

Registered pharmacy inspection report

Pharmacy Name: Pan Pharmacy, 160-160A Common Lane, Sheldon, Birmingham, West Midlands, B26 3DN

Pharmacy reference: 9011456

Type of pharmacy: Community

Date of inspection: 08/09/2021

Pharmacy context

This is a traditional community pharmacy located in a residential area of Sheldon, West Midlands. People who use the pharmacy are from the local community and a home delivery service is available. The pharmacy primarily dispenses NHS prescriptions and it provides some other NHS funded services. The pharmacy team dispenses medicines into multi-compartment compliance packs for people to help make sure they remember to take them. The inspection took place during the COVID-19 pandemic.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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 effectively 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. They record their mistakes so that they can learn from them, and they make changes to stop the same sort of mistakes from happening again. The pharmacy team keeps people's information safe and team members understand their role in supporting vulnerable people.

Inspector's evidence

A range of standard operating procedures (SOPs) were in place which covered the activities of the pharmacy and the services provided. The SOPs had been prepared by the superintendent pharmacist (SI) and there was a cover sheet, signed by the SI, to state that the SOP's were under review and they should be followed until the new SOPs were released. Pharmacy staff members had received training on the SOPs and used signature sheets to record this. Roles and responsibilities were highlighted within the SOPs.

A near miss log was available and the dispenser involved was responsible for correcting their own error to ensure they learnt from the mistake. The responsible pharmacist (RP) explained that she made the dispenser aware of any mistakes. She gave some examples of different types of mistakes and how they had been used to try and not make the same error again. The RP informally reviewed the log for patterns and trends and a dispensing assistant was responsible for undertaking an annual review for the NHS Pharmacy Quality Scheme (PQS) submission. There was an SOP for investigating dispensing incidents and the SI would be contacted for advice as part of the investigation.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A medicines counter assistant correctly answered hypothetical questions related to high-risk medicine sales. The team said that they received regular telephone calls to ask if they stocked codeine linctus and the RP had taken the decision not to stock it and told them to suggest alternative medicines if anyone requests it.

Personal protective equipment (PPE) was available and was being worn by the pharmacy team. If a team member was not wearing PPE they were socially distancing from other team members and from members of the public. Coronavirus information was displayed throughout the premises. Pharmacy team members carried out lateral flow tests at least twice a week and the pharmacy acted as a lateral flow test (LFT) collection point for members of the public. Counselling was provided when the tests were handed out and the pharmacy also offered a locally commissioned LFT service.

The pharmacy's complaints process was explained in the SOPs. People could give feedback to the pharmacy team in several different ways; verbal, written and online. The pharmacy team tried to resolve issues that were within their control and would involve the SI if they could not reach a solution. The pharmacy had re-located about 12-months prior to the inspection and the team explained that they had received positive feedback about the new premises from the people that use the pharmacy. The

team had recently carried out the Community Pharmacy Patient Questionnaire (CPPQ) and were awaiting feedback.

The pharmacy had up-to-date professional indemnity insurance. The Responsible Pharmacist (RP) notice was displayed although it was not prominent, and the RP agreed to move the notice to a different position. The RP log met requirements. Controlled drug (CD) registers were in order and a random balance check matched the balance recorded in the register. Private prescription and specials records were seen to comply with requirements.

The pharmacy had an Information Governance (IG) folder which contained various training and policy documents. Confidential waste was stored separately from general waste and was destroyed securely. The pharmacy team had their own NHS Smartcards and confirmed that passcodes were not shared. The RP had completed Centre for Pharmacy Postgraduate Training (CPPE) on safeguarding and the details of local safeguarding bodies were available.

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 always 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 the pharmacy manager (RP at the time of the inspection), a dispensing assistant and two medicines counter assistants. A delivery driver was shared with other Pan Pharmacy branches. Holidays were requested in advance and cover was either provided by other staff members as required, or they asked for support from another branch of Pan Pharmacy. The pharmacy manager arranged her annual leave with the SI.

