

Registered pharmacy inspection report

Pharmacy Name: Nishkam Pharmacy, 21 Soho Road, BIRMINGHAM,
B21 9SN

Pharmacy reference: 1116506

Type of pharmacy: Community

Date of inspection: 28/01/2020

Pharmacy context

This is a busy community pharmacy located within Nishkam Healthcare Centre on the Soho Road in Handsworth, Birmingham. The pharmacy is part of Nishkam Healthcare Trust charity and is a not-for-profit organisation promoting self-help and community participation. People using the pharmacy are from the local community and there is a strong focus on health promotion and pharmacy services. The pharmacy dispenses NHS prescriptions and provides various other NHS funded services and it participates in health promotion activity and holds regular events. The pharmacy team supplies some medicines in weekly packs for people that can sometimes forget to take their medicines and it dispenses prescriptions for local care homes.

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	4.1	Excellent practice	The pharmacy offers and proactively delivers a wide-range of NHS commissioned and locally designed services that they have demonstrated to improve the health and wellbeing of the local community. The pharmacy works with a number of local and national partners to offer health promotion activity.
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 are responsive to feedback and uses this to make improvements.

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. SOPs had been prepared and were reviewed by the superintendent (SI) every two years, or more often if required. Signature sheets were used to record staff training and staff read and signed SOPs relevant to their job role. Roles and responsibilities of pharmacy staff were highlighted within the SOPs.

A near miss log was used and the dispenser involved was responsible for correcting their own error to ensure they learnt from the mistake. A pre-registration trainee explained that each near miss was discussed at the time to see if there were any reasons for the near miss, and it was used as a learning opportunity and shared with other members of the team. The near miss log was reviewed for patterns and trends every three months and discussed with the team to identify any learning opportunities. Various medicines were separated to reduce the risk of them being selected in error. The near miss SOP stated that the log should be reviewed every month and the responsible pharmacist (RP) agreed to increase the frequency of the review in accordance with the SOP. Dispensing errors were recorded using a template form and reported to the SI. An example of a previous dispensing error was discussed, and the RP explained how the stock layout had been changed to reduce the risk of a similar error occurring in the future, and the team members involved in the error had been informed so that they could reflect on their practice.

Members of the team were knowledgeable about their roles and discussed these during the inspection. A member of staff explained the additional checks that were made when a member of the public requested over-the-counter high-risk medicines such as co-codamol. A dispensing assistant answered questions related to RP absence incorrectly. The RP offered to give the dispensing assistant refresher training following the inspection.

A complaints procedure was in place. A poster was displayed which explained how people could give feedback. People could give feedback to the pharmacy team in several different ways; verbal, written, NHS website and using the annual NHS CPPQ survey. The pharmacy team tried to resolve any issues raised that were within their control and made improvements based on feedback received. Nishkam Healthcare Trust worked within the community to identify healthcare needs and new services were designed to support these needs.

The pharmacy had up-to-date professional indemnity insurance arrangements in place. The Responsible Pharmacist (RP) notice was displayed and the RP log complied with requirements. Controlled drug (CD) registers also complied with requirements. A regular CD balance check took place and was documented in the CD register. A random balance check matched the balance recorded in the register. The balance

check for methadone was done every week and the manufacturer's overage was added to the running balance. A patient returned CD destruction register was used. Private prescriptions were recorded electronically, and records were in order. Specials records were maintained with an audit trail from source to supply. Medicines Use Review (MUR) and New Medicine Service consent forms were signed by the patient. Home delivery records were signed by the recipient as proof of delivery.

Confidential waste was stored separately to normal waste and shredded. There was an information governance policy which had been signed by the pharmacy team members. Computers were password protected. The pharmacy team used individual NHS Smartcards to access patient data and did not share passcodes. The RP gained verbal consent for NHS Summary Care Record (SCR) access and recorded the reason for accessing the record on the PMR. Pharmacy staff answered hypothetical safeguarding questions correctly and had completed safeguarding training. Local safeguarding contacts were available. The pharmacists had completed the Centre for Pharmacy Postgraduate (CPPE) training package on safeguarding.

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 they always have enough cover to provide the services. They work well together in a supportive environment and can raise concerns and make suggestions.

Inspector's evidence

The pharmacy team comprised of a lead pharmacist (RP at the time of the inspection), an additional full-time pharmacist, two part-time pharmacists, two pre-registration trainees, three dispensing assistants, a trainee dispensing assistant, a L3 pharmacy apprentice, a pharmacy student, a work experience student (college) and delivery drivers. The pharmacy held a 100-hour NHS contract and the pharmacists worked alternate shifts to cover the early morning and the late night. The RP thought that the current staffing level was sufficient to manage the volume of work and the workload was managed well during the inspection.

