

Registered pharmacy inspection report

Pharmacy Name: Wolverhampton Road Pharmacy, 112

Wolverhampton Road, STAFFORD, Staffordshire, ST17 4AH

Pharmacy reference: 1036989

Type of pharmacy: Community

Date of inspection: 08/02/2022

Pharmacy context

This community pharmacy is located close to the centre of Stafford which is the county town of Staffordshire. 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 other NHS funded services. The pharmacy team dispenses medicines into multi-compartment compliance packs for people to help make sure they remember to take them. The inspection took place during the COVID-19 pandemic.

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	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 effectively 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. They discuss their mistakes so that they can learn from them, and they make changes to stop the same sort of mistakes from happening again. The pharmacy team keeps people's information safe and team members understand their role in supporting vulnerable people.

Inspector's evidence

A range of standard operating procedures (SOPs) were in place which covered the activities of the pharmacy and the services provided. The current SOPs had been prepared by the previous pharmacy manager in preparation for the new pharmacy manager starting in October 2021. He had done this to make the transition smoother for the new pharmacy manager. The new pharmacy manager had reviewed and signed the SOPs and signature sheets were used to record staff training. The SOPs had an index and dividers, so that they were easy to refer to. Roles and responsibilities were highlighted within the SOPs. One dispenser was yet to read the new SOPs; however, the pharmacy manager and dispenser were aware of this and had a plan in place.

A near miss log was available and the near miss was discussed with the dispenser involved to ensure they learnt from the mistake. The pharmacy manager and a dispenser gave some examples of different types of near misses and how they had been used to try and not make the same error again. Shelf edge labels had been created and attached next to some products that had been involved in near misses as a visual reminder. There was an SOP for dealing with dispensing errors and an example of an error investigation was seen, this included steps that had been taken to prevent a similar incident occurring in the future.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A dispenser correctly answered hypothetical questions related to high-risk medicine sales. Coronavirus information was displayed throughout the premises and personal protective equipment (PPE) was available and was being worn by the pharmacy team.

The pharmacy's complaints process was explained in the SOPs. People could give feedback to the pharmacy team in several different ways; verbal, written and online. The pharmacy team tried to resolve issues that were within their control and would involve the superintendent if they could not reach a solution. The Community Pharmacy Patient Questionnaire's (CPPQ) had been completed and was sent to an external company to be reviewed.

The pharmacy had up-to-date professional indemnity insurance. The Responsible Pharmacist (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 CD's were recorded in a register and promptly destroyed. Private prescription and emergency supply records were seen to comply with requirements. Specials records were maintained with an audit trail

from source to supply.

Confidential waste was stored separately from general waste and destroyed securely. The pharmacy team had their own NHS Smartcards and confirmed that passcodes were not shared. The pharmacy professionals had completed Centre for Pharmacy Postgraduate Training (CPPE) on safeguarding. The pharmacy team understood what safeguarding was and the delivery driver gave several examples of concerns that he had shared with the RP and action that he had taken to support vulnerable people.

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 always 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 pharmacy manager (RP at the time of the inspection), two dispensing assistants, a medicines counter assistant and two home delivery drivers. The medicines counter assistant was undertaking dispensing tasks and whilst she had been enrolled on an accredited training course several years ago, she had not completed it. The pharmacy manager confirmed shortly after the inspection that she had been re-enrolled on a dispenser training course. Holidays were requested in advance and cover was provided by other staff members as required or a dispenser from an associated pharmacy.

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 pharmacy staff said that they could raise any concerns or suggestions with the pharmacy manager or superintendent and felt that they were responsive to feedback. Team members said that they would contact the GPhC if they ever felt unable to raise the issue internally. The pharmacy manager was observed making himself available throughout the inspection to discuss queries with people and giving advice when he handed out prescriptions, or with people on the telephone. The pharmacy manager had some targets to meet, some were linked to the NHS Pharmacy Quality Scheme (PQS). He reported that the targets were sensible and achievable.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare services. The pharmacy team uses a consultation room for some of its services and if people want to have a conversation in private.

Inspector's evidence

The pharmacy was smart in appearance and appeared to be well maintained. Any maintenance issues were reported to the superintendent. 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. There was an area to the back of the pharmacy which was used to assemble multi-compartment compliance packs. The consultation room was professional in appearance.

Various COVID-19 related signs had been produced and Perspex screens had been installed between the shop area and the counter. The dispensary was clean and tidy with no slip or trip hazards evident. The pharmacy was cleaned regularly by the pharmacy team. The sinks in the dispensary and staff areas had hot and cold running water. Hand towels and hand soap were available. The pharmacy had air conditioning and the room temperature was comfortable during the inspection. The lighting was adequate for the services provided. Prepared medicines were stored 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 stores them securely and at the correct temperature, so they are safe to use. People receive advice about their medicines when collecting their prescriptions. The team supplies medicines in multicompartment compliance packs for those who may have difficulty managing their medicines.

Inspector's evidence

The pharmacy had a small step from the pavement and a home delivery service was offered to people who could not access the pharmacy. The pharmacