

Registered pharmacy inspection report

Pharmacy Name: Greet Pharmacy, 113 Percy Road, BIRMINGHAM,
B11 3NQ

Pharmacy reference: 1119149

Type of pharmacy: Community

Date of inspection: 11/11/2021

Pharmacy context

This is an independently-owned community pharmacy situated in Sparkhill, Birmingham. It dispenses NHS prescriptions, sells a range of over-the-counter medicines, offers seasonal influenza vaccination service and it supplies medicines in multi-compartment compliance packs to people who need assistance in managing medicines at home. And it currently has one person receiving substance misuse treatment. The pharmacy was very recently approved to deliver the COVID-19 vaccination service. But it was yet to commence this service. This inspection was undertaken during the COVID-19 pandemic.

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 manages risks appropriately to help ensure its services are delivered safely and effectively. It has procedures in place for the services it offers. And it generally keeps the records it needs in line with requirements, to show that medicines are supplied safely. Members of the pharmacy team record their mistakes so that they can learn and improve from these events. And they have considered some risks posed by the COVID-19 pandemic and they have implemented measures to help keep people visiting the pharmacy safe. The pharmacy keeps people's private information securely and its team members know how to protect vulnerable people.

Inspector's evidence

Members of the pharmacy team had access to personal protective equipment (PPE) and wore face masks when the inspector arrived in the pharmacy. The correct responsible pharmacist (RP) notice was displayed in the pharmacy. The pharmacy had considered some risks to its team members and people using the pharmacy during the COVID-19 pandemic. Two small clear plastic screens had been fitted along the medicines counter to minimise the risk of infection. A range of posters providing information about the pandemic were displayed by the entrance and the pharmacy was limiting the number of people entering the premises at any one time. The RP confirmed that individual risk assessments for team members had been completed at the height of the pandemic, but these could not be located at the time of the inspection.

A range of current standard operating procedures (SOPs) were in place and these had been read and signed by team members. The RP explained the procedure members of the pharmacy team would follow to record and report dispensing mistakes, and this included submitting a report to the superintendent pharmacist. The RP said that the team was able to manage their dispensing workload comfortably and there hadn't been any dispensing mistakes made recently that had reached people (dispensing errors). There were some records of near misses (mistakes identified before the medicine was handed to a person) available in the pharmacy. But these were not consistently reviewed to help identify learning points. The RP said that they were a very small team and often any mistakes made during the dispensing process were discussed and action taken to prevent similar mistakes from happening again. But this was not always documented. A list of common look and sound alike (LASA) medicines was displayed in the dispensary prompting team members to select these medicines with care.

A current certificate of professional indemnity insurance was on display in the pharmacy. Records about the RP and private prescriptions were kept in line with requirements. The RP said that the pharmacy had not supplied any unlicensed medicines recently. And the records for old supplies had been archived and were not readily available during the inspection. The pharmacy kept running balances of controlled drugs (CDs). A random balance check of a CD did not match the recorded balance in the register. The pharmacy had missed to record a supply made on or around 19 February 2021. The discrepancy was resolved shortly after the inspection. And the RP provided email confirmation that the incident had been documented and it had been reported to the CD accountable officer.

A shredder was used to destroy confidential waste and the pharmacy's computers were password protected. Members of the pharmacy team used their own NHS smartcards to access electronic

prescriptions. Completed prescriptions were stored in the dispensary and people's personal details were not visible to the public. The RP confirmed that he had completed Level 2 safeguarding training. A recently qualified pharmacy technician was in the process of completing safeguarding training relevant to her role. Contact details for local agencies to escalate safeguarding concerns were available in the pharmacy.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff members to manage its current workload adequately. The small team works well together, and team members have the appropriate skills and qualifications for their roles.

Inspector's evidence

At the time of the inspection, the pharmacy manager (RP) and a pharmacy technician were on duty. The team appeared to work well together and it was managing its dispensing workload adequately throughout the inspection. The pharmacy manager had been in post for several months and said that he was well supported by the owner of the pharmacy. And felt empowered to make professional decisions as they arose. The pharmacy technician had been a long-standing member of the team and had worked for the pharmacy for number of years. The pharmacy didn't incentivise its services or set targets for its team.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are secure and adequate for the services it provides. People can have a conversation with a team member in a private area.

