

Registered pharmacy inspection report

Pharmacy Name: Nechells Pharmacy, 56A Nechells Park Road,
Birmingham, West Midlands, B7 5PR

Pharmacy reference: 9011831

Type of pharmacy: Community

Date of inspection: 19/02/2024

Pharmacy context

This community pharmacy is situated next to a GP surgery in a residential area of Birmingham. It sells a range of over-the-counter medicines and dispenses prescriptions. It provides the New Medicine Service (NMS), the Pharmacy First service, the Umbrella Sexual Health Service, a substance misuse service, and a travel vaccination service. The pharmacy also supplies medicines in multi-compartment compliance packs to help make sure people take them safely. And it delivers medicines to people who can't visit the pharmacy in person.

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	2.2	Good practice	Team members are well-supported with on-going training to ensure their skill and knowledge remain current.
3. Premises	Standards met	3.1	Good practice	The pharmacy's premises are fitted to a good standard, kept clean and they project a professional appearance.
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

Overall, the pharmacy has safe and effective working practices. It identifies and manages the risks associated with its services well. And it keeps the records it needs to by law, to show that medicines are supplied safely and lawfully. Team members routinely record and review their mistakes so that they can learn and improve from these events. The pharmacy keeps people's confidential information securely and its team members understand how they can help and protect vulnerable people.

Inspector's evidence

The pharmacy had a range of current standard operating procedures (SOPs), and these had been read and signed by its team members. The roles and responsibilities of team members were outlined in the SOPs and team members could explain the tasks they could not undertake in the absence of a pharmacist.

The correct responsible pharmacist (RP) notice was displayed in the pharmacy. The workflow in the dispensary was very well-organised and calm. The work benches were kept clear and the RP used a designated area in the dispensary to complete final accuracy checks on dispensed prescriptions. Dispensing labels were initialled at the dispensing and checking stages to create an audit trail showing who had been involved in these tasks.

The pharmacy manager explained how team members dealt with mistakes made during the dispensing process. Mistakes that were spotted before medicines were handed out (near misses) were routinely recorded and reviewed. The pharmacy manager said that the QR bar-code scanning system alerted team members if an incorrect product had been selected. And most of the near misses involved incorrect quantities rather than selecting an incorrect medicine. Dispensing mistakes which reached people (dispensing errors) were also recorded and a root cause analysis was undertaken to identify what had gone wrong and learning points to prevent similar events from happening again. Completed incident reports were submitted to the superintendent pharmacist (SI). A recent incident, involving a supply of the sugared version of a medicine instead of the sugar-free version, was well documented and reviewed. Team members had begun highlighting prescriptions for this medicine and they had separated the two forms to prevent a similar event in future.

The pharmacy had current professional indemnity and public liability insurance. Records about RP, controlled drugs (CDs), private prescriptions and unlicensed medicines were kept in line with requirements. CD running balances were audited at regular intervals and a random CD balance check was correct. A separate register was used to record patient-returned CDs on receipt to ensure a robust audit trail.

The pharmacy had a complaints procedure and the pharmacy manager said that she would always endeavour to resolve complaints in-store but would escalate to the SI where appropriate. Members of the pharmacy team used their own NHS smartcards to access electronic prescriptions. No person-identifiable information was visible to members of the public and prescriptions awaiting collection were stored securely. The pharmacy's computers were password protected and confidential waste was shredded in the pharmacy.

The pharmacy had procedures about protecting vulnerable people. Members of the pharmacy team had completed safeguarding training relevant to their roles and responsibilities. Contact details for safeguarding agencies were displayed in the pharmacy. A chaperone policy was displayed in several locations in the pharmacy including in the two consultation rooms.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy is staffed appropriately to manage its current workload safely. Its team members are well-supported with on-going training to help keep their skills and knowledge up to date. They are encouraged by their SI to undertake training to develop their skill sets further. They work well together, and they can raise concerns or make suggestions to help improve the pharmacy's services.

Inspector's evidence

At the time of inspection, the pharmacy was staffed by the pharmacy manager, a locum pharmacist, a foundation trainee pharmacist, two trained dispensers, a trainee dispenser and two medicine counter assistants. Team members were working well together, and they were managing their workload calmly and comfortably. People visiting the pharmacy were served promptly.

