

# 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:** 15/04/2021

## 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 who use 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. The inspection was completed during the COVID-19 pandemic.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	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. It is responsive to feedback and uses this to make improvements. Members of the pharmacy team follow written procedures to make sure they work safely and complete tasks in the right way. They are made aware of their mistakes so that they can learn from them.

### Inspector's evidence

A range of standard operating procedures (SOPs) were in place which covered the operational activities of the pharmacy and the services provided. The Superintendent Pharmacist (SI) had reflected on feedback from the previous GPhC inspection and had commissioned a bespoke intranet system to be designed to hold SOP's, SOP training records, controlled drug registers, prescription collection service records and allocate tasks to pharmacy staff, as well as various other functions. The SI worked closely with the developer and the system could be modified when required. For example, the system had been updated to include lateral flow test results and record staff and visitor temperature checks. The SI could access the system remotely to ensure tasks had been completed in his absence and that appropriate records had been made. In addition, he could audit SOP training and use this to allocate training time if there were outstanding SOPs to be read.

A near miss record 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. 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. A trainee dispensing assistant explained that he was made aware of any mistakes that he had made and gave some examples of his own near misses and how he used this knowledge to try and not make the same mistake again. 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.

COVID-19 risk assessments had been carried out for members of the team and PPE was available and was being worn by team members. Some coronavirus information was displayed in the shop and on the front door, this was written in English. The SI was signposted to the NHS website where the information had been translated into a number of different languages. Team members carried out lateral flow tests were carried out twice a week and temperature checking was carried out before each shift. Results were recorded on the intranet.

The pharmacy had up-to-date professional indemnity insurance in place. The Responsible Pharmacist (RP) notice was displayed and the RP log complied with requirements. Controlled drug (CD) registers were in order and two random balance checks corresponded with the balances recorded in the register.

Confidential waste was stored separately from general waste and shredded. The pharmacy team had their own NHS Smartcards and removed them from the terminals when they were not on duty. The SI had completed Centre for Pharmacy Postgraduate Training (CPPE) on safeguarding and gave an example of how he had supported a patient with mental health concerns throughout the pandemic.

## 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 staff cover to provide the services. The team members work well together in a supportive environment and they can raise concerns and make suggestions.

### Inspector's evidence

The pharmacy team comprised of the SI, locum pharmacists, a pharmacy manager (dispensing assistant), a pharmacy technician, an apprentice and a delivery driver. The apprentice was enrolled on a non-pharmacy related apprenticeship at a local college and was also enrolled on a dispensing assistant course.

Requests for annual leave were made at least one month in advance, however, the SI and pharmacy manager were more flexible about annual leave due to the pandemic. The SI and pharmacy manager asked staff to change their hours or work additional hours when required to cover holiday. The SI and pharmacy manager planned the pharmacist's rota and booked locum pharmacists to cover the extra hours that he did not work. The pharmacy held a 100-hour NHS contract and there were some regular pharmacists who covered the hours that the SI did not work.

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 SI could allocate tasks to team members to ensure jobs were done in his absence. They explained that they checked the intranet to see if they had been allocated any additional tasks for the day. Team members were offered incentives if they completed additional tasks promptly. The pharmacy staff said that they could discuss any ideas, concerns or suggestions with the SI and gave some examples of ideas they had considered.

## Principle 3 - Premises ✓ Standards met

### Summary findings

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

### Inspector's evidence

The pharmacy was 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.

Some COVID-19 signage had been produced to explain the social distancing measures. Perspex screens had been installed between the shop area and the medicines counter. A member of the public was seen to enter the pharmacy without wearing a face covering and was politely offered a face mask by a member of the team before being helped with her request. The consultation room was professional in appearance and the door to the consultation room remained closed when not in use to prevent unauthorised access. Prepared medicines were held securely within the pharmacy premises and pharmacy medicines were stored behind the medicines counter.

The pharmacy was cleaned by pharmacy staff and was generally clean and tidy with no slip or trip hazards evident. The main boiler was not working, and only cold running water was available at all but one of the sinks. There was one sink with hot water, so this was used for handwashing and cleaning. The entrance to the staff bathroom had been blocked off by the landlord due to a leak, so staff used the customer bathroom on the shop floor.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy manages its services and supplies medicines safely. It gets its medicines from licensed suppliers, and it stores them securely and at the correct temperature, so they are safe to use. People receive advice about their medicines when collecting their prescriptions to help make sure they use them properly.

### Inspector's evidence

The pharmacy had step free access from the pavement and a home delivery service was offered to people who could not easily 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, Hindi, Italian and Spanish. 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.

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 SI was partially aware of the MHRA and GPhC alerts about valproate, however, he could not locate the associated counselling material.

Multi-compartment compliance packs were supplied to people in the community and to some small 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 with the packs.

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 and what the surgery allowed. The expected prescription list was checked in advance and any missing items were queried ahead of the supply date. The pharmacy telephoned every patient prior to ordering their prescription to check what they required and to ensure medicines were not ordered before they were needed. Some local surgeries did not allow the pharmacy to order on people's behalf, so the pharmacy's bespoke computer system tracked any anomalies and contacted the person to prompt them to make a request, and transferred them to the prescription ordering helpline at the surgery if they did need to place an order.

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. 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 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. The ambient room temperature was monitored and recorded.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services safely. And the team uses in a way that keeps people's information safe.

### 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 the preparation of methadone. Counting triangles were available. Computer 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?

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.