General Pharmaceutical Council

# Registered pharmacy inspection report

**Pharmacy Name:** Zenith Pharmacy, 9-9A Birchfield Road, Birmingham, West Midlands, B19 1SU

**Pharmacy reference:** 9012110

**Type of pharmacy:** Community

**Date of inspection:** 11/10/2023

## Pharmacy context

This community pharmacy is on a main road in the Birchfield area of Birmingham. People who use the pharmacy are from the local community and a home delivery service is available. The pharmacy dispenses NHS prescriptions, and it provides some other NHS funded and private services. The pharmacy team dispenses some medicines into multi-compartment compliance packs for people to help make sure they remember to take them, and the pharmacy provides services to care homes.

## 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 generally 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 they complete tasks in the right way. They discuss their mistakes so that they can learn from them. And team members understand their role in protecting vulnerable people and they keep people's personal information safe.

### Inspector's evidence

The pharmacy had moved to its current location in June 2023. It had relocated from a premises a few doors away. The pharmacy had been operating from the old premises for a number of years and was well-established. The new premises renovation was still being completed, but the part that was finished appeared to be of a suitable standard, and it was much larger, brighter and more modern than the previous premises.

A range of standard operating procedures (SOPs) were in place which covered most of the activities of the pharmacy and the services provided. The SOPs had been reviewed and implemented by the superintendent (SI) in March 2023. Signature sheets were used to record staff training, and roles and responsibilities were highlighted within the SOPs.

Near misses were discussed with the dispenser involved to ensure they learnt from the mistake. The near miss record could not be located during the inspection and the team thought that it had been misplaced during the pharmacy move. This meant that the team could not undertake a review of the near misses and that learning opportunities could be missed. Some 'select with care' notices had been placed by medicines that were known to have similar names as a proactive step to reduce the chances of picking the incorrect medicine whilst assembling prescriptions. There was an SOP for dealing with dispensing errors and pharmacy incidents. Pharmacy incidents were recorded using a function on the pharmacy computer and a previous incident review contained details of what next steps had been taken to reduce the chances of a similar incident occurring in the future.

The SI was an independent prescriber and had started to undertake some private services in the pharmacy, such as prescribing for minor ailments and a travel vaccination service. The SI described some of the risks associated with the services and what she had done to mitigate these risks. However, these were not documented in a formal risk assessment to show what steps had been taken and help support ongoing risk management. This was discussed with the SI, including the benefits of documenting risk assessments, and creating a service specification with inclusion and exclusion criteria. The SI had plans to increase the number of private services available once the refit and new consultation rooms were finished and had been doing informal risk assessments in preparation.

The apprentice had carried out a stock audit as part of her course and had reviewed owings as part of that audit. She had worked with one of the regular pharmacists to review the owings, the reason that the stock had not been available and what could be done to ensure medicines were available when people required them. She had shared her ideas with the SI, and they had made some changes to their processes as a result. She planned to carry out another audit to see whether the changes had made a

difference.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. The apprentice correctly answered hypothetical questions related to high-risk medicine sales and discussed how she managed requests for codeine containing medicines.

The pharmacy's complaints process was explained in the SOPs. People could give feedback to the pharmacy team verbally, by email, or in writing. The pharmacy team members tried to resolve issues that were within their control and gave examples of how they had responded to feedback.

The pharmacy had up-to-date professional indemnity insurance. The responsible pharmacist (RP) notice was not displayed at the start of the inspection, but this was promptly rectified. The RP log generally met requirements, however, there were occasional gaps in the register. Controlled drug (CD) registers appeared to be in order. Two random balance checks matched the balances recorded in the register. Patient returned CDs were recorded in a register. Private prescription records were recorded in a book and were seen to comply with requirements. Specials records were maintained but some of the records were incomplete as they were missing the details of the patient.

Confidential waste was stored separately from general waste and destroyed securely. The pharmacy team members had their own NHS Smartcards and they confirmed that passcodes were not shared. The pharmacy professionals had completed training on safeguarding. The pharmacy team understood what safeguarding meant. The apprentice gave examples of types of safeguarding concerns that she may come across and described what action she would take.

## 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 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 SI, two additional pharmacists, a pharmacy technician, a level 2 pharmacy apprentice, two part-time trainee medicines counter assistants and two home delivery drivers. The SI and the pharmacy technician were directors of the company that owned the pharmacy. The two part-time members of staff had worked at the pharmacy for over 12-weeks and were yet to be enrolled on an accredited training course. Confirmation was subsequently provided to show that they had been enrolled on a medicines counter assistant course. In addition, a 'pharmacist' that had voluntarily removed from the GPhC register was doing work experience at the pharmacy in preparation to apply to re-join the register.

Annual leave was requested in advance and the team had agreed that a maximum number of people could be off at any one time. Annual leave was managed by the pharmacy technician, and he arranged any changes to the rota when people were on holiday. The pharmacy was a family-run business, and the pharmacy technician worked additional hours to provide cover if the apprentice was on annual leave or additional support was required.

The pharmacy 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 pharmacy staff said that they could raise any concerns or suggestions with any of the pharmacists and felt that they were responsive to feedback. The apprentice said that they would speak to other members of the team, their college tutor, or GPhC if they ever felt unable to raise an issue internally. The SI was observed making herself available throughout the inspection to discuss queries with people and giving advice when she handed out prescriptions, or with people on the telephone. Targets for professional services were not set.

## Principle 3 - Premises ✔ Standards met

### Summary findings

The pharmacy is clean and tidy, and it provides a suitable environment for the delivery of healthcare services. It has a consultation room, so that people can speak to the pharmacist in private when needed.

### Inspector's evidence

The premises were still undergoing a re-fit and contractors were onsite and working on the consultation rooms. The main dispensary and one consultation room were in use and had been refitted to a good standard and suitably maintained. Any snagging issues related to the refit were reported to the contractors and resolved promptly.

Any maintenance issues were reported to the SI or pharmacy technician and various maintenance contracts were in place. The dispensary was an adequate size for the services provided and an efficient workflow was in place. Dispensing and checking activities took place on separate areas of the worktops and there was ample space to store completed prescriptions. The team members expected the dispensary to feel more spacious once the second phase of the refit was completed as it meant they would have access to more storage space.

The dispensary was clean and tidy. The pharmacy was cleaned by pharmacy staff. Hot and cold running water, hand towels and hand soap were available. The pharmacy had air conditioning and the temperature in the dispensary felt comfortable during the inspection. 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 the team stores them securely and at the correct temperature, so they are safe to use.

### Inspector's evidence

The pharmacy had a small step up from the pavement. A home delivery service was offered to people who could not access the pharmacy. The pharmacy staff referred people to other local services when necessary. They used local knowledge and the internet to support signposting. Pharmacy staff were observed speaking to people in different languages during the inspection. Staff could speak a range of languages including English, Hindi, Gujrati, Bengali and Urdu.

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 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.

Travel vaccinations were offered as private services. The SI had based the private service on a private patient group direction (PGD) service that she had previously subscribed to. Consultation forms and consent forms were completed prior to the services being carried out and records were maintained. The travel service record was also being used as the private prescription, but it did not contain all of the required information. The SI agreed to make sure she included this information in future. Other private prescriptions for minor ailments, or repeat medication were very occasionally issued by the SI and dispensed at the pharmacy. The SI made basic consultation notes and retained these with the private prescription. Other documentation was obtained and retained if needed. For example, if the private prescription was for repeat prescriptions of medicines that had been previously issued by another prescriber. The SI provided the patient with a letter to give to their usual prescriber if she had issued them with a prescription.

Monthly and acute NHS prescriptions were provided to local care homes. Audit trails were in place for each of the homes and the processes for ordering, dispensing and delivering were explained by the technician. Multi-compartment compliance packs were used to supply medicines for some people. Prescriptions were ordered in advance to allow for any missing items or changes to be queried 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 labelled with descriptions of medication, and patient information leaflets (PILs) were supplied every month. The pharmacy used a suitability assessment for new requests for compliance packs.

No out-of-date medication was seen on the shelves during the inspection. The date checking records could not be located during the inspection and a new process had not been set up since the pharmacy had relocated. Medicines were stored in an organised manner on the dispensary shelves. 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 a designated area. Medicines were obtained from a range of licenced wholesalers and the pharmacy was alerted to drug recalls via emails from the MHRA.

Substance misuse prescriptions were dispensed the day before the patient was due to collect them and stored securely in the controlled drug (CD) cabinet. The SI demonstrated how the methadone dispensing machine worked including setting up the machine before use, calibrating the machine, dispensing, marking the dose as collected to populate the CD register, and closing down the machine after the last use. There was a contingency plan in place in the event of machine failure and the team could resort to manual dispensing if this happened.

The controlled drug cabinet was secure and a suitable size for the amount of stock that was 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. And the team uses it 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 British National Formulary (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 methadone. The methadone dispensing machine was calibrated and cleaned daily and it was serviced regularly by the manufacturer. Counting triangles were available. Computer screens were not visible to the public as members of the public were excluded from 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. |