Holidays were booked in advance and to ensure there was enough cover available. The RP co-ordinated the holiday requests and changed the rotas in advance, and asked staff to change their shifts or work overtime to manage any gaps in the schedule. Various tasks were delegated to team members and they became the 'lead' for that task. Part of the role of being a lead included training other team members on that task so that they could support with that task.

The team had annual appraisals with the lead pharmacist and pre-registration trainees had reviews in accordance with the GPhC requirements. Staff had completed e-Learning modules and some face-to-face training sessions on topics such as dementia and first aid. Pre-registration trainees had regular training time and attended external training events.

The team worked well together during the inspection and were observed helping each other and moving onto the front counter when there was a queue. As the pharmacy team worked closely together on a daily basis, they discussed any near misses, incidents and pharmacy issues on a regular basis within the dispensary rather than at a formal meeting. The team had a group WhatsApp group where they shared messages and communications. The pharmacy staff said that they could raise any concerns or suggestions with the pharmacists or the SI. The RP was observed making himself available to discuss queries with people and giving advice when he handed out prescriptions and on the telephone. Targets were in place for services and the RP explained that he would use his professional judgement to offer services, such as MUR's, when he felt that they were appropriate for the person.

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 well-equipped consultation rooms for 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 pharmacists or building manager. Prepared medicines were held securely within the pharmacy premises and pharmacy medicines were stored behind the medicines counter. The pharmacy was within a healthcare centre and there were multiple, well-equipped consultation rooms that could be used by the pharmacist and other healthcare service providers. The doors to the consultation rooms remained locked when not in use to prevent unauthorised access.

The dispensary was an ample 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. A large room was used for dispensing compliance packs and care homes. The front dispensary was used for dispensing walk-in prescriptions and repeat prescriptions. There was a cellar which was used to store consumables.

The dispensary was clean and tidy with no slip or trip hazards evident. The dispensary and healthcare centre were cleaned by a cleaner and additional cleaning was carried out by the pharmacy team. The sinks in the dispensary and staff areas had hot and cold running water, hand towels and hand soap were available. The pharmacy had an air conditioning system which heated and cooled the pharmacy. The system regulated the air temperature to ensure it was within a suitable and comfortable range.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a wide range of healthcare services that have been designed to meet the needs of the local community and the team proactively offers these services. It works in partnership to develop new services and monitors whether the services benefit the people that use them. It manages its services and supplies medicines safely. It gets its medicines from licensed suppliers and stores them securely and at the right temperature, so they are safe to use. The pharmacy team supports people that may forget to take their medicines by providing them in weekly compliance packs, and it has well managed systems in place to dispense these.

Inspector's evidence

The pharmacy had two entrances and a portable ramp. There was a large free car park to the rear of the pharmacy. The pharmacy opened for longer hours than many other pharmacies in the area, including late nights, and Saturday and Sunday. Pharmacy staff could communicate with people in English, Punjabi, Urdu, Bengali and Hindi. Google Translate was used for any other languages. A home delivery service was available for people that could not easily access the pharmacy. A range of pharmacy leaflets explaining each of the services was available for customers. The pharmacy staff used local knowledge and the internet to refer people to other providers of services that the pharmacy did not offer. The pharmacy leaflet was written in English, Punjabi, Urdu and Arabic.

There were a wide range of services and health promotion activities offered by the pharmacy and healthcare centre and high levels of public participation in the services was seen. Some examples of services delivered specifically by the pharmacy team included; a busy minor ailment scheme as local surgeries have been encouraged to refer people presenting with various conditions to the pharmacy, a substance misuse service, including needle exchange, seasonal 'flu vaccinations, NHS New Medicine Service, NHS Medicines Use Reviews, and regular NHS Community Pharmacist Consultation Service (CPCS) consultations due to the extended opening hours. The pharmacy team had identified that there was a local need for sexual health services, so the pharmacy had submitted a tender with the local commissioners to offer a new service that was over and above the normal level seen in pharmacy (Umbrella tier 3). The pharmacy was part of the Nishkam Healthcare Trust charity and had opened in 2014 using funding raised through other Nishkam subsidiaries.

