

Registered pharmacy inspection report

Pharmacy Name: Click4Prescriptions, 2 Trafalgar Road, Handsworth, Birmingham, West Midlands, B21 9NH

Pharmacy reference: 9011526

Type of pharmacy: Community

Date of inspection: 10/11/2021

Pharmacy context

This community pharmacy is located next door to a health centre, close to Soho Road in Birmingham. People who use the pharmacy are from the local community and a home delivery service is available. The pharmacy relocated into this premises in March 2021 and was previously situated on Soho Road. 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 that were provided. The SOPs had been prepared by the superintendent pharmacist (SP). These had been developed using pre-prepared SOP templates following the relocation. 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 team members were taking time to read, understand, and ask questions about their content before signing the signature sheet.

Near misses were recorded on the patient medication record (PMR) and the dispenser involved was responsible for correcting their own error to ensure they learnt from the mistake. The team gave some examples of different types of mistakes that had been made during stock selection and how they had moved stock around to try and prevent the same mistake happening again.

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. The team said that they received regular requests for some high-risk medicines and the SP had taken the decision not to stock certain medicines and told the team to suggest alternative medicines if anyone requests it. Personal protective equipment (PPE) was available and was being worn by the pharmacy team. Personal COVID risk assessments for the pharmacy team had been completed and lateral flow tests were regularly carried out.

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 Community Pharmacy Patient Questionnaire's (CPPQ) had been printed out and was due to start imminently.

The pharmacy had up-to-date professional indemnity insurance. The Responsible Pharmacist (RP) notice was clearly displayed, and 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. Specials records were maintained with an audit trail from source to supply.

The pharmacy had completed a Data Security and Protection Toolkit and the privacy policy was

displayed to members of the public. 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. The pharmacy professionals had completed Centre for Pharmacy Postgraduate Training (CPPE) on safeguarding and the details of local safeguarding bodies were available. The pharmacy team had been briefed on safeguarding and explained some of the concerns that they had shared with the RP.

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 superintendent (RP at the time of the inspection), an accuracy checking technician, a pharmacy technician, a dispensing assistant, a trainee dispensing assistant and two delivery drivers. Holidays were requested in advance and cover was provided by other staff members as required. The SI said that he had noticed that requests for additional services, such as GP Community Pharmacist Consultation Service (CPCS) had started to increase so he was recruiting additional member of staff.

The team worked well together during the inspection and were observed helping each other throughout. Members of the team discussed any pharmacy issues with their colleagues as they arose and held regular meetings within the dispensary. The team members had annual performance appraisals with one of the company directors. The pharmacy team had joint meetings with staff at the GP surgery next door to discuss ways of working when a new service or process was launched. For example, they had held a joint meeting about GP CPCS and the pharmacy team explained this meeting had helped with the number of referrals they had received. The pharmacy staff said that they could raise any concerns or suggestions with the ACT or SP and explained that they were responsive to feedback. Team members said that they would contact the GPhC if their concern was about a registered professional. The SP 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 smart in appearance and appeared to be well maintained. Any maintenance issues were reported to the SP or landlord. 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 and staff facilities to the back of the premises. The consultation rooms were professional in appearance. The doors to the consultation rooms were lockable to prevent unauthorised access.

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 a part-time cleaner and 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 radiators and portable heaters 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 multicompartment compliance packs for those people who may have difficulty managing their medicines.

Inspector's evidence

The pharmacy had a step free entrance 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 pharmacy had been receiving referrals for the NHS advanced service called GP Community Pharmacist Consultation Service (CPCS) and the team explained that this service enabled people with minor illnesses to access medication, if appropriate, quickly and freed up surgery appointments. Pharmacy staff could speak to patients in English, Hindi, Punjabi, Urdu, Czech and they could use Google Translate if needed.

Items were dispensed into baskets to ensure prescriptions were not mixed up together. Staff signed the dispensed and checked boxes on medicine labels, so there was a dispensing audit trail for prescriptions. The delivery drivers kept records of home deliveries. 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, and an audit had been carried out for the NHS Pharmacy Quality Scheme (PQS).

A '4-way stamp' was used on prescriptions to identify which members of the team had been involved in different areas of the dispensing process. Any prescriptions that were checked by the accuracy checking technician (ACT) were clinically checked by a pharmacist who initialled the 'cc' quadrant of the '4-way stamp' once the clinical check had been completed. The ACT confirmed that he could not perform an accuracy check of the prescription if he had been involved in the dispensing process or if the prescription had not been clinically checked by a pharmacist.

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 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.

Date checking took place regularly in accordance with a date checking matrix. But some areas of the

dispensary had not been date checked for a while and several packs of out-of-date medication were seen during the inspection. The SP agreed to review this with the team and organise for date checking in these areas to be completed. 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° 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. 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.