Team members were well-supported with on-going training to help keep their skills and knowledge current. And they were given time during working hours to complete their training. Training certificates belonging to team members were suitably displayed in the retail area of the pharmacy. The foundation trainee pharmacist said that they were very well supported by their tutor, the pharmacy manager and the SI. Team members had completed several training modules required under the NHS Pharmacy Quality Scheme (PQS). The pharmacy manager said that they were very well supported by their SI and were due to commence their training as a pharmacist independent prescriber.

The pharmacy had a whistleblowing policy and team members felt comfortable about raising concerns with their pharmacy manager and the SI who visited the pharmacy frequently. Team members did not have any targets or incentives set.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, well-organised and it is suitable for the provision of healthcare services. It has consultation rooms, so people visiting the pharmacy can receive services and speak to team members in private.

Inspector's evidence

The pharmacy was spacious, clean, and fitted to a good standard. It projected a professional image. The retail area of the pharmacy was free from any obstructions and there was ample seating available for people waiting for services. The dispensary was spacious, well organised and it was immaculate. Two private, signposted consultation rooms were available for services and to enable people to have a private conversation with a team member if required. The rooms were well appointed, clean, and spacious. The sinks in the dispensary and in the consultation rooms were clean and each had a supply of hot and cold running water. Team members had access to hygiene facilities and separate hand-washing facilities. Room temperatures in the pharmacy were controllable, and levels of ventilation and lighting were suitable for the activities undertaken. The premises were secured against unauthorised access when closed.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy supplies medicines safely and people with diverse needs can access its services. It gets its medicines from licensed wholesalers and its team members take the right action in response to safety alerts and medicine recalls so that people get medicines and medical devices that are fit for purpose.

Inspector's evidence

The pharmacy had automated doors and its entrance was step-free to help assist people with mobility difficulties. Its opening hours and the services it offered were advertised by the entrance. A range of leaflets and healthcare posters were suitably displayed in the retail area of the pharmacy. Team members used their local knowledge to signpost people to other providers where appropriate. The pharmacy offered a delivery service and an audit trail was kept to ensure medicines were delivered safely to people.

The dispensing service was well managed. Team members used baskets to prioritise their dispensing workload and to minimise the risk of medicines getting mixed up. 'Owing notes' were issued to keep an audit trail when prescriptions could not be supplied in full when first dispensed. The workflow in the dispensary was calm and efficient. The pharmacy had begun delivering the new NHS Pharmacy First service at the beginning of February. Team members had completed relevant training to be able to deliver this service safely. However, the pharmacy manager said that the uptake of the service had been low so far.

The pharmacy offered multi-compartment compliance packs to people who needed support in managing their medicines safely at home. Records were kept for each compliance pack so that any changes in the medication could be monitored and queried. Team members labelled compliance packs with a description of each medicine to help people identify them. Patient information leaflets (PILs) were routinely supplied with compliance packs. Pharmacist interventions were well documented on the patient medication record (PMR).

The pharmacy manager was aware of the guidance about pregnancy prevention to be given to people in the at-risk group who took sodium valproate. Team members were aware of recent guidance about supplying valproate-containing medicines in their original packs. The stock packs on the shelf included warning cards and the pharmacy had additional stickers and warning cards if needed.

The pharmacy ordered its stock medicines from licensed wholesalers and pharmacy-only medicines were restricted from self-selection. The pharmacy did not sell codeine linctus or Phenergan elixir over the counter. Team members knew about being vigilant when selling codeine-containing painkillers and pseudoephedrine.

Temperature-sensitive medicines were stored tidily in a medical fridge and temperatures were recorded daily. Records showed that temperatures had remained within the required range of 2 and 8 degrees Celsius. All CDs requiring secure storage were stored in an organised fashion in the CD cabinet. Date-expired CDs were separated clearly and the pharmacy had denaturing kits to dispose of waste CDs safely. Stickers were used to mark short-dated medicines and there were no date-expired medicines

found amongst in-date stock. Waste medicines were stored in designated bins.

The pharmacy received safety alerts and medicine recalls via email. Team members could explain how these were dealt with. Records of previous actioned alerts were available in the pharmacy. Team members had recently actioned an alert regarding ramipril 1.25mg tablets.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. And its team members use the equipment and facilities in a way that protects people's privacy and dignity.

Inspector's evidence

Team members had access to current reference sources. The pharmacy had calibrated measures available for measuring liquid medicines. And some measures were kept specifically for measuring certain liquids to minimise the chances of cross-contamination. Equipment for counting loose tablets and capsules was available and it was kept clean. Medicine containers were capped. All electrical equipment was in good working order. People's private information was kept securely. Team members had access to cordless phones so they could converse in private where appropriate.

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.