

# Registered pharmacy inspection report

**Pharmacy Name:** Buchans Chemist, 7 Perry Common Road,  
Erdington, BIRMINGHAM, B23 7AB

**Pharmacy reference:** 1120406

**Type of pharmacy:** Community

**Date of inspection:** 01/09/2021

## Pharmacy context

This is a traditional community pharmacy located in a residential area of Erdington, West Midlands. People who use the pharmacy are from the local community and a home delivery service is available. The pharmacy primarily dispenses NHS prescriptions and it provides some NHS funded services. The pharmacy team dispenses medicines into multi-compartment compliance packs for people to help make sure they remember to take them. The inspection took place during the COVID-19 pandemic. Conditions on registration are in place on this pharmacy that prevent some services being provided. These conditions were imposed after failings were identified on a previous inspection and they remain in force at the time of this inspection.

## 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 |
|--|-------------------|------------------------------|------------------|-----|
| <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. 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 is responsive to feedback. 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 prepared and signed off by the regular pharmacist in November 2020. Each section of SOPs had a signature sheet to record staff training. Roles and responsibilities of staff were highlighted within the SOPs.

A near miss log was available and the dispenser involved was responsible for correcting their own error to ensure they learnt from the mistake. A dispensing assistant explained that she was made aware of any mistakes that she had made and gave some examples of how she used this knowledge to try and not make the same mistake again. The responsible pharmacist (RP) said that he regularly reviewed the logs for patterns and trends and shared these with the team, although the review was not recorded as evidence. A photograph of the near miss log was sent to head office at the end of each month as evidence for the NHS Pharmacy Quality Scheme (PQS) submission. Dispensing incidents were recorded, investigated and the superintendent pharmacist was informed.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A dispensing assistant correctly answered hypothetical questions related to high-risk medicine sales. Following the last inspection, the RP had separated high-risk pharmacy (P) medicines behind the medicines counter and had briefed the pharmacy team about additional checks that should be made when selling them. The dispensing assistant said that she would refer any repeated requests to the RP, along with any question that she was unsure of the answer to.

COVID-19 risk assessments had been carried out for members of the team and PPE was available. PPE was not routinely being worn by the pharmacy team as they felt they were able to socially distance from each other and from members of the public, but it was worn when distancing was not possible. Coronavirus information was displayed throughout the premises. Pharmacy team members carried out lateral flow tests twice a week and the pharmacy acted as a lateral flow test collection point for members of the public.

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 team had recently received positive feedback on Google reviews. The pharmacy team tried to resolve issues that were within their control. The RP personally discussed issues with people to try and understand the root cause and took personally responsibility for resolving these. Certain products were kept in stock for specific patients to

accommodate their needs. The RP gave examples of where he had chased prescriptions with the local GP surgeries rather than asking the patient to wait in the telephone queue.

The pharmacy had up-to-date professional indemnity insurance in place. The Responsible Pharmacist (RP) notice was displayed; it was not showing the correct pharmacist's details, but this was promptly corrected. The RP log met requirements. Controlled drug (CD) registers were generally in order and a random balance check matched the balance recorded in the register.

The pharmacy had an Information Governance (IG) folder which contained various training and policy documents. Confidential waste was stored separately from general waste and destroyed securely. The pharmacy team had their own NHS Smartcards and removed them from the computer terminals when they were not on duty. Summary Care Records (SCR) access was available, and consent was obtained prior to access. The RP had completed Centre for Pharmacy Postgraduate Training (CPPE) on safeguarding and gave several examples of when he had identified a safeguarding concern involving regular patients. With their consent, made referrals, which had led to a positive outcome for the patient.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy generally has enough team members to manage the workload and the services that it provides. The team members plan holidays in advance so the pharmacy always has enough 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 pharmacist and a dispensing assistant. Two further dispensing assistants from another pharmacy under the same ownership usually covered the dispensing assistant's day off, sickness and annual leave. A delivery driver was shared between the branches. Some additional cover was being temporarily provided by the other pharmacy as the pharmacy's items had been steadily increasing. The RP had asked the owner for more permanent support. The RP thought that an additional 16-hours a week, spread across four mornings, would make the workload more manageable in the long term and he said that this was under discussion with the owner. Annual leave was booked in advance with the owner so that cover from another branch could be arranged.

There had recently been an incident where two members of the team had needed to self-isolate and cover had been provided by a dispensing assistant from another branch and locum pharmacists. The dispensing assistant explained that she already knew the way the pharmacy operated as she worked there once a week, and the notes and records helped her to keep up to date with the tasks that needed to be carried out.

The team worked well together during the inspection and were observed helping each other and moving onto the healthcare counter when there was a queue. The RP, SI and owner had face-to-face meetings after work every few weeks to discuss pharmacy related issues. There was a company WhatsApp group that was used to share information quickly. The team had ongoing conversations within the dispensary to share information and ideas. The pharmacy staff said that they could discuss any ideas, concerns or suggestions with the RP, owner or SI.

The RP was observed making himself available to discuss queries with people and giving advice when he handed out prescriptions. No formal targets were set for the team.

## 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 a consultation room for some 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 owner. The back part of the pharmacy was not accessible as it was blocked by confidential waste bins and the rear door was locked; this was a hazard as it was marked as a fire exit, but it could not be accessed in an emergency. The RP agreed to resolve this issue.

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.

There was a private soundproof consultation room which was used throughout the inspection. The consultation room was professional in appearance and the door 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, so sales were supervised

Various COVID-19 related signs had been produced to explain the social distancing measures and to restrict the number of people that could be in the pharmacy at any one time. Perspex screens had been installed between the shop area and the medicines counter. The dispensary was clean and tidy with no slip or trip hazards evident. The pharmacy was cleaned by the pharmacy team. The sinks in the dispensary and staff areas had hot and cold running water. Hand towels/hand dryer and hand soap were available. The pharmacy had heaters and fans and the temperature was comfortable during the inspection. 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. The team supplies medicines in multi-compartment compliance packs for people who may have difficulty managing their medicines.

### Inspector's evidence

The pharmacy had step free access from the pavement and a home delivery service was offered to 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 and Arabic. 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. Pharmacy staff, including the pharmacist did not sign the dispensed and checked boxes on medicine labels, so there was no dispensing audit trail for prescriptions. The SOP stated that labels should be initialled to create an audit trail, but it was not being followed. The RP agreed to review this and said that as he was the only pharmacist working there, all prescriptions were checked by him. The RP was aware of the risks associated with the use of valproate during pregnancy, and the need for additional counselling. The additional counselling materials could not be located during the inspection, so the RP agreed to order them. Prescription deliveries were managed using an online system which logged the date, time and proof of delivery.

Multi-compartment compliance packs were used to supply medicines for some patients, and the process was usually managed by the RP. He kept thorough records so that the process could be continued in his absence. Prescriptions were ordered in advance to allow for any missing items to be queried with the surgery ahead of the intended date of supply. Each person had a record sheet to show what medication they were taking and when it should be packed. The pharmacy team did not undertake suitability risk assessments when considering whether to accept a request for dispensing into a compliance pack, so it could not always show why it supplied these or that other options had been considered.

A range of licensed wholesalers and specials manufacturers were used to obtain medicines from. Date checking records were completed routinely until November 2020. Records for the dispensary and shop area since November 2020 could not be located although the RP said that date checking had taken place. Some out of date medicines were found and these were removed from the shop floor. 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 designated bins. The pharmacy was alerted to drug recalls via emails from the owner.

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.



## 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 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 used for the preparation of methadone. Counting triangles were available. Computer screens were not visible to the public as members of the public 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.  |