

Registered pharmacy inspection report

Pharmacy Name: Ridgcare House Pharmacy, Portacabin, Ridgacre House Medical Centre, Birmingham, West Midlands, B32 2TJ

Pharmacy reference: 9011285

Type of pharmacy: Community

Date of inspection: 01/03/2022

Pharmacy context

This is a community pharmacy in a Portacabin near a medical centre in Birmingham, West Midlands. Its main activity is dispensing NHS Prescriptions and supplying medicines in multi-compartment compliance packs to some people who need assistance in managing their medicines at home. The pharmacy is open extended hours seven days a week. And it offers a prescription delivery 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 its risks adequately to help ensure its services are delivered safely. It has procedures in place for the services it offers. And it keeps the records it needs to by law, to show that medicines are supplied safely and legally. Members of the pharmacy team record and review their mistakes so that they can learn and improve from these events. The pharmacy keeps people's private information securely and its team members know how to protect vulnerable people.

Inspector's evidence

The space in the Portacabin was extremely limited and members of the pharmacy team served people visiting the pharmacy through a hatch. During the inspection, the superintendent pharmacist (SI) arrived in the pharmacy and confirmed that the new premises were in the process of being built and were scheduled for completion in the next couple of months. The correct responsible pharmacist (RP) notice was on display in the dispensary. A range of current standard operating procedures (SOPs) were available in the pharmacy and these had been read and signed by team members. The pharmacy had systems to record and review dispensing mistakes. The pharmacy manager explained the procedure she would follow to record a mistake where the medicine had reached a person (dispensing errors) on an electronic reporting system. Team members routinely recorded and reviewed dispensing mistakes so that they can learn and improve from these events. And they had separated stock medicines that had similar packaging and names such as amlodipine and felodipine to minimise picking errors. The pharmacy manager said that the team made very few dispensing errors and was not aware of any that had occurred recently.

The pharmacy's indemnity insurance certificate was on display in the dispensary. Records about the RP, controlled drugs (CDs), private prescriptions and unlicensed medicines were kept in line with requirements. The pharmacy dispensed very few private prescriptions, and these were mainly from local doctors. Running balances of CDs were kept and audited weekly. A random check of a CD showed that the quantity of stock matched the recorded balance. Members of the pharmacy team used their own NHS smartcards to access electronic prescriptions. Confidential information was stored securely, and confidential waste was separated and collected by a contractor for safe disposal.

The pharmacy manager and a foundation trainee pharmacist confirmed they had completed the Level 2 safeguarding training and they could explain what they would do if they needed to escalate a concern about a child or a vulnerable person. Team members had read through and signed the safeguarding SOP. And the contact details for local agencies to escalate any safeguarding concerns were available in the pharmacy.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff for its workload. Members of the pharmacy team work well together, and they are able to raise concerns or make suggestions to help improve the pharmacy's services. And they have access to training resources to help keep their skills and knowledge up to date.

Inspector's evidence

At the time of the inspection, the pharmacy manager was the RP on duty supported by a foundation trainee pharmacist and two trainee dispensers. Members of the pharmacy team worked well together, and they were managing their workload adequately. The two trainee dispensers were in the process of completing their accredited training. The foundation trainee pharmacist said that she was very well supported by her tutor (the RP) and she had completed several clinical audits namely the anticoagulant and community pharmacist consultation skills. Members of the pharmacy team received some informal training, such as updates on new medicines and pharmacy magazines to help keep their skills and knowledge up to date.

Members of the pharmacy team felt comfortable about raising concerns or making suggestions, and the pharmacy had a whistleblowing policy. The pharmacy manager said that she was very well supported by the SI and she felt able to take any professional decisions in the interest of people who used the pharmacy. There were no formal targets or incentives in place for team members.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are kept secure from unauthorised access and they are just about adequate for the pharmacy's services. The pharmacy has extremely limited storage space and it could do more to keep all areas tidy and clutter free.

