

# Registered pharmacy inspection report

**Pharmacy Name:** Buchans Chemist, 194 Streetly Road, Birmingham, West Midlands, B23 7AL

**Pharmacy reference:** 9012287

**Type of pharmacy:** Community

**Date of inspection:** 04/06/2024

## Pharmacy context

This is a traditional community pharmacy located on a parade of shops in a residential area of Erdington. 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 the Pharmacy First service 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. Conditions on registration are in place on this pharmacy that prevent some services being provided. These conditions were imposed after failings were identified on a previous inspection and they remain in force at the time of this inspection.

## 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. 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 January 2024. It had relocated from a premises about 0.2 miles away. The pharmacy had been operating from the old premises for a number of years and was well-established. The new premises had been fitted out to a high standard and it was much larger, brighter and more modern than the previous premises. The responsible pharmacist (RP) had been working at the pharmacy regularly since the relocation.

A range of standard operating procedures (SOPs) were in place which covered the activities of the pharmacy and the services provided. The SOPs were reviewed and updated at regular intervals one of the pharmacists working for the company and dated to show when this had last been completed. Signature sheets were used to record staff training on SOPs, and roles and responsibilities were highlighted within the SOPs.

An electronic 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 on the shelves to reduce the risk of them being selected in error during the dispensing process. The RP explained that he reviewed the near miss log for patterns and trends at the end of the month, but he did not record his findings on the review form so he could demonstrate this. The RP had a clear understanding of the process for reporting and investigating an incident and said that he would also make the SI and owner aware. There was an SOP explaining how to manage incidents and a review template available in the folder.

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. A log of refused sales was kept and this was also used to monitor the frequency that some people purchased or requested medicines that were high-risk. Counselling materials were given to people purchasing codeine containing medicines to remind them of the key points.

The pharmacy's complaints process was explained in the SOPs. People could give feedback to the pharmacy team verbally, in writing or by contacting the superintendent pharmacist (SI) or owner. The pharmacy team members tried to resolve issues that were within their control and involved the SI or owner if they could not reach a solution.

The pharmacy had up-to-date professional indemnity insurance. The 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 balances recorded in the register. Private prescription records were seen to comply with requirements.

Confidential waste was stored separately from general waste and sent offsite to be destroyed securely. The pharmacy team members had their own NHS Smartcards. The RP had completed level two training on safeguarding, and the rest of the team had completed some basic safeguarding training. A member of the team answered hypothetical questions about safeguarding correctly.

## 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 a regular locum pharmacist and a trained dispensing assistant. A trained dispensing assistants from another pharmacy under the same ownership usually covered the dispensing assistant's day off, sickness and annual leave. A delivery driver was shared between the branches. Annual leave was booked in advance with the owner so that cover from another branch could be arranged.

The team worked well together during the inspection and were observed helping each other and moving onto the healthcare counter when there was a queue. The team had ongoing conversations within the dispensary to share information and ideas. The pharmacy staff said that they could discuss any ideas, concerns or suggestions with the owner or SI. Details of an external HR company had been shared with the pharmacy staff and they could contact the company if they ever felt unable to raise an issue internally. The RP was observed making himself available to discuss queries with people and giving advice when he handed out prescriptions. No formal targets were set for the team.

## 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 in private when needed.

### Inspector's evidence

The premises were equipped to a high standard and well maintained. Any maintenance issues were reported to the owner and various maintenance contracts were in place. 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 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 temperature in the dispensary felt comfortable and lighting was adequate for the services provided.

There was a large consultation room which was used by the pharmacy team during the inspection when they needed to speak to someone privately. 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 visit 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. The team had undergone training and had training materials. 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. Team members signed the 'dispensed-by' and 'checked-by' boxes on medicine labels, so there was a dispensing audit trail for prescriptions. The team had a clear understanding of the risks associated with the use of valproate containing medicines during pregnancy, and the need for additional counselling. They knew to supply valproate containing medicines in original containers and had a process for providing counselling when prescriptions were delivered.

Multi-compartment compliance packs were supplied to some people in the community. People were contacted in advance of their prescription being ordered 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 collection or delivery. A sample of dispensed compliance packs were labelled with descriptions of the medicines. There was a process in place for managing mid-cycle change requests.

A random sample of dispensary stock was checked, and all of the medicines were found to be in date. Short-dated medicines were proactively removed from stock prior to their expiry date. Medicines were stored in an organised manner on the dispensary shelves. All medicines were 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
<span style="color: green;">✓</span> <b>Excellent practice</b>	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.
<span style="color: green;">✓</span> <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✓</span> <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.