

Registered pharmacy inspection report

Pharmacy Name: A.Karim's-Chuckery Pharmacy, 7-9 Kinnerley Street,
WALSALL, WS1 2LD

Pharmacy reference: 1115567

Type of pharmacy: Community

Date of inspection: 05/12/2019

Pharmacy context

This is a community pharmacy located in a residential area on the outskirts of Walsall town centre. The pharmacy is open extended hours over seven days. People using the pharmacy are from the local community and a home delivery service is available. The pharmacy dispenses NHS prescriptions, but it does not currently provide any other NHS funded services. The pharmacy team dispenses medicines into weekly packs for people to help make sure they take them at the right time and it provides services to care homes.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.6	Standard not met	The RP log is not properly maintained and CD record keeping is inaccurate.
		1.7	Standard not met	Confidential waste is not disposed of appropriately and confidential information is not always stored securely within the pharmacy.
2. Staff	Standards not all met	2.1	Standard not met	Pharmacy staff work in the dispensary without the appropriate training or qualifications for that role.
3. Premises	Standards not all met	3.1	Standard not met	The pharmacy does not have hot running water or heating as the boiler had broken. The office area is unclean and the public toilet is unhygienic.
4. Services, including medicines management	Standards not all met	4.3	Standard not met	Medicines are not always secured to prevent unauthorised access and CD discrepancies are not investigated promptly.
5. Equipment and facilities	Standards met	N/A	N/A	N/A



Principle 1 - Governance Standards not all met

Summary findings

The pharmacy doesn't identify and manage its risks adequately. The pharmacy's procedures are not always effectively followed which introduces unnecessary risks. The pharmacy team members understand what they are responsible for, but they do not necessarily learn from their mistakes. Record keeping is lacking and the pharmacy does not adequately protect people's personal information or dispose of it safely.

Inspector's evidence

The pharmacy changed ownership on May 2018. The superintendent (SI) and sole director of the company worked at the pharmacy regularly as the responsible pharmacist (RP). The pharmacy had a 100-hours a week NHS contract and locum pharmacists were booked to provide cover when the SI was not working.

A range of standard operating procedures (SOPs) were in place which covered the operational activities of the pharmacy and the services provided. SOPs had been reviewed in August 2016 by the previous SI. They were marked as being due for review in August 2018, but there was no evidence that the current SI had reviewed the SOPs to ensure they reflected current procedures, and there was evidence that SOPs were not being followed. For example, controlled drug (CD) balance checks and near miss reviews were not being completed as indicated in the SOPs. Signature sheets were used to record staff training on the SOPs. Roles and responsibilities of staff were highlighted within the SOPs.

A near miss log book was available and the dispenser involved was responsible for correcting their own error to ensure they learnt from the mistake. There were very few near misses recorded in the book. The month had been written at the top of each page and most pages were blank. There was no evidence that the near misses had recently been reviewed for patterns and trends. This suggested that not all near misses were recorded which meant that patterns and trends may not be evident, so some learning opportunities may be missed.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A member of staff answered questions related to medicine sales and responsible pharmacist (RP) absence correctly. In the absence of the SI, the pharmacy team were unable to answer some of the inspection questions in detail or locate various paperwork or documents.

The pharmacy had professional indemnity insurance in place. The RP notice was clearly displayed. But there were some issues with the RP log, such as missing entries, crossings out, illegible entries and entries that appeared to have been entered after the event (not contemporaneous). Regular CD balance checks were not carried out regularly and records indicated that when discrepancies were identified, they were not investigated promptly. A patient returned CD register was used. A sample of private



prescription records were seen to comply with the requirements.

During the inspection, confidential waste was stored separately to normal waste and shredded for destruction. A bin-bag containing confidential information was seen in the general waste bin in the shared garden. The consultation room door was left open and completed prescription bags were stored in tote boxes on the floor. The consultation room door was not clearly visible from the dispensary so unauthorised persons could potentially access this information without the team's knowledge. The SI's NHS Smartcard had been left in the pharmacy computer terminal with the passcode written on it, so smartcards were not always properly secured when not in use.



Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy has enough team members to manage the current workload and the services that it provides. But pharmacist cover is sometimes poorly planned which means that the pharmacy does not always open for its advertised opening times. Some team members that do not have appropriate training for tasks they undertake, so they might not always work effectively.

Inspector's evidence

The pharmacy team comprised of the SI, locum pharmacists, pharmacy technician, dispensing assistant, apprentice and trainee medicine counter assistant. The delivery driver had recently resigned, and deliveries were being undertaken by other members of the team in the interim. The trainee medicine counter assistant explained that she had fallen behind with her course and how she often completed dispensary tasks. These tasks included putting stock from the wholesaler away, dispensing prescriptions and assembling multi-compartment compliance packs. But she had not been enrolled on a dispensing assistant course which would enable her to work in the dispensary.

Requests for annual leave were made at least two months in advance. The SI asked staff to change their hours or work additional hours when required to cover holiday. The SI planned the pharmacist's rota and booked locum pharmacists to cover the hours that he did not work. The pharmacist rota was not displayed or available to the team, so they were often unsure which pharmacist was supposed to be on duty. There was a gap in the RP log for the evening shift prior to the inspection and the team did not know who the pharmacist was. They also explained that the SI had altered his hours at short notice, so they would sometimes be working with a locum when they expected him to be there. This caused some practical issues and the pharmacy had opened two hours later than advertised on the day of the inspection as a locum pharmacist had been booked without the team's knowledge, which meant they did not have shop keys to open the premises.