Inspector's evidence

The front fascia of the pharmacy was in a good state of repair. The entrance to the pharmacy had a ramp with the outside pavement to help assist people with mobility difficulties. The retail area of the pharmacy was spacious enough to enable people visiting the pharmacy to socially distance themselves safely. And it was clear of slip or trip hazards. There was seating available for people waiting for services. The dispensary was of an adequate size. The workflow was sufficiently well organised and there was enough space to store stock medicines and to dispense medicines safely. However, a significant amount of bench space was taken up to store completed prescriptions. There was enough lighting throughout, and the room temperature was suitable for the storage of medicines. The dispensary had a sink for preparing medicines, and there was a supply of hot and cold running water.

The pharmacy's consultation room was small but private. It was kept clean and accessible via the retail area of the pharmacy. But it did not have a screen fitted to help minimise the risk of COVID-19 transmission.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to people and they are generally delivered safely and effectively. Stock medicines are obtained from reputable sources and members of the pharmacy team take the right action in response to safety alerts, so that people get medicines that are safe to use.

Inspector's evidence

The pharmacy offered a range of services which were advertised in the pharmacy. Members of the pharmacy team were helpful and demonstrated a good rapport with people visiting the pharmacy. And they could speak to people in several languages including Urdu and Punjabi. They used their local knowledge to signpost people to other providers if a service required was not available at the pharmacy. The pharmacy supplied COVID-19 lateral flow tests that people could use at home to test for COVID-19 infection. It also offered a prescription delivery service to housebound patients and to people who couldn't attend its premises in person. A record for all prescription deliveries was kept maintaining an audit trail.

Members of the pharmacy team used baskets during the dispensing process to prioritise workload and to help minimise the risk of prescriptions getting mixed up. 'Owing' notes were issued to people to keep an audit trail when prescriptions could not be fully supplied. Dispensed multi-compartment compliance packs seen during the inspection had been labelled with a description of the medicines contained within the pack to help people or their carers identify the medication. And patient information leaflets were routinely supplied so that people had information readily available to help them take their medicines safely. The team routinely documented any changes to the person's medication regime and there was an audit trail to show when these changes were made and by whom.

The pharmacy had begun offering seasonal influenza vaccinations in September and the RP said that he had delivered approximately 50 vaccinations to date. The RP had completed the relevant training and a copy of the training certificate was available. Members of the pharmacy team were aware of the valproate pregnancy prevention programme. And they knew that people in the at-risk group who were prescribed valproate needed to be counselled on its contraindications. The pharmacy had the valproate educational materials available to hand out to people where appropriate.

The pharmacy ordered its stock medicines from licensed wholesalers and they were generally stored tidily. And in their original containers. No extemporaneous preparation was carried out. Pharmacy-only medicines were restricted from self-selection. Stock medicines were date checked at regular intervals and short-dated medicines were marked for removal at an appropriate time. Stock medicines were randomly checked during the inspection and no date-expired medicines were found on the shelves. Medicines requiring cold storage were kept in a refrigerator and these were stored between 2 and 8 degrees Celsius. The maximum and minimum temperature were recorded, and records showed that the temperatures had been maintained within the required range. All CDs were stored in line with requirements and denaturing kits were available to dispose of waste CDs safely. Members of the pharmacy team knew that prescriptions for CDs including those not requiring securer storage such as tramadol and pregabalin had a 28-day validity period. The pharmacy had a process to deal with safety alerts and medicine recalls making sure the medicines it supplied were fit for purpose. Records about these and the action taken by team members were kept, providing an audit trail.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. And it maintains its equipment appropriately.

Inspector's evidence

The pharmacy's computers were in good working order and the screens were not visible from the public areas of the pharmacy. Patient medication records were password protected. Private information was stored securely. Members of the pharmacy team had access to the internet and various other current reference sources such as the British National Formulary (BNF). All other electrical equipment appeared to be in good working order. There were a range of crown-stamped measures available for measuring liquid medicines and the equipment used for counting loose tablets and capsules was clean. Medicine containers were capped to prevent contamination. Members of the pharmacy team had access to clean hygiene and canteen facilities.

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.