

# Registered pharmacy inspection report

**Pharmacy Name:** Karims Pharmacy, 3 Pritchard Street, Blackburn, Lancashire, BB2 3PF

**Pharmacy reference:** 9011332

**Type of pharmacy:** Community

**Date of inspection:** 11/05/2021

## Pharmacy context

The pharmacy is in a residential area next to a doctor's surgery in Blackburn. It mainly dispenses NHS prescriptions, including providing some medicines in multi-compartment compliance packs. It delivers medicines to people's homes. Pharmacy team members provide a range of services including seasonal flu vaccinations. They sell over-the-counter medicines and provide healthcare advice. This inspection was completed during the 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
<b>1. Governance</b>	Standards met	1.2	Good practice	Pharmacy team members regularly record, discuss and review any errors that they make. And team members use this information well to learn and improve their knowledge.
<b>2. Staff</b>	Good practice	2.2	Good practice	The pharmacy is good at supporting its team members training and development. And experienced team members fully support trainee colleagues to improve their knowledge and understanding. Team members have regular appraisals and the pharmacy encourages team members to progress through ongoing development.
		2.3	Good practice	Pharmacy team members understand the needs of the local community and make good interventions to help improve their wellbeing.
		2.4	Good practice	Pharmacy team members demonstrate enthusiasm for their roles and they work together well. Team members are comfortable discussing their own mistakes and receive regular feedback about how well they are working.
<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 appropriately identifies and manages the risks with its services. And pharmacy team members understand their roles and responsibilities in providing safe services, including protecting vulnerable people. They regularly record and discuss any errors they make. So, they can learn together and improve their knowledge. Pharmacy team members keep people's private information secure. And they keep the records they need to by law up to date.

### Inspector's evidence

The pharmacy had a risk assessment template but there was no completed form available to view. It had a COVID-19 business continuity checklist to use in event the pharmacy was required to close. The pharmacy had identified risks associated with COVID-19 virus transmission and had made changes to the premises and ways of working. The pharmacy had signs up at the entrance to the pharmacy to wear a mask on entering and people were seen complying. There was tape on the floor in both the retail and dispensing area to help with social distancing. The pharmacy displayed several posters showing the team members how to wash and sanitise their hands properly. The pharmacy had enough space to have different working areas to support the team with social distancing. The team wore face coverings or a visor during the inspection and were careful to social distance whilst working.

The pharmacy had standard operating procedures (SOPs) kept electronically in files on the computer. These were originally prepared in 2014 and subsequent versions were stored separately. The last review was in 2019. The SOPs had a review date of Jan 2021. Due to the pandemic, the SOP review had been deferred until September 2021 to allow a full review to take place. It was difficult to locate some of the individual current SOPs due to the arrangement of the files. There was no index or links from a home page. The SOPs checked were relevant to the services the pharmacy provided. The team members' SOP training logs were paper-based. These had been signed by current team members in 2019, including the regular locum pharmacist. The pharmacist explained the newly appointed trainee dispenser didn't have a training log and was still in the process of reading the SOPs. Team members signed the SOP training log when they had completed reading all the SOPs.

The pharmacy had monthly paper near miss sheets with regular entries made each month, including during the pandemic. The pharmacist reviewed the near miss entries to identify any trends and learnings. Recently the pharmacy team had employed several trainee dispensers and any near miss errors they made were used as part of their learning. This included additional training for co-codamol preparations and different types of salbutamol inhalers. The pharmacy technician had completed training for look-alike and sound-alike (LASA) medicines. Since relocating to the new premises in March 2020 the team had not highlighted different LASA medicine storage. The review of near miss errors hadn't shown an increase in these types of errors. The pharmacy had a suitable template for recording dispensing errors and a SOP to support the team manage errors. There were no examples of completed forms to review.

The pharmacy displayed the responsible pharmacist (RP) notice of the pharmacist working. The SOPs described the roles and responsibilities for tasks. There was a completed role matrix displayed on the notice board which could be easily checked by team members and locum pharmacists. The pharmacy had a complaint's notice and SOP. There were several good reviews viewed on the internet about the

quality of the service at the pharmacy. The pharmacy conducted annual patient surveys and the results of the last survey were positive. The pharmacy had received some good feedback after helping elderly people during the pandemic.

