also regularly worked at the pharmacy, attended mid-way into the inspection. The RP explained that no formal targets had been set to complete services and the pharmacy only provided the Essential Services. The superintendent's brother delivered prescriptions and also dealt with admin. The inspector was told that he did not undertake any dispensing activities or sell medicines over-the-counter. The pharmacists completed their annual revalidation. They kept their knowledge up to date by completing modules from CPPE and used online resources from other pharmacy providers.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's premises provide an appropriate environment to deliver its services. The pharmacy is clean.

Inspector's evidence

The pharmacy premises consisted of a small-sized retail area, a medium-sized dispensary behind this and a small staff area at the very rear. The pharmacy was clean and clear of clutter. It was appropriately presented, suitably lit and ventilated. There was enough workspace available to safely carry out the pharmacy’s activities. Pharmacy (P) medicines were located behind the front medicines counter which helped prevent them from being self-selected. Although a sign-posted consultation room was present in the retail space, this was not currently being used by the team. One person at a time usually entered the pharmacy which meant that confidential conversations could still take place if required.

Principle 4 - Services ✔ Standards met

Summary findings

In general, the pharmacy provides its services in a safe manner. It is open for long hours. The team ensures the pharmacy's services are easily available to everyone. The pharmacy obtains its medicines from reputable sources. And it largely manages and stores them appropriately. The pharmacy's team members identify and make appropriate checks for people prescribed higher-risk medicines. But they don't always record any information about this. This could make it more difficult to verify that the appropriate advice has been provided when these medicines are supplied.

Inspector's evidence

The pharmacy was open for 100 hours every week. There was parking available for two cars outside the pharmacy's premises. This was useful for people using the pharmacy's service as the pharmacy was situated along a busy road, red route and shopping area. The pharmacy's opening hours and a few leaflets were on display. The latter provided information about other services. There was also documented information available that staff could use to signpost people to other providers of health. A small sofa was present that provided seating for people waiting for prescriptions. People could enter the pharmacy via a step at the front door. The RP explained that he attended people with wheelchairs or restricted mobility at the door. The team provided written communication for people who were partially deaf and physically assisted people who were visually impaired. The pharmacy was situated in an area with a large population of people from South Asia and staff could speak Punjabi, Urdu and Hindi. This helped them to easily converse with people whose first language was not English.

During the dispensing process, baskets were used to hold prescriptions and medicines. This helped to prevent the inadvertent transfer of items. A dispensing audit trail through a facility on generated labels was being used and this identified staff involvement in processes. Once dispensed, prescriptions awaiting collection were attached to bags. Fridge items and CDs (Schedules 2 to 4) were identified. Prescriptions with medicines owing were stored to one side and reconciled when stock arrived. Owing slips were provided upon hand-out.

The pharmacy supplied medicines in multi-compartment compliance packs for people who found it difficult to manage their medicines. Prescriptions for most people were ordered by the pharmacy and when they were received, details were cross-referenced against individual records for people and against records on the pharmacy system. This helped identify any changes or missing items. Queries were checked with the prescriber and audit trails were maintained to verify this. Compliance packs were not left unsealed overnight and all medicines were de-blistered into them with none left within their outer packaging. The pharmacy routinely provided patient information leaflets (PILs) and descriptions of the medicines supplied within the packs. Mid-cycle changes involved compliance packs being retrieved and new packs being supplied.

The pharmacy provided a delivery service and maintained records to verify when, where and to whom dispensed medicines had been supplied. CDs and fridge items were identified. Signatures were obtained from people upon receipt to verify that they had received their medicines. Failed deliveries were brought back to the pharmacy with a note left to inform people about the attempt made. The pharmacy did not leave medicines unattended.

The RP was aware of the risks associated with valproates and a poster was on display to further highlight this. According to the superintendent pharmacist, there had been no prescriptions seen for this medicine for females at risk. The pharmacy held the relevant, educational literature which could be provided upon supply of this medicine. People prescribed higher-risk medicines were identified and asked about relevant parameters. This included asking about their blood test results and for people prescribed warfarin, the team asked about the International Normalised Ratio (INR). The RP described counselling the latter when their INR levels had been unstable. However, there were no details being documented about this which could have helped verify that this process was taking place.

The pharmacy obtained its medicines and medical devices from licensed wholesalers such as DE Midlands, AAH and Alliance Healthcare. The pharmacy was in the process of being set up to comply with the European Falsified Medicines Directive (FMD), it was registered with SecurMed and equipment was present for the decommissioning process to take place. Medicines were stored in an organised manner. The RP described checking the expiry dates of medicines regularly. The team also checked the expiry date on the medicines when they arrived from the wholesalers. A schedule was in place to help verify when the date-checking process had taken place but there were occasional gaps within this. Short-dated medicines were identified, and stock was removed from the dispensary shelves if it was due to expire within the next six months. The pharmacy stored its CDs under safe custody. The key to the cabinet was maintained in a manner that prevented unauthorised access during the day and overnight.

There were no date-expired medicines or mixed batches seen although a few loose blisters and poorly labelled containers were present. One bottle of dispensed Physeptone that had not been collected and had expired was not as clearly segregated in the CD cabinet as it could have been. This was discussed at the time. Medicines were stored evenly and appropriately within the pharmacy fridge.
Medicines requiring disposal were stored within appropriate receptacles. People bringing back sharps for disposal were referred to another pharmacy who could accept them and there was a register available to record details about CDs that had been returned for destruction. The latter was blank with no details recorded. Both pharmacists stated that no-one had brought back any CDs to be disposed of. Drug alerts were initially only received via the pharmacist's personal emails. After discussing this at the time, the pharmacy subscribed to the alerts from the Medicines and Healthcare products Regulatory Agency during the inspection. Once the safety alerts were received, the RP checked for stock and acted as necessary. There was an audit trail available to verify that this process had taken place.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has an appropriate range of equipment and facilities. This helps to ensure its services can be provided safely.

Inspector's evidence

The pharmacy held current versions of reference sources and necessary equipment. This included counting triangles, a fridge that was operating at the appropriate temperature, a legally compliant CD cabinet and standardised conical measures for liquid medicines. The latter included separate ones for measuring methadone and antibiotics. The sole computer terminal in the dispensary was positioned in a way that prevented unauthorised access. There were cordless phones present which meant that conversations could take place in private if required. The dispensary sink for reconstituting medicines could have been cleaner. There was hot and cold running water available as well as hand wash present. A shredder was available to dispose of confidential waste. The pharmacists used their own NHS smart cards to access electronic prescriptions and usually 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.