The dispensing assistant was enrolled on a NVQ3 course and was around halfway through completing it. The course provider had allowed an extension to the course deadline due to the pandemic and the dispensing assistant explained that she was on track to complete the course within the updated deadline. A medicines counter assistant was due to be enrolled on a dispensing assistant course so that she could support in the dispensary as the shop and counter was much quieter than when the pharmacy was in its previous location. The RP explained that she felt the current staffing levels were sufficient, but training a medicines counter assistant to become a dispensing assistant would be better in the longer term.

The 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. Members of the team discussed any pharmacy issues with their colleagues as they arose and held regular huddles within the dispensary, usually on a Tuesday afternoon. A communication book was used to pass messages between shifts. The pharmacy staff said that they could raise any concerns or suggestions with the pharmacists or SI and explained that they were responsive to feedback. The RP was observed making herself available to discuss queries with people and giving advice when she handed out prescriptions. Some targets were set for professional services; the RP explained that she would use her professional judgment to offer services when she felt that they were appropriate for the person.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare services. The pharmacy team uses a consultation room for some services and if people want to have a conversation in private.

Inspector's evidence

The premises were smart in appearance and appeared to be well maintained. Any maintenance issues were reported to the SI. The dispensary was large, and an efficient workflow was seen to be in place. Dispensing and checking activities took place on separate areas of the worktops. There was a large stock room to the back of the premises and an additional smaller stock room off the shop floor.

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 closed when not in use. The smaller stock room was equipped to be a second consultation room if the pharmacy team required it in the future. Prepared medicines were held securely within the dispensary and pharmacy medicines were stored behind the medicines counter, so sales were supervised.

Various COVID-19 related signs had been produced to explain the social distancing measures and to restrict the number of people that could be in the pharmacy at any one time. Perspex screens had been installed between the shop area and the medicines counter. The dispensary was clean and tidy with no slip or trip hazards evident. The pharmacy was cleaned by the pharmacy team. The sinks in the dispensary and staff areas had hot and cold running water. Hand towels and hand soap were available. The pharmacy had air conditioning and the temperature was comfortable during the inspection. The lighting was adequate for the services provided.

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 advice about their medicines when collecting their prescriptions. The team supplies medicines in multicompartment compliance packs for those who may have difficulty managing their medicines.

Inspector's evidence

The pharmacy had step free access from the pavement and a home delivery service was offered to people who could not access the pharmacy. The pharmacy staff referred people to local services when necessary. They used local knowledge and the internet to support signposting. The RP was working through the training required to become accredited for additional services such as 'flu vaccinations and the locally commissioned sexual health service.

Items were dispensed into baskets to ensure prescriptions were not mixed up together. Different coloured baskets were used to prioritise certain prescriptions. Staff signed the dispensed and checked boxes on medicine labels, so there was a dispensing audit trail for prescriptions. Notes and stickers were attached to medication when there was additional counselling required or extra items to be added to the bag. 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. The delivery driver maintained records and these were uploaded to the patient medication records so that the pharmacy team could quickly see when a prescription had been delivered if there was a query.

Multi-compartment compliance packs were used to supply medicines for some patients. Prescriptions were ordered in advance to allow for any missing items to be queried with the surgery ahead of the intended date of supply. Each person had a record sheet to show what medication they were taking and when it should be packed. Notes about prescription changes and queries were kept on the patient medication record. A sample of dispensed compliance packs were seen to have been labelled with descriptions of medication and patient information leaflets (PILs) were sent with each supply. The dispensing assistant used a common-sense approach when talking to people about changes to compliance packs and did what was best for the patient. The pharmacy team did not undertake suitability risk assessments when considering whether to accept a request for dispensing into a compliance pack, so it could not always show why it supplied these or that other options had been considered.

Date checking took place regularly and no out of date medication was seen during the inspection. There was a date checking matrix available for both the dispensary and the shop to record date checking. 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 designated bins. Medicines were obtained from a range of licenced wholesalers and the pharmacy was alerted to drug recalls via emails from the MHRA.

The CD cabinets were secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. Fridge temperature records were maintained, and records showed that the pharmacy fridges were usually 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 its services safely. The team uses this 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 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 were available. Separate measures were used for the preparation of methadone. Counting triangles were available. Computer screens were not visible to the public as members of the public could not access 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.