Inspector's evidence

The premises were very small for the volume of dispensing undertaken. The storage space was extremely limited in the dispensary and it was somewhat cluttered. Stock medicines could have been better organised. The floor space was obstructed with large plastic boxes containing completed prescriptions awaiting collection. A sink was available in the dispensary for preparing liquid medicines, and it had a supply of hot and cold running water. There was enough lighting throughout, and the room temperature was suitable for the storage of medicines. The ventilation was extremely limited in the dispensary. But the pharmacy manager said that team members took regular breaks and went out for fresh air. Team members used the medical centre's hygiene facilities. The premises were secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy provides its services safely and manages them adequately. People with different needs can access the pharmacy's services. Members of the pharmacy team take the right action in response to safety alerts so that people get medicines and medical devices that are safe to use. The pharmacy gets its medicines from reputable sources, but it does not always store them tidily or in an organised fashion.

Inspector's evidence

The pharmacy was open for extended hours and its services were available through a hatch. The pharmacy offered a small range of service. Members of the pharmacy team were helpful and demonstrated a good rapport with people visiting the pharmacy. They could speak to people in several languages including Russian, Bulgarian, Urdu, Punjabi, Gujarati, and Arabic. And they used their local knowledge to signpost people to other providers if a service required was not offered at the pharmacy.

An electronic audit trail was kept for deliveries of medicines to people's homes, and team members could access this on the pharmacy's computer system. People receiving medicines were no longer signing for them. Instead, to help with infection control during the pandemic, the delivery driver signed to indicate the medicines had been delivered safely to the recipient.

Baskets were used during the dispensing process to prioritise workload and minimise the risk of medicines getting mixed up. But the bench spaces were somewhat cluttered, and the baskets of dispensed items waiting for a final accuracy check were stacked up on each other. This created a risk of items falling into other baskets. The pharmacy manager said that team members were aware of very limited space in the Portacabin and they were mindful about working safely and effectively. 'Owing slips' were issued to people to keep an audit trail when prescriptions could not be supplied in full when first dispensed.

Dispensed multi-compartment compliance packs examined were labelled with a description of the medicine contained within it, to help people and their carers identify them. And an audit trail was kept showing who had dispensed and checked the packs. Patient information leaflets were routinely supplied so that people had the information they needed to take their medicines safely. Members of the pharmacy team kept a clear record of any changes to people's medication regime to avoid mistakes happening.

Members of the pharmacy knew about prescriptions for CDs not requiring secure storage such as tramadol and pregabalin had a 28-day validity period. Dispensed prescriptions for higher-risk medicines were not routinely highlighted, although there were none found on the shelves. The pharmacy manager explained that majority of times the RPs were personally involved when medicines were handed out, and they would generally use this opportunity to counsel people about their medicines. The pharmacy manager was about the additional counselling to be provided to people in the at-risk group who were prescribed valproate. The pharmacy had valproate information leaflets if needed.

The pharmacy ordered its stock medicines from licensed wholesalers and no extemporaneous dispensing was undertaken. 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 amongst the in-date stock on the shelves. The medicines were not always stored tidily. Medicines requiring cold storage were kept in a refrigerator and these were stored between 2 and 8 degrees Celsius. The maximum and minimum temperatures were recorded daily, and records showed that the temperatures had been maintained within the required range. All CDs were stored in line with requirements. The pharmacy had denaturing kits available to dispose of waste CDs safely. The pharmacy had a process to deal with safety alerts and medicine recalls to make 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 it needs to provide its services safely. And it maintains its facilities and equipment adequately.

Inspector's evidence

The pharmacy's computers were not visible to people visiting the pharmacy and they were password protected. Members of the pharmacy team had access to up-to-date reference sources. All electrical equipment appeared to be in good working order. There was a range of calibrated glass measures for measuring liquid medicines. Medicine containers were capped to prevent contamination. Members of the pharmacy team wore face masks throughout the inspection and hand sanitising gel was available in the dispensary.

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.