

Registered pharmacy inspection report

Pharmacy Name: Hurcomb Pharmacy, 241 Wheeler Street,
Birmingham, West Midlands, B19 2ET

Pharmacy reference: 9011503

Type of pharmacy: Community

Date of inspection: 28/10/2021

Pharmacy context

This is a traditional community pharmacy located in the Newtown area of Birmingham. People who use the pharmacy are from the local community and a home delivery service is available. The area surrounding the pharmacy is undergoing regeneration and the pharmacy relocated into this premises in January 2021 as part of the regeneration scheme. 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 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 the written procedures are regularly reviewed to ensure they are still relevant. 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 that were provided. The SOPs had been prepared by the superintendent pharmacist (SI). These had been developed using pre-prepared SOP templates following the relocation as some of the previous SOPs were no longer relevant, especially as the pharmacy now had a picking robot. Roles and responsibilities were highlighted within the SOPs and a signature sheet was available to record training. The team were working through their SOP training, and the SI had asked the team members to spend time reading, understanding, and asking questions about their content before signing the signature sheet. Some of the SOPs, for example the accuracy checking SOP, did not exactly match the process being followed by the team. So, the SOPs may benefit from some further amendments.

The pharmacy had moved to its current location in January 2021. As part of the relocation, the SI had researched and invested in a large robot. The SI had risk assessed the different dispensing robots that were available. And had chosen a model that was future proof and would be large enough to hold the majority of the pharmacy's stock, including fridge lines. The SI explained the added features of the dispensing robot and how they supported patient safety. The robot had a second picking head in case of break down, backup power, and it was linked to multiple dispensing terminals and had stock management features. The robot had reduced the amount of picking errors and the number of near misses had greatly reduced since the robot had been installed. The SI explained this was due to a combination of the robot using barcode technology and prescriptions being sent electronically from the surgery. Near misses and errors were linked to 'human error' and the team were aware that whilst the robot did help with patient safety, they still had had an important part to play. A hand-out mistake had occurred, and the team had investigated why this may have happened.

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. Personal protective equipment (PPE) was available and was being worn by the pharmacy team. Coronavirus information was displayed, with additional information in the communal areas between the pharmacy and the health centre.

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 up-to-date professional indemnity insurance. The Responsible Pharmacist (RP) notice was not displayed at the start of the inspection; however, this was promptly rectified. 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 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 destroyed securely. The pharmacy team had their own NHS Smartcards and confirmed that passcodes were not shared. Members of the team were aware of their safeguarding responsibilities and would speak to the RP if they had any concerns. A safeguarding policy was 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 staff 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 superintendent (RP at the time of the inspection), a locum pharmacist who was providing additional cover, an accuracy checking technician, a pharmacy technician, a dispensing assistant, two medicines counter assistants and three delivery drivers. 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 the same company. The base staffing levels were designed to be slightly higher than the pharmacy needed so that they could still operate smoothly when team members were absent.

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. The team had their own main duties but were trained to be able to carry out other tasks within the dispensary so that they could cover during busy periods or when team members were on annual leave. Members of the team discussed any pharmacy issues with their colleagues as they arose and held regular meetings within the dispensary; these were usually monthly.

The pharmacy staff said that they could raise any concerns or suggestions with the technicians or SI and explained that they were responsive to feedback. A dispensing assistant gave an example of a suggestion that she had made that had been implemented and explained the benefits that it had had. A whistleblowing policy was available and team members said that they would contact the GPhC if their concern was about a registered professional.

The RP was observed making himself available throughout the inspection to discuss queries with people and giving advice when he handed out prescriptions, or with people on the telephone. No formal targets were set.

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 of its services and if people want to have a conversation in private.

Inspector's evidence

The premises were equipped to a high standard and well maintained. Any maintenance issues were reported to the SI and various maintenance contracts were in place. The previous pharmacy had been there since 1985 and the new premises was much brighter and modern. The dispensary was large, and an efficient workflow was seen. A large dispensing robot contained most of the pharmacy's stock, and four 'chutes' were used, one in each dispensing workstation. Dispensing and checking activities took place on separate areas of the worktops and a large island was available for dispensing or checking, depending on the workload. The consultation rooms were professional in appearance. The doors to the consultation rooms were lockable to prevent unauthorised access. One of the consultation rooms was used as an office and storeroom but was equipped as a consultation room if the pharmacy team required it in the future.

Various COVID-19 related signs had been produced and Perspex screens had been installed between the shop area and the counter. The dispensary was clean and tidy with no slip or trip hazards evident. The pharmacy was cleaned by the pharmacy team and the medicines counter assistant cleaned high touch point areas throughout the day. 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. Prepared medicines were held securely within the pharmacy premises and pharmacy medicines were stored behind the medicines counter.

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. The team supplies medicines in multi-compartment compliance packs for those people who may have difficulty managing their medicines.

Inspector's evidence

The pharmacy had two entrances, both with step free access and automatic doors. Plenty of seating was available whilst people waited for their prescriptions. A large free car park was available for people using the pharmacy and health centre. The pharmacy staff referred people to local services when necessary. They used their local knowledge and the internet to support signposting. The pharmacy services that the SI had decided to offer were chosen to compliment the services offered by the health centre next door, rather than to 'compete' for the same services. Health promotion leaflets were available, and there were large screens in the seating area which scrolled through different health promotion topics.

A home delivery service was offered to people who could not access the pharmacy and the demand for this service had increased during the pandemic. The pharmacy had two vehicles for home deliveries and one of these had been purchased specifically to meet the requirements of Birmingham's Clean Air Zone. The Clean Air Zone had launched in June 2021 and the SI had invested in a compliant vehicle as he did not want to stop delivering prescriptions to people living within the Zone.

Items were dispensed into baskets to ensure prescriptions were not mixed up together. Stickers were used to prioritise certain prescriptions and to alert the drivers to urgent home deliveries. 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 used to supply medicines for some patients. Prescriptions were ordered in advance to allow for any missing items or changes 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 that were waiting to be delivered were not labelled with descriptions of medication, and patient information leaflets (PILs) were missing. This was discussed with the team members who agreed that this was not best practice, and they would review their approach. The surgeries had recently changed the way that they issued prescriptions for compliance packs and this had led to a pharmacy review of the service. The pharmacy had assessed the service and the outcome was that they would only take on new patients after carrying out a suitability audit as they felt that they did not have much capacity to expand this service.

Pharmacy stock was obtained from a range of licensed wholesalers and much of the stock management was controlled by the robot. Medicines were put into a hopper and the robot controlled how they were stored using barcode technology. The robot moved stock around inside to manage expiry dates and so the more popular medicines were closer to the exit chutes to improve efficiency. Short-dated stock was picked by the robot and put into a special chute. The robot was temperature controlled and there was a separate part of the robot that stored cold chain medicines.

Other 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 opened were not all marked with a date of opening and these were removed during the inspection. The CD cabinets were secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. Patient returned medicines were stored separately from stock medicines in designated bins. The pharmacy was alerted to drug recalls via emails from the PSNC.

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.

A dispensing robot was used to store and pick medicines for prescriptions and the team members had received training on how to use it. The robot was serviced regularly, and they had telephone numbers for the engineers in case of breakdown. The team could resort to manual dispensing if technical problems with the robot could not be resolved and they could enter the robot to sort out any minor issues.

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.