The pharmacy and the healthcare centre ran various joint events to support the community. Many of the healthcare professionals that supported the health promotion events did this on a voluntary basis. The latest health promotion event that was being advertised and actively promoted by the pharmacy was a 'GP walk and talk' that took place on a Saturday morning. This was open to anyone and allowed people to discuss their healthcare questions either in a group or in private with a GP and then go for a walk to continue the discussion. The lead pharmacist also attended the walk and talk events and gave advice on pharmacy related queries. The pharmacy and healthcare centre were developing a service where they could screen for genetic predisposition to tuberculosis. They had identified that this could have a positive impact on the health of the local community and be a long-term cost saving to the NHS. A study had been undertaken to assess the demographic of the Handsworth area and the comparison of the community's health compared to other areas of Birmingham. Some of the findings were; in nearly 20% of households, no-one over the age of 16 speaks English, there is a high instance of

preventable respiratory illness, type 2 diabetes and alcohol related admissions.

Nishkam Healthcare Trust published an overview of activities and services. Within the booklet, some of the health outcomes of the services provided by the Trust were explained by using data and comments from service users. The outcome of a 12-month healthy lives pilot study was explained and showed a 17% decrease in monthly GP prescribing cost, 30% decrease in people seeing their GP and a 63% increase in people's self-reported wellness. The pharmacy had partnerships with 'Change, Grow, Live' and Diabetes UK. The pharmacy is a Healthy Living Pharmacy and works with local schools and care homes to deliver health promotion.

As a not-for-profit organisation, any profits made from services are used to improve the services available for people in the community. The Nishkam Healthcare Trust now has a pharmacy, dental service, foot care service and emotional wellbeing service. The Nishkam Healthcare Trust is part of the Nishkam Group of Charitable Organisations and these included Nishkam Civic Association, Nishkam Schools Trust and Nishkam Nursery.

Dispensing processes were well organised. Items were dispensed into baskets to ensure prescriptions were not mixed up together. Different coloured baskets were used to prioritise workload. 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 eligibility for a service, specific counselling or fridge item. The RP was aware of the MHRA and GPhC alerts about valproate and had counselling information available. Various audits had taken place, including a valproate audit.

Multi-compartment compliance packs were dispensed for people in the community. Prescriptions were ordered in advance to allow for any missing items or prescription changes to be queried with the surgery ahead of the intended date of supply. The pharmacy ordered medication to be dispensed into the tray and the person usually ordered their external items to avoid over-ordering. Each person had a record sheet to log where they wanted each medicine packed and which external items they required. A sample of dispensed compliance packs were seen to have been labelled with descriptions of medication, and an audit trail for who had been involved in the dispensing and checking process. The RP had accepted all requests for compliance packs after gathering some information from the person about their prescriptions, the pharmacy did not have a formal suitability assessment to complete with new requests.

Monthly and acute prescriptions were provided to some local care homes. Audit trails were in place for each of the homes and the process for ordering, dispensing and delivering was explained. Members of staff were assigned to different tasks and they had been trained so they could undertake each task to provide contingency cover.

A prescription collection service was in operation. Different options were available based on what the person wanted and what the surgery allowed. The pharmacy had audit trails in place for this service and prescriptions collected were routinely checked against requests and discrepancies followed up.

Medicines were stored in an organised manner on the dispensary shelves. All medicines were stored in their original packaging. Medicines were obtained from a range of licensed wholesalers and a specials manufacturer. Split liquid medicines with limited stability once opened were marked with a date of opening. The dispensary was date checked every three months and short dated products were marked. The pharmacy team were aware of the Falsified Medicines Directive (FMD) requirements and whilst their system was working, the team did not use it all of the time as they'd experienced problems with products not being in the data base. Patient returned medicines were stored separately from stock medicines in designated bins. The pharmacy received MHRA drug alerts by email from gov.uk and

printed, annotated and filed the recalls once actioned.

The CD cabinet was secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. Secure procedures for storing the CD keys were in place. Substance misuse prescriptions were dispensed in advance of the patient coming to collect them. This reduced work load pressure and the risk of dispensing incorrect doses when the patient came to collect the prescription. Assembled substance misuse prescriptions were stored in the CD cabinet. There was a medical fridge used to hold stock medicines and assembled medicines. Assembled medicines were held in clear bags for easy identification. The medicines in the fridge were stored in an organised manner. Fridge temperature records were maintained, and records showed that the pharmacy fridges were 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 services safely. The pharmacy team stores and uses the equipment 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 available for preparation of methadone. Counting triangles were available. There was a separate, marked triangle used for cytotoxic medicines. Portable appliance testing (PAT) testing appeared to be overdue as the stickers stated that a test was due in January 2018. Several electrical items did not have a PAT test sticker on. 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.