

Registered pharmacy inspection report

Pharmacy Name: Browns Pharmacy, 12-14 The Parade, Kingshurst, Birmingham, West Midlands, B37 6BA

Pharmacy reference: 9011700

Type of pharmacy: Community

Date of inspection: 04/04/2022

Pharmacy context

This is a community pharmacy situated in a residential estate of Kingshurst, Birmingham. It relocated into brand new premises in December 2021. The pharmacy dispenses NHS prescriptions, provides a substance misuse service, and dispenses medication in multi-compartment compliance packs to some people who need assistance in managing their medicines at home. And it provides NHS funded services such as seasonal flu vaccinations, emergency hormonal contraception and treatment for urinary tract infections under a patient group direction. 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

The pharmacy has written instructions to help make sure its services are delivered safely and effectively. Members of the pharmacy team generally keep the records in line with requirements to ensure medicines are supplied safely and legally. The pharmacy keeps people's private information securely. Members of the pharmacy team understand how they can help protect vulnerable people. They record mistakes during the dispensing process. But the lack of detail and consistency in recording may limit their ability to review some of these incidents fully. And may mean they miss opportunities to learn and improve their processes.

Inspector's evidence

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. Members of the pharmacy team discussed the mistakes they made during the dispensing process. But they didn't routinely review them to help identify learning points to reduce the chances of such events from happening again. There were couple of dispensing mistakes made recently that had reached people (dispensing errors). But the action taken to prevent recurrence had not been recorded. And there was little evidence of individual reflection by the person making the error. The pharmacy kept records of mistakes identified during the dispensing process (near misses). But these had not been reviewed recently. The pharmacy manager said that since the move, the pharmacy had somewhat struggled to get consistent locum cover and staff absences due to Covid-19 infection. The superintendent pharmacist (SI) had supported the team and collated the pharmacy's near misses so that these could be analysed centrally.

The correct Responsible Pharmacist (RP) notice was displayed in the pharmacy and the RP record had been completed. Members of the pharmacy team understood the tasks they could or could not undertake in the absence of the RP. And their roles and responsibilities were described within the SOPs. A current certificate of professional indemnity insurance was on display in the dispensary. The pharmacy displayed a notice that informed people how their private information was gathered and safeguarded. A shredder was available and used to destroy confidential waste on-site and the pharmacy's computers were password protected.

Members of the pharmacy team used their own NHS smartcards to access electronic prescriptions. Completed prescriptions were stored appropriately and people's personal details were not visible to the public. Records about the RP, controlled drugs (CDs), private prescriptions and unlicensed medicines were kept in line with requirements. The pharmacy kept running balances of CDs. But there was one discrepancy in a CD running balance which the SI was in the process of resolving. A separate register was used to record patient-returned CDs.

Members of the pharmacy team knew what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person. And they had completed appropriate safeguarding training relevant to their roles and responsibilities. The pharmacy manager had completed Level 2 safeguarding training. Details of local agencies to escalate safeguarding concerns were available in the pharmacy.

Principle 2 - Staffing ✓ Standards met

Summary findings

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

Inspector's evidence

At the time of the visit, the pharmacy manager was the RP on duty supported by three technicians and a qualified medicine counter assistant. Members of the pharmacy team worked well together, and they were managing their workload adequately. The pharmacy manager said that he normally got additional pharmacy cover twice a week. But recently the company had struggled to find regular locum cover due to pharmacist shortages and staff recruitment had proven equally difficult.

Members of the pharmacy team received some informal training, such as updates on new medicines and journal articles to help keep their skills and knowledge up to date. The pharmacy had a whistleblowing policy and team members felt comfortable about raising concerns or making suggestions to improve pharmacy services. They said they were very well supported by their SI. The pharmacy manager felt able to make professional decisions in the interest of the people who used the pharmacy. The team did not feel under any undue pressure to meet service targets and there were no incentives set.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are kept clean and suitable for the provision of healthcare services. And they are kept secured from unauthorised access.

Inspector's evidence

The pharmacy had recently relocated into brand new premises. The premises were clean and fitted to an adequate standard. The public area of the pharmacy had limited space and it had a small post office. It was clear of slip or trip hazards and could accommodate a wheelchair or a pram. There was enough lighting throughout, and the room temperature was suitable for the storage of medicines. The dispensary was sufficiently spacious, and the workflow was well organised. There was enough space to store medicines safely. The hygiene and handwashing facilities were clean. A separate sink in the dispensary for preparing liquid medicines was clean and it had a supply of hot and cold water. The pharmacy's consultation was private and kept tidy. The premises were secure from unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy provides its services safely and effectively. People with different needs can access the pharmacy's services. The pharmacy gets its medicines from reputable sources and generally stores them properly. Members of the pharmacy team generally take the right action in response to safety alerts so that people get medicines and medical devices that are safe to use. But they do not always keep a record of the actions taken in response to these alerts. So, the pharmacy may not be able to provide assurances that concerns about medicines not fit for purpose are addressed in a timely manner.

Inspector's evidence

The pharmacy's opening times and services offered were advertised in the pharmacy. Members of the pharmacy team had a signposting folder and used their local knowledge to signpost people to other providers if a service required was not available at the pharmacy. The pharmacy undertook approximately 100 prescription deliveries each day and it had four part-time delivery drivers. An audit trail for the delivery service was kept. The delivery drivers were currently not obtaining signatures from recipients to minimise the risk of infection transmission.

Members of the pharmacy team used baskets during the dispensing process to prioritise workload and minimise the risk of prescriptions getting mixed up. 'Owing' slips were issued to people to keep an audit trail when prescriptions could not be fully supplied in full when first dispensed. Dispensed multi-compartment compliance packs seen during the inspection had been labelled with a description of medicines to help people or their carers identify the medication. The pharmacy manager said that patient information leaflets were routinely supplied with the packs. Members of the pharmacy team routinely documented any changes to the person's medication regime and there was an audit trail to show when these changes were made and by whom.

The pharmacy provided substance misuse service to quite a few people. Medicine instalments were generally collected weekly, and these were usually pre-prepared using a manual pump. Members of the pharmacy team were aware of the valproate Pregnancy Prevention Programme and additional counselling to be given to people in the at-risk group. The valproate information pack and patient cards were available to ensure any new at-risk people prescribed medicines containing valproate were given the information where appropriate.

Stickers were put on assembled prescription bags to highlight if a fridge line was prescribed. And assembled CDs not requiring secure storage were highlighted with a CD sticker. Members of the pharmacy team knew that schedule 3 and 4 CD prescriptions had a 28-day validity period. Assembled prescriptions for methotrexate and warfarin were kept in separate boxes. An aide-memoire reminding team members about safe handout and dispensing guidelines was attached to ensure these were supplied to people safely.

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 in amongst stock. Medicines requiring

cold storage were kept in several refrigerators and these were stored between 2 and 8 degrees Celsius. The maximum and minimum temperatures were recorded. But several records showed that the temperatures had been outside the required range and no record had been made of any remedial action taken. This could mean that the pharmacy may not be able to provide assurances that cold chain medicines were always stored appropriately. 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 medicines recalls to make sure the medicines it supplied were fit for purpose. Records of the actioned alerts seen during the inspection were not recent. The pharmacy manager said that since moving into the new premises, members of the pharmacy team dealt with the alerts appropriately, but they did not always print and record the action taken. But he provided assurances that an audit trail will be kept going forwards.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities 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 clean calibrated glass measures for measuring liquid medicines. Medicine containers were capped to prevent contamination. Hand sanitising gels were available in various locations in the pharmacy.

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.