

# Registered pharmacy inspection report

**Pharmacy Name:** Saini Pharmacy, 292 Kitts Green Road, Birmingham, West Midlands, B33 9SB

**Pharmacy reference:** 9012189

**Type of pharmacy:** Community

**Date of inspection:** 11/04/2024

## Pharmacy context

This is a community pharmacy located in a parade of shops in the Kitts Green 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 NHS funded services such as Pharmacy First and blood pressure testing. The pharmacy team dispenses some medicines into multi-compartment compliance packs for people to help make sure they remember to take them.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	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 they complete tasks in the right way. They discuss their mistakes so that they can learn from them. And the 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 November 2023. The pharmacy team had been through a period of change over the last year as the previous owners had sold the pharmacy to the current owners and the pharmacy had moved to a temporary premises whilst the new premises was renovated. The new premises had been fitted out to a high standard and it was bright and modern.

A range of standard operating procedures (SOPs) were in place which covered the activities of the pharmacy and the services provided. The SOPs had been reviewed and updated at regular intervals by the superintendent pharmacist (SI). Signature sheets were used to record staff training, and roles and responsibilities were highlighted within the SOPs. The pharmacy team had read and signed the SOPs in preparation for the pharmacy opening.

A near miss log was available and near misses were recorded. Near misses were discussed with the dispenser involved to ensure they learnt from the mistake, and any immediate learnings were shared verbally with the team. The team gave some examples of medicines that had been separated to reduce the risk of them being selected in error during the dispensing process. A dispensing incidents folder was available, and the responsible pharmacist (RP) had a clear understanding of the process for reporting and investigating an incident. There was an SOP for incidents and a review template available in the folder, and the RP said that he would also make the SI aware so he could contact the person personally.

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 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 or in writing. The pharmacy team members tried to resolve issues that were within their control and involved the RP or SI if they could not reach a solution.

The RP notice was clearly displayed, and the RP log met requirements. Controlled drug (CD) registers were in order and two random balance checks matched the balances recorded in the register. Patient returned CDs were recorded in a register. Private prescription records were seen to comply with requirements.

Confidential waste was stored separately from general waste and destroyed securely. The pharmacy team members had their own NHS Smartcards. The RP had completed the Centre for Pharmacy Postgraduate Education Training (CPPE) on safeguarding, and the pharmacy team had a clear understanding of what safeguarding meant and what to do if they had a concern.

## 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 three regular part-time pharmacists, four qualified dispensing assistants and a pharmacy student. Holidays were discussed with other team members to ensure no-one else had already booked the same week and cover was provided by other staff members as required. Pharmacy team members completed ongoing training and training needs were identified to align with new services, seasonal events, and the NHS Pharmacy Quality Scheme (PQS).

The pharmacy team were observed working well together and helped each other by moving from their main duties to help with more urgent tasks when required. The team discussed any pharmacy issues as they arose and held regular huddles within the dispensary during quieter times. The pharmacy team members said that they could raise any concerns or suggestions with the pharmacists and felt that they were responsive to feedback. Team members said that they would speak to other members of the team, contact the SI or the GPhC if they ever felt unable to raise an issue internally. The RP was observed making himself available throughout the inspection to discuss queries with people and giving advice when he handed out prescriptions. 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 pharmacy team members in private when needed.

### Inspector's evidence

The premises were smart in appearance and well maintained. Any maintenance issues were reported to the SI and various maintenance contracts were in place. The dispensary was an adequate size for the services provided and an efficient workflow was seen to be in place. Dispensing and checking activities took place on separate areas of the worktops and there was ample space to store completed prescriptions. 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. Lighting was adequate for the services provided.

There was a large private consultation room which was used by the pharmacy team during the inspection. The consultation room was professional in appearance and the door to the consultation room remained locked when not in use to prevent unauthorised access.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy offers a range of healthcare services which are accessible. 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. People receive appropriate advice about their medicines when collecting their prescriptions.

### Inspector's evidence

The pharmacy was situated within a row of local shops and services. There was a push/pull door and staff assisted people with the door when required. A home delivery service was available for people who could not easily access the pharmacy. Team members referred people to other services using local knowledge and the internet to support signposting.

The pharmacy offered the NHS Pharmacy First service. Posters were displayed advertising the service to people using the pharmacy. The team had undergone training and had read the company SOPs. They had quick reference guides available and the NHS PGDs (patient group directions) and supporting documentation had been printed for reference.

Medicines were dispensed into baskets to ensure they were not mixed up together. Different coloured baskets were used to prioritise prescriptions. Team members signed the 'dispensed-by' and 'checked-by' 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 containing medicines during pregnancy, and the need for additional counselling. People were sent text messages when their prescriptions were ready to collect. The team explained that this was a useful tool which helped to reduce the number of telephone calls to the pharmacy as people knew they would get a text.

Multi-compartment compliance packs were supplied to some people in the community. People telephoned the pharmacy a week before their next prescription was due, and this allowed the team to ask whether there had been medication changes and what additional items the person required. Prescriptions were requested from the surgeries and any missing items were queried ahead of the intended date of collection or delivery. A sample of dispensed compliance packs were labelled with descriptions of the medicines and patient information leaflets were sent every month so people could access additional information. There was a process in place for managing mid-cycle change requests.

A random sample of dispensary stock was checked, and all the medicines were found to be in date. Short dated medicines were highlighted and they were pro-actively removed prior to their expiry date. 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. Drug recalls were received electronically.

The controlled drug cabinets were 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 fridge was working within the required temperature range of 2°C and 8°Celsius.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide services safely. The pharmacy team stores and uses the 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 British National Formulary (BNF) and the children's BNF. Internet access was available. Patient records were stored electronically and there were enough computer terminals for the workload currently undertaken. A range of clean, crown stamped measures and counting triangles were available. Equipment for clinical consultations had been suitably procured and was stored appropriately. Some of the equipment was single use, and ample consumables were available.

Computer screens were not visible to members of the public. 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.