

# 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:** 07/03/2024

## Pharmacy context

This is a community pharmacy located in a parade of shops in the Yardley area of Birmingham. People who use the pharmacy are from the local community and a home delivery service is available. The pharmacy dispenses NHS prescriptions, and it provides NHS funded services such as Pharmacy First, blood pressure testing and sexual health services. The pharmacy team dispenses some medicines into multi-compartment compliance packs for people to help make sure they remember to take them.

## 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, and they complete tasks in the right way. They discuss their mistakes so that they can learn from them. And team members understand their role in protecting vulnerable people, and they keep people's personal information safe.

### Inspector's evidence

The pharmacy was part of a small chain of pharmacies located in the West Midlands. A range of corporate standard operating procedures (SOPs) were available which covered the activities of the pharmacy and the services provided. The SOPs had recently been updated by the pharmacy superintendent (SI) in preparation for a new pharmacy computer system. The old SOPs had been returned to the company's head office to be stored safely. However, this had been done prematurely as installation of the new computer system had been delayed, and the old SOPs which the team were following were not available to the team for reference. Roles and responsibilities were highlighted within the SOPs.

A near miss log was available and near misses were recorded. Near misses were discussed with the dispenser involved to ensure they learnt from the mistake, and any immediate learnings were shared verbally with the team. The team gave some examples of medicines that had been separated to reduce the risk of them being selected in error during the dispensing process. A monthly patient safety report had been regularly completed until mid-August 2023, but it had not completed since. This meant that learning opportunities could have been missed. The team thought this was an oversight due to staffing changes. A dispensing assistant said that she would work with the pharmacy managers to complete this task every month moving forward as she had experience in completing similar reports. Dispensing incidents were recorded, reviewed, and reported to head office. A dispensing incident was discussed, and a dispensing assistant gave examples of how the incident had been used as a learning opportunity.

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 and discussed how she managed requests for codeine or promethazine containing medicines.

The pharmacy's complaints process was explained in the SOPs and on a poster in the shop area. People could give feedback to the pharmacy team in several different ways; verbal, written, through Google reviews, or by contacting head office. The pharmacy team members tried to resolve issues that were within their control and involved head office if they could not reach a solution. The team were aware of some negative feedback that had been left on Google reviews and explained that some issues were outside of their control.

The pharmacy had up-to-date professional indemnity insurance. The Responsible Pharmacist (RP) notice was clearly displayed. The wrong pharmacist's details were displayed at the start of the inspection, but this was promptly rectified. The RP log met requirements. Controlled drug (CD) registers

were in order and two random balance checks matched the balances recorded in the register. Patient returned CDs were recorded in a register. Private prescription records were seen to comply with requirements.

Confidential waste was stored separately from general waste and destroyed securely. The pharmacy team members had their own NHS Smartcards. The pharmacy professionals working at the pharmacy had completed the Centre for Pharmacy Postgraduate Training (CPPE) on safeguarding, and the pharmacy team understood what safeguarding meant. The team members gave an example of a safeguarding concern they had identified, and how they had supported the person in accessing mental health services and provided ongoing support with their medicines.

## 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 the pharmacy has enough cover to provide the services. They work well together in a supportive environment, and they can raise concerns and make suggestions.

### Inspector's evidence

The pharmacy team comprised of two regular part-time pharmacist managers, a trainee pharmacist and three qualified dispensing assistants. Holidays were discussed with other team members to ensure no-one else had already booked the same week. Cover was provided by other staff members as required and head office was contacted if the team required additional support. Pharmacy team members completed ongoing training and training needs were identified to align with new services, seasonal events, and the NHS Pharmacy Quality Scheme (PQS).

The pharmacy team worked well together during the inspection and were observed helping each other and moving from their main duties to help with more urgent tasks when required. The team discussed any pharmacy issues as they arose and held regular huddles within the dispensary during quieter times. The pharmacy staff said that they could raise any concerns or suggestions with the pharmacists and felt that they were responsive to feedback. Team members said that they would speak to other members of the team, contact the SI or the GPhC if they ever felt unable to raise an issue internally. The RP was observed making herself available throughout the inspection to discuss queries with people and giving advice when she handed out prescriptions, or with people on the telephone. Some targets for pharmacy services were set by head office. The team thought these generally were realistic, although they felt that not all targets would be attainable this financial year.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and tidy, and it provides a suitable environment for the delivery of healthcare services. It has a consultation room, so that people can speak to the pharmacy team members in private when needed.

### Inspector's evidence

The premises were smart in appearance and appeared to be well maintained. Any maintenance issues were reported to head office. 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 on a large central workbench. The pharmacy had air conditioning and the temperature in the dispensary felt comfortable during the inspection. Lighting was adequate for the services provided.

Prepared medicines were stored securely, and pharmacy medicines were stored behind the medicines counter. 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.

## 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. People receive appropriate advice about their medicines when collecting their prescriptions.

### 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/pull door and staff assisted people with the door when required. A home delivery service was available for people who could not easily access the pharmacy. Health promotion leaflets were available, and posters promoting services were displayed in the waiting area. Pharmacy staff referred people to other services using local knowledge and the internet to support signposting. The pharmacy offered the NHS Pharmacy First service, and the team had undergone training on this. They had quick reference guides, the NHS PGDs (patient group directions) and supporting documentation available for reference. The NHS system that the pharmacy team used had been upgraded to support the service. But the pharmacy team had been unable to access the system since the upgrade, and they had reported this as an IT issue.

Items were dispensed into baskets to ensure prescriptions were not mixed up together. Different coloured baskets were used to prioritise prescriptions. Staff signed the dispensed and checked boxes on medicine labels, so there was a dispensing audit trail for prescriptions. The team were aware of the risks associated with the use of valproate during pregnancy, and the need for additional counselling. Patient cards and counselling materials were available.

Multi-compartment compliance packs were supplied to some people in the community. Prescriptions were requested from the surgeries to allow for any missing items to be queried ahead of the intended date of collection or delivery. A sample of dispensed compliance pack prescriptions were labelled with descriptions of medication and patient information leaflets were sent every month. There was a process in place for managing mid-cycle change requests.

A random sample of dispensary stock was checked, and all the medicines were found to be in date. Date checking records were maintained for both the dispensary and the shop, and medication was proactively removed prior to its expiry date. Medicines were stored in an organised manner on the dispensary shelves. All medicines were observed being stored in their original packaging. 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 a designated area. Medicines were obtained from a range of licenced wholesalers. Drug recalls were received electronically.

The controlled drug cabinets were secure and a suitable size for the amount of stock that was held. Medicines were stored in an organised manner inside. Fridge temperature records were maintained, and records showed that the pharmacy fridge was 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 access to a range of up-to-date reference sources, including the British National Formulary (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 and counting triangles were available. Equipment for clinical consultations had been procured and was stored appropriately. Some of the equipment was single use, and ample consumables were available. Computer screens were not visible to members of the public. 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.