

# Registered pharmacy inspection report

**Pharmacy Name:** Zain the Chemist, 181a Pershore Road,  
Birmingham, West Midlands, B5 7PF

**Pharmacy reference:** 9010757

**Type of pharmacy:** Internet / distance selling

**Date of inspection:** 27/04/2023

## Pharmacy context

This is a pharmacy that provides its services at a distance. It is situated in an annex of a residential property on a busy road in Birmingham. Its main activity is dispensing NHS prescriptions to community patients living in the local area. And it supplies medicines in multi-compartment compliance packs to a handful of people who need assistance in managing their medication. The pharmacy is closed to the public and medicines are delivered to people by the owners of the pharmacy.

## 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

Overall, the pharmacy delivers its services safely. It has written procedures to help deliver its services effectively. And it keeps the records it needs to, to show that its medicines are supplied safely and legally to people. It has systems to record and review dispensing mistakes so that team members can learn and improve from these events. Team members keep people's private information securely and they understand how to protect vulnerable people.

### Inspector's evidence

The pharmacy had a range of current standard operating procedures (SOPs) which had been signed by the superintendent pharmacist (SI) and the pharmacist. The correct Responsible Pharmacist (RP) notice was on display in the pharmacy. The SI was the RP on duty on the day of the visit.

The pharmacy had systems to record and learn from dispensing incidents. The SI explained the procedure they would follow when recording and reviewing mistakes that were made during the dispensing process. A template for recording mistakes that were detected before the medicine left the pharmacy (near misses) was available and couple of records had been made. The SI said that the pharmacy's dispensing volume was low and they were able to manage their workload comfortably. And they did not have many dispensing mistakes to report. And they further commented that they were able to incorporate a mental break between labelling, dispensing, and accuracy checking prescriptions. Medicines which had similar names or packaging such as amlodipine and amitriptyline were separated to minimise picking errors.

The pharmacy had appropriate indemnity insurance and the records about RP and controlled drugs (CDs) were kept in line with requirements. Running balances of CDs were kept and audited at regular intervals. A randomly selected CD checked during the inspection matched the stock held in the cabinet. The pharmacy had not received any patient-returned CDs but a register to record returns was available in the pharmacy. The pharmacy had dispensed some private prescriptions, but the records had not been made in the prescription book. However, after the inspection, the SI emailed the inspector to confirm that the pharmacy kept electronic records about private and veterinary prescriptions and that they had forgotten how to access them. Photographic evidence of these records was provided to the inspector.

The pharmacy was registered with the Information Commissioner's Office (ICO). A shredder was used to destroy confidential waste and people's confidential information was stored securely. The pharmacy's computer was password protected and the SI used their own NHS smartcard to access electronic prescriptions. The SI understood safeguarding requirements and had completed Level 2 safeguarding training. Contact details for relevant agencies to escalate safeguarding concerns were available in the pharmacy.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to manage its current workload safely. And they have the appropriate skills and qualifications to deliver pharmacy services effectively.

### Inspector's evidence

The SI was the only member of staff working at the time of the visit. The pharmacy was largely managed by the SI, and they were supported by the director of the company who worked as an RP when required. No other members of staff had been employed by the pharmacy to date. The SI was managing their workload comfortably and they were dispensing prescriptions in an organised fashion. The SI completed their annual mandatory continuous professional development (CPD) and kept their knowledge and skills up to date by undertaking various training courses.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are secure, and they are adequate for the services it provides.

### Inspector's evidence

The pharmacy was fitted to a good standard, and it was kept clean and tidy. The dispensary had enough space to store medicines and undertake its current dispensing workload safely. A clean sink with hot and cold running water was available for preparing medicines. Room temperatures in the pharmacy were controllable, and levels of ventilation and lighting were adequate for the activities undertaken. The pharmacy could be secured against unauthorised access when it was closed. The pharmacy's website included the SI's name and their registration number.

## Principle 4 - Services ✓ Standards met

### Summary findings

Overall, the pharmacy provides its services safely and effectively. People with different needs can access its services. The pharmacy takes the right action in response to safety alerts so that people get medicines that are safe to use. And it gets its medicines from reputable sources and stores them appropriately.

### Inspector's evidence

The pharmacy provided its services at a distance, and members of the public accessed its services remotely via the internet or telephone. Its current activity was predominantly dispensing NHS prescriptions to people living in the local area. And it was not linked with any on-line prescribers. The SI used their professional judgement to signpost patients to their GP or other local services where appropriate. The pharmacy delivered medicines to people and appropriate records were kept ensuring these were delivered safely.

The workflow in the pharmacy was organised. The SI used baskets during the dispensing process to prioritise workload and minimise the chances of mistakes from happening. 'Owing notes' were issued to keep an audit trail when prescriptions could not be supplied in full when first dispensed. The pharmacy dispensed medicines in multi-compartment compliance pack to a handful of people. These were labelled with a description of the medicines contained within the pack to help people or their carers identify their medicines correctly. Patient information leaflets were routinely supplied.

The SI was aware of the additional guidance that needed to be provided when supplying valproate-containing medicines to people. The SI commented that most valproate packs now included warnings and the pharmacy did not have any person in the at-risk group currently being supplied with valproate. Prescriptions for all CDs, including those that did not require secure storage were flagged during the dispensing process to ensure these were not supplied beyond their 28-day validity period.

The pharmacy obtained its medicines from licensed wholesalers, and these were stored in an organised fashion in the dispensary. The pharmacy did not sell or supply any medicines on-line. Short-dated stock medicines had been marked and no date-expired medicines were found amongst in-date stock. Liquid medicines with limited shelf lives were marked with the date of opening so that team members knew if they were suitable to supply. All CDs were stored securely. Temperature-sensitive medicines were stored appropriately, and the fridge temperatures were monitored and recorded daily. The pharmacy had a process to deal with safety alerts and medicines recalls. Records these and the action taken by the team 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 facilities and equipment well.

### Inspector's evidence

The pharmacy had an internet connection and the SI had access to current reference sources. Patient medication records were password protected. All electrical equipment was in good working order and well-maintained. The pharmacy had clean calibrated glass measures and equipment for counting loose tablets and capsules. Medicine containers were capped to prevent cross-contamination.

### 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.