The team worked well together during the inspection and were observed helping each other. Pharmacy staff had regular discussions in the dispensary to communicate messages and updates. The pharmacy staff said that they could discuss any ideas, concerns or suggestions with the SI and gave some examples of concerns they had raised. The team were unsure of the process to follow if their concerns were not responded to appropriately and were reminded that contacting the GPhC was an option. The team appeared concerned that the standards in the pharmacy had dropped. Locum pharmacists had left messages for the SI and these had not been acted upon promptly either. For example, a pharmacist had identified a CD discrepancy in September 2019 and this had not been investigated in December 2019, despite NHS England also identifying concerns with controlled drug management in November 2019.



Principle 3 - Premises Standards not all met

Summary findings

The pharmacy is generally smart in appearance. But some rear areas of the pharmacy and public toilet are less well maintained and unclean. The pharmacy has a consultation room, so people have access to a private area for confidential discussions, but the team use it for storage purposes which presents a security risk and detracts from the professional image.

Inspector's evidence

The pharmacy was generally smart in appearance and appeared to be well maintained. Any maintenance issues were reported to the SI. The dispensary was an adequate size for the services provided and an efficient workflow was seen to be in place. Dispensing and checking activities took place on separate areas of the worktops. Multi-compartment compliance packs were dispensed in a separate room.

The pharmacy was cleaned by pharmacy staff and was generally clean and tidy with no slip or trip hazards evident. The back office had a strong smell of tobacco as there was an ash tray and cigarette butts in it. The SI provided assurance that he did not smoke in the office but did smoke outside and bring the cigarettes butts inside for convenience. There were half-eaten fast-food containers on the shelf in the office. The boiler was not working, and only cold running water was available at any of the sinks. The entrance to the staff bathroom was blocked so staff used the customer bathroom on the shop floor. The bathroom did not have a bin so used hand towels were stacked next to the sink.

The pharmacy was heated using portable heaters and felt cool during the inspection. This may improve when the boiler is fixed. Lighting was suitable for the services provided.

There was a private consultation room which was signposted to patients. The consultation room did contain some confidential information, prescription bags and a pharmacy fridge which should have restricted access.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy generally supplies medicines safely and people receive appropriate advice about their medicines when collecting their prescriptions. The pharmacy gets its medicines from licensed suppliers and the team makes some checks to make they are safe to use. But it does not store all of its medicines securely and some high-risk medicines are not managed appropriately.

Inspector's evidence

The pharmacy had step free access from the pavement and a home delivery service was in operation for people who could not access the pharmacy. Pharmacy staff spoke a range of different languages and used these to communicate with people that did not speak English as their first language. The languages spoken were English, Urdu, Punjabi, Mirpuri and Hindi. A range of health promotion leaflets were available and posters signposted people services available locally. The pharmacy staff referred people to local services, such as smoking cessation services, when necessary. The pharmacy staff used local knowledge and the internet to support signposting. The pharmacy had a practice leaflet available containing information such as the complaints procedure and the services available, but some of the details needed updating.

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. Stickers or notes were attached to completed prescriptions to assist counselling and hand-out messages, such as specific counselling or inclusion of a fridge item. The RP (locum) was aware of the MHRA and GPhC alerts about valproate.

Multi-compartment compliance packs were supplied to people in the community and to two care homes. Prescriptions were requested from the surgeries in advance to allow for any missing items to be queried with the surgery ahead of the intended date of collection or delivery. A sample of dispensed compliance packs were seen to have been labelled with descriptions of medication and included an audit trail for who had been involved in the dispensing and checking process. Patient information leaflets were sent regularly.

A prescription collection service was in operation. The pharmacy had audit trails in place for the prescription collection service and prescriptions collected were routinely checked against requests and discrepancies followed up. The pharmacy offered several different options depending on what the person preferred. The expected prescription list was checked in advance and any missing items were queried ahead of the supply date.

No out of date stock was seen during the inspection. Medicines were obtained from a range of licenced



wholesalers. Medicines were stored in an organised manner on the dispensary shelves. But some medicines were not being stored in their original packaging and did not have the batch number or expiry date on. Split liquid medicines with limited stability once opened were marked with a date of opening. Patient returned medicines were stored separately from stock medicines in designated bins.

The CD cabinet was secure and reaching capacity due to the amount of out of date CDs that required destruction. Medicines were stored in an organised manner inside. Secure procedures for storing the CD keys during the day were in place. But several CD discrepancies were noted, and patient returned CDs were not handled appropriately. There was a medical fridge used to hold stock and assembled medicines. The medicines in the fridge were stored in an organised manner. Fridge temperature records were maintained, and records showed that the pharmacy fridge was working within the required temperature range of 2°C and 8°Celsius. Assembled prescriptions and the medicine fridge were kept in the unlocked consultation room, so they were potentially accessible to unauthorised persons.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy had 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 preparation of methadone. Screens were not visible to the public as members of the public were excluded from 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?

✓ 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.