The pharmacy had in-date indemnity insurance until the end of March 2022. It kept an up-to-date CD register. The sample of records checked were complete. Team members checked the physical stock against the register balance on each entry and initialled the register to confirm. The procedure was to check CDs used less regularly monthly, but this had not been possible during the pandemic. The physical balance matched the register for the one item checked. The pharmacy had a book to record the destruction of patient returned CDs and the entries were complete. Private prescription records were held and mostly had all the required details. But on two of the entries checked there was no prescription date entered. One emergency supply entry was checked, this detailed the reason for the supply but not the date the supply was made. The pharmacy kept complete records for unlicensed product supply as required. The RP record was complete.

The pharmacy had a privacy policy displayed at the pharmacy counter and a General Data Protection Regulation workbook for the team to refer to. The team disposed of confidential waste in separate bins that were transferred to confidential waste sacks and removed by a third party contractor. The RP and pharmacy technician working had last completed Level 2 safeguarding training in 2019/2020. The pharmacy had a safeguarding policy and other information, including local safeguarding contacts for the team to refer to. The technician explained how he had used his learning to help a vulnerable person, including contacting the local safeguarding team.

## Principle 2 - Staffing ✓ Good practice

### Summary findings

The pharmacy has a team with the necessary qualifications and skills to manage its services and workload well. Experienced team members are good at supporting trainees to learn and acquire the skills they need. And the team has a good culture of ongoing learning and development. Team members openly discuss ideas to improve services and care for people. And they feel comfortable to escalate any concerns.

### Inspector's evidence

The pharmacist worked each day in the pharmacy and his days off were covered by a regular locum pharmacist. The experienced pharmacy technician also worked full time. The pharmacy was committed to providing opportunities for employment to the local community and as such had employed several people with no previous experience. The pharmacy team had supported them through the dispenser's training. Several people had then moved on to other healthcare roles or moved out of the area. The current trainee dispenser had been working in the pharmacy two weeks and was enrolled on a dispenser's course. She felt well-supported in her initial induction and could explain her role in dispensing multi-compartment compliance packs and the role of the pharmacist. There was another trainee medicines counter assistant (MCA) employed as part of Kickstart. The delivery driver had completed accredited training in December 2020.

The team was seen working together well and managing the workload. Team members provided appropriate advice to people in the pharmacy and over the telephone. The team members described the challenges with requests for some medicines that were liable to abuse and how they dealt with these requests appropriately. They had also contacted people to raise awareness. The pharmacy team completed ongoing training, relating to the services provided. This included modules for weight management, suicide awareness and antibiotic stewardship. Team briefings had been held following the completion of these modules and a summary of the learnings displayed on the notice board. The superintendent (SI) shared details of webinars and courses to help keep the team's knowledge up to date. The pharmacy had an embedded process of completing yearly appraisals with the team. A detailed form was used to capture relevant details including personal development opportunities. For the pharmacy technician this included working towards becoming an accuracy checker. He had started this training during the pandemic, supported by the pharmacist and discussed the future plans to complete it.

The pharmacy technician described how he could easily approach the SI directly with any concerns and was confident these would be investigated. He also described how ideas from the pharmacy team were listened to and considered. During the pandemic, a team member had fed back his idea of helping people in the local community who were elderly. Many were shielding and not able to leave their homes. And after full consideration by the SI, in addition to their prescriptions being delivered other essential toiletries were too. It was important that the benefit to people in the community was balanced with the additional work for the driver. The pharmacy technician was given autonomy to liaise with other volunteer groups and signpost people using the pharmacy to their services e.g. for food parcels. The pharmacy had received grateful feedback for their services in the community.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are of a good standard for the services the pharmacy provides. They are clean, secure and the team maintains people's privacy, including during the pandemic.

### Inspector's evidence

The pharmacy premises was newly fitted out and provided a clean and professional image. The storeroom, office and toilet facilities upstairs were clean. There was hot and cold handwashing facilities and hand sanitiser available. The stairs had a handrail for safety. The premises were suitably adapted to help reduce the spread of infection during the pandemic. The pharmacy had enough bench space to easily dispense medicines, including for multi-compartment compliance packs. It had enough shelving to store medicines tidily. Medicines waiting to be delivered to people were stored on separate shelving. There was an adjacent bench area for the driver to organise his deliveries safely where he easily socially distanced from other members of the team. The floors were clear from obstructions and clean.

