

Registered pharmacy inspection report

Pharmacy Name: Pan Pharmacy, 91-93 Partridge Road, Birmingham, West Midlands, B26 2DD

Pharmacy reference: 9011000

Type of pharmacy: Community

Date of inspection: 07/05/2019

Pharmacy context

This is a community pharmacy located in a parade of local shops and services in the Yardley area of Birmingham. People using the pharmacy are from the local area and the pharmacy supplies weekly multi-compartment compliance aids to residents in the housing complex opposite. The pharmacy dispenses NHS prescriptions and provides some other NHS funded services such as Medicines Use Reviews (MURs) and the New Medicine Service (NMS). The pharmacy has been open since September 2018 after relocating from a nearby premises

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

The pharmacy's working practices are suitably safe and effective. It responds to people's feedback and tries to make improvements to the quality of its services. It protects people's private information and keeps the records it needs to by law. But details are occasionally missing, so the team may not always be able to show what has happened.

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 SOPs had been prepared and approved by the superintendent within the past two years. Signature sheets were used to record staff training. Roles and responsibilities of pharmacy staff were highlighted within the SOPs. There were occasions when SOPs did not reflect current practice, for example in relation to date checking, so the team might not always work as safely as they could do.

Near miss logs were available and team members were responsible for correcting their own error to ensure they learnt from the mistake. Near misses were discussed at the time to see if there were any reasons for the near miss and it was used as a learning opportunity. The responsible pharmacist (RP) reviewed the near miss logs for patterns and trends at the end of the month and recorded the outcome of the review on the NHS Quality Payment Scheme (QPS) monthly action plan document. The RP was unsure of the company procedure for recording and reporting dispensing incidents as she said she had not been made aware of any incidents whilst working at the pharmacy. The process was explained in the SOPs and included recording the error on a dispensing error log and using the National Reporting and Learning System (NRLS) tool to report the error. The RP explained the most common themes in the previous month's near miss log and how she had addressed these with the trainee dispensers.

The RP had started working at the branch regularly in November 2018 and had been the first regular pharmacist to work there since it had opened in September 2018. She explained some of the changes she had made to make the dispensing process more efficient and some changes to the dispensary stock layout to reduce selection errors such as, separating forms and strengths of some medicines. There were some documents and paperwork that the branch team had not been able to locate since they had moved from the previous pharmacy including date checking paperwork.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A trainee dispenser answered questions about pseudoephedrine sales and responsible pharmacist absence correctly.

The complaints procedure was explained in the SOPs and the RP explained how she would manage any complaints. People could give feedback to the pharmacy team in several different ways; verbal, written and the annual NHS CPPQ survey. The branch team tried to resolve issues that were within their control and explained that feedback from people using the pharmacy was generally positive.

The RP and trainee dispensing assistant dealt with a 'complaint' during the inspection. The trainee dispenser managed the difficult situation well and the complaint was resolved before the person left the pharmacy. The RP found that the information given to the person by the surgery was incorrect,

made several telephone calls to resolve the problem (prescription sent electronically to the wrong pharmacy) and explained it in a professional manner.

The pharmacy had up to date professional indemnity insurance arrangements in place. The responsible pharmacist (RP) notice was prominently displayed and the RP log was seen to be compliant with requirements. Controlled drug (CD) registers were generally in order. Two random balance checks matched the balances recorded in the register. But CD balance checks did not take place at regular intervals. A balance check for methadone was done more frequently but not at regular intervals. Patient returned CDs were not always recorded in the patient returned register.

Private prescriptions were recorded in a record book. A sample of entries was seen to comply with legal requirements. Emergency supplies were recorded electronically using the 'loan' function on the pharmacy computer system. This did not fulfil emergency supply requirements as 'emergency supply' was not printed on the dispensing label. The RP was unsure how to produce an emergency supply or loan report on the computer, so this was not seen.

Specials records were maintained with an audit trail from source to supply. NHS Medicines Use Review (MUR) consent forms were seen to have been signed by the person receiving the service.

Confidential waste was stored separately to normal waste and shredded. No confidential information could be seen from the customer area. Pharmacy staff had NHS Smart cards and confirmed that their passcodes were not shared. Various information governance (IG) policies were in the IG folder and signed by pharmacy staff.

Pharmacy staff answered hypothetical safeguarding questions correctly. Staff gave examples of what would be a safeguarding concern and local safeguarding contacts were in the SOP folder. The RP had completed Centre for Pharmacy Postgraduate Education (CPPE) training on safeguarding and would contact the superintendent for advice before making a referral.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage the current workload and the services that it provides. The team members try to plan try to plan absences, so they always have sufficient 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 two regular pharmacists, two trainee dispensing assistants and a delivery driver (shared with another branch). One pharmacist worked four and a half days per week and the other pharmacist provided day off cover.

Staffing levels were reviewed by head office and the RP felt that the current staffing level met the workload. Pharmacy staff managed the workload well throughout the inspection and prioritised various tasks throughout the day and week dependent on staffing levels. There were days when the two trainee dispensing assistants worked together so some tasks were done at this time. The trainee dispensing assistants took it in turns to work in the dispensary to gain practical experience but were generally based in the shop to take in and hand out prescriptions. The RP worked in the pharmacy alone for much of the week.

