

Registered pharmacy inspection report

Pharmacy Name: Noor Pharmacy, 72 Golden Hillock Road, Small Heath, BIRMINGHAM, B10 0LG

Pharmacy reference: 1115185

Type of pharmacy: Community

Date of inspection: 18/01/2023

Pharmacy context

This community pharmacy is located in the Small Heath area of Birmingham. The pharmacy is open extended hours over seven days. 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 some other NHS funded services. Complementary therapies and an optician service are also available.

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

The pharmacy 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 discuss 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. The SOPs had been written by the pharmacist owner, and they were reviewed and updated at regular intervals. Signature sheets were used to record staff training and roles and responsibilities were highlighted within the SOPs. The pharmacy had recently reviewed and updated various policies and procedures in preparation for a contract monitoring visit by NHS England.

Near miss logs were available. Near misses were discussed with the dispenser involved at the time to ensure they learnt from the mistake. The pharmacy team members reflected on the reasons for the mistake and some medicines in the dispensary had been separated to reduce the chances of them being selected in error. The near miss logs were reviewed by the owner; however, these reviews were infrequent and sometimes took place several months after the errors happened, so there was a risk that additional learning opportunities may be delayed. There was an SOP for dealing with dispensing errors and an example of an investigation was discussed.

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

The pharmacy's complaints process was explained in the SOPs. People could give feedback to the pharmacy team in several different ways; verbal, written and online. The pharmacy team tried to resolve issues that were within their control and would involve the owner if they could not reach a solution.

The pharmacy had up-to-date professional indemnity insurance. The Responsible Pharmacist (RP) notice was clearly displayed but the incorrect pharmacists' details were on the notice. This was promptly rectified by the RP. The RP log met requirements. Controlled drug (CD) registers were generally in order and random balance checks matched the balances recorded in the register. Patient returned CDs were recorded in a register. Private prescription records were seen to comply with requirements, and specials records were maintained with an audit trail from source to supply. Home delivery records were kept.

Confidential waste was stored separately from general waste and destroyed securely. The pharmacy team had their own NHS Smartcards. The pharmacy professionals working at the pharmacy had completed the Centre for Pharmacy Postgraduate Training (CPPE) on safeguarding, and the pharmacy

team understood what safeguarding meant. A dispenser gave examples of types of concerns that he may come across and described what action that he would take.

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 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 pharmacist owner, a trainee pharmacist, a pharmacy technician, a level 2 apprentice, a medicine counter assistant, and a home delivery driver. Locum pharmacists were booked to cover the hours that the pharmacist owner did not work. Some of the team members worked flexibly to cover shifts if requested by the owner. Holidays were requested in advance and cover was provided by other team members as required. The owner regularly reviewed staffing levels and despite two members of the team being absent on the morning of the inspection, the pharmacy team were able to effectively manage the workload.

The pharmacy 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. The pharmacy staff said that they could raise any concerns or suggestions with the pharmacist owner and felt that they were responsive to feedback. Team members said that they would contact the GPhC if they ever felt unable to raise an issue internally. The pharmacist was observed making himself available throughout the inspection to discuss queries with people and giving advice when he handed out prescriptions, or with people on the telephone.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy generally provides a suitable environment for people to receive healthcare services. The pharmacy team uses a consultation room for some of its services and if people want to have a conversation in private. Some areas of the pharmacy are less well maintained or unclean.

Inspector's evidence

The public facing part of the premises were generally smart in appearance and appeared to be well maintained. Any maintenance issues were reported to the owner who either contacted the building owner or local contractors dependent on the issue. There had been an issue with the staff toilet facilities which had been reported to the building owner and this meant that the pharmacy did not have a working toilet and staff had to use public facilities nearby. Some areas of the pharmacy, for example, the bathroom and stock room are less well maintained or unclean which lessened the professional image and the overall working environment.

The dispensary was an adequate size for the services provided. Dispensing and checking activities took place on separate areas of the worktops, however, there was not much clear worktop space available due to the number of part-completed prescriptions in baskets and paperwork. And the premises was cluttered and unclean in places.

There was a private soundproof consultation room which was equipped with a couch and opticians' equipment. The consultation room was professional in appearance. The door to the consultation room remained closed when not in use to prevent unauthorised access. The optician used the room on a part time basis, and this restricted the pharmacy services that were available at that time. Prepared medicines were held securely within the dispensary and pharmacy medicines were stored behind the medicines counter, so sales were supervised.

The pharmacy had portable heaters and the temperature felt cool during the inspection which meant the pharmacy team, including the pharmacist, worked wearing their outdoor coats. 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.

Inspector's evidence

The pharmacy had step free access from the pavement and a home delivery service was available for patients who could not visit the pharmacy. The pharmacy held a 100-hour NHS contract, so pharmacy services were available in the evenings and at weekends. A range of health promotion leaflets were available and pharmacy staff used local knowledge and the internet to support signposting. Staff could communicate with patients by speaking English, Punjabi, and Urdu.

Items were dispensed into baskets to ensure prescriptions were not mixed up together. Staff signed the dispensed and checked boxes on medicine labels, so there was a dispensing audit trail for prescriptions. Notes were attached to prescriptions 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.

Date checking took place regularly and no out of date medication was seen during the inspection. Medicines were stored in an organised manner on the dispensary shelves. Medicines were 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 a designated area. Medicines were obtained from a range of licenced wholesalers and the pharmacy was alerted to drug recalls via emails from the MHRA.

The controlled drug 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 team 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. Clean, crown stamped measures were available. Computer screens were not visible to members of the public as they 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.