The pharmacy had a consultation room with a lockable door and clear signage, indicating to people that this room was for consultations. The room was of a suitable size. The pharmacist had rarely used this room during the pandemic except for administration of flu vaccinations. He made sure people's privacy was maintained if he didn't use the room. The pharmacy had a clean sink in the dispensing area. The temperature and lighting were suitable.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are easily accessible for people. And the pharmacy manages its services well to deliver them safely and effectively. The team supports people to take their medicines properly and provides relevant advice. The pharmacy suitably sources its medicines and mostly stores and manages its medicines appropriately

### Inspector's evidence

People easily accessed the pharmacy premises and due to the location, this was mainly people from the local community. The pharmacy provided services to meet people's needs and had remained open throughout the pandemic. It delivered people's medicines to their homes and during the pandemic had delivered essential toiletries to people who shielded or couldn't leave the house. The pharmacy kept a record of the deliveries it made. During the pandemic the driver didn't ask people to sign for the receipt. The driver social distanced whilst completing all deliveries and he had appropriate PPE to use. The pharmacy had applied to provide COVID-19 vaccinations from an associated premise but was yet to find out if it was successful.

The pharmacy used dispensing baskets to keep different people's medicines and prescriptions separate. The team initialled boxes on the dispensing labels to provide an audit trail of who had dispensed and checked the prescription. The pharmacy had stickers to use to indicate a fridge line and CDs. There were separate areas for different team members to work to help with workflow and this also helped with social distancing. The pharmacist and pharmacy technician were aware of the professional requirements of valproate use in pregnancy. They knew which of their regular patients this applied to and of their circumstances. The pharmacy had patient booklets in stock and were aware of the removable patient cards on the manufacturer's original packs. The pharmacy dispensed some medicines for daily collection. These were dispensed in the morning so were ready for collection when the person attended the pharmacy. The medicine and volume were checked at dispensing, but the pharmacist did not sign to record this check had been made, so there wasn't a complete audit trail of the check completed. A further check was completed before handing out. The pharmacist initialled the dispensing label at this point to confirm this check was complete.

People were required by the surgery to order their own medicines, unless they needed help and then the pharmacy ordered for them. The pharmacy had a record of these people. The pharmacy used a text message service, generated electronically to remind people to order their medicines and to let them know their medicines were ready. The pharmacy dispensed some medicines into multi-compartment compliance packs. The team members organised the workload across four weeks and had checks in place to make sure they received the prescriptions in time to dispense and supply the packs before people ran out of their medicines. They utilised the text message service for these people too. Each person had a printed master record detailing their current medication and administration times. This was used to check prescriptions and used when dispensing the packs. It acted as a check for any changes or missing items. The pharmacy printed backing sheets rather than dispensing labels, but these did not include the warning labels that were required. The pharmacy supplied patient information leaflets (PILs) monthly.

The pharmacy had suitable storage for its medicines in the dispensary and kept Pharmacy (P) medicines

stored behind the pharmacy counter. The pharmacy had medicinal waste bins for pharmaceutical waste and stored these separately upstairs. The pharmacy had a large, suitably-sized medical fridge and electronically recorded the temperatures daily. This was completed on opening for an accurate overnight reading and the thermometer reset at this point. The temperatures were seen to be within the required range. The pharmacy had a large suitably-sized CD cabinet with stock stored in a tidy manner.

The pharmacy had a process for regularly checking the expiry dates and records of the checks were seen. But the records were not up to date. The pharmacy technician remembered completing a check in March 2021 before a team member left but this had not been recorded. No out-of-date stock was found from the sample checked. Several short-dated stock packs were highlighted with coloured dots. This was in-line with the pharmacy's process. The pharmacy annotated the date liquid medicines were opened. One manufacturer's pack found on the shelf had many cut off blisters in the pack with no batch number or expiry. This indicated they had been left over from previous dispensing and been put in this pack. This created a risk of error. The pack was removed from the shelf. The pharmacy ordered its medicines from recognised wholesalers. The pharmacy received medicine recall alerts via email. It held records of the actions taken, when and by whom electronically to provide an audit trail.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has suitable equipment for the services it provides. And the pharmacy uses its equipment in ways to protect people's private information.

### Inspector's evidence

The pharmacy had reference resources and access to the internet for up-to-date information. It used clean, CE marked glass measures for liquids. The computers were password protected and monitors positioned away from public view. The phones had portable handsets so team members could have private conversations. The pharmacy stored people's medicines neatly awaiting collection, out of public view. The pharmacy stored the consumables for compliance packs appropriately.

### What do the summary findings for each principle mean?

Finding	Meaning
<span style="color: green;">✓</span> <b>Excellent practice</b>	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.
<span style="color: green;">✓</span> <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✓</span> <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.