The RP was multi-tasking throughout the inspection and spent a lot of time on the telephone trying to obtain stock from different wholesalers and explained this was due to the stock ordering system on the computer not being reliable. This was a distraction for the RP as she was dispensing and self-checking whilst listening to the telephone.

Annual leave was booked in advance and one person was allowed annual leave at any one time. The pharmacy staff covered each other's holiday and support from other branches was available if required. Holiday was authorised by head office to ensure every branch was suitable staffed.

Pharmacy staff were enrolled on accredited dispensing assistant training courses and the RP was their tutor. Their workbooks were completed at home and they were able to discuss any aspects of their course with the RP if they needed to. A trainee dispensing assistant explained that she was a few months behind schedule with the training as she did not have a tutor until the RP had started in November and was planning to contact the course provider for an extension. The superintendent visited the branch to carry out annual performance appraisals with staff.

The pharmacy team worked well together during the inspection. They were observed helping each other and moving onto the healthcare counter when there was a queue or answering the telephone if the other person was busy with a customer or dispensing a prescription. Pharmacy staff had daily discussions in the dispensary to communicate messages and updates and to plan the workload for the day. The pharmacy staff said that they could discuss any ideas, concerns or suggestions with the RP and would speak to the pharmacists or superintendent if they had any concerns. The team gave several examples of sharing ideas with the RP about making improvements to the pharmacy. The RP explained that she encouraged ideas or suggestions as she appreciated the experience that the team had.

The RP was observed making herself available to discuss queries with people and giving advice when she handed out prescriptions. No formal targets were set for professional services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare.

Inspector's evidence

The premises were smart in appearance and appeared to be well maintained. Any maintenance issues were reported to the superintendent.

The dispensary was an adequate size for the services provided; an efficient workflow was seen to be in place. Dispensing and checking activities took place on separate areas of the worktops and a large central workbench was used for preparing weekly compliance aids.

There was a private soundproof consultation room which was used by the pharmacist during the inspection. The consultation room was professional in appearance. The door to the consultation room remained locked when not in use to prevent unauthorised access.

The pharmacy was clean and tidy with no slip or trip hazards evident. It was cleaned by pharmacy staff. The sinks in the dispensary and staff areas had running water, hand towels and hand soap were available.

The pharmacy had air conditioning and the temperature in the dispensary felt comfortable during the inspection. Lighting was adequate for the services provided.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy to access and generally well managed. It sources, manages and supplies medicines safely. The pharmacy team supports members of the public that may forget to take their medicines by placing the medicines into weekly multi-compartment compliance aids. But it does not provide them with patient leaflets, so people may not always get all the information about their medicines that they might need.

Inspector's evidence

The pharmacy was situated within a row of local shops and services and there was free parking outside. There was a push and pull door and staff assisted people with the door when required. A home delivery service was available for people that could not access the pharmacy.

A range of health promotion leaflets and posters were available and pharmacy staff used local knowledge and the internet to support signposting. The pharmacy did not have a practice leaflet containing information such as the complaints procedure, how the pharmacy stores confidential information or the services available for people to take away. The RP had reviewed the list of NHS services available locally and was in the process of becoming accredited to offer a minor ailment scheme and sexual health services.

Dispensing baskets were used to keep medication separate. Staff signed the dispensed and checked boxes on medicine labels, so there was a dispensing audit trail for prescriptions.

As the RP often worked alone in the dispensary whilst the dispenser worked in the shop, she was required to self-check prescriptions. She explained that she took a mental break between dispensing and checking by doing different activity and did repeat prescriptions in small batches to build a mental break into the process.

Stickers were attached to prescription bags to assist counselling and hand-out messages for example, eligibility for a service, specific counselling or fridge item. The RP was aware of the requirement to provide additional counselling to people who may become pregnant prescribed valproate but could not locate the purple folder that contained the supporting leaflets and stickers.

An owings pad was available but was not frequently used. Prescriptions for owings were not retained until hand-out so it would be difficult to give pro-active counselling.

Prescriptions for weekly multi-compartment compliance aids were ordered in advance to allow for any missing items to be queried with the surgery ahead of the intended date of collection or delivery. Descriptions of medicines were not written onto the weekly compliance aid inserts. So, patients and carers may not be able to identify the individual medicines in the unmarked compliance aids and this was highlighted when a carer came into the pharmacy during the inspection with a query about her father's compliance aid. Patient information leaflets were not routinely supplied. This is a legal requirement and without the leaflets patients and carers may not have all the information they need to use the medicines safely.

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.

Medicines were obtained from a range of licensed wholesalers and specials manufacturers. They received daily deliveries but the ordering system was sometimes unreliable, and so supplies of some medicines were occasionally delayed. Pharmacy staff had tried to reduce the risk of medicine delays by telephoning the wholesalers to place an order. But, this was taking up lots of their time.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide services safely.

Inspector's evidence

The pharmacy had a range of up to date reference sources. Internet access was available. Patient records were stored electronically and there were enough terminals for the workload undertaken.

A range of clean, crown stamped measures were available. Separate measures were available for preparation of CDs. Counting triangles were available and there was a separate, marked triangle used for cytotoxic medicines.

Patient medication records were stored electronically and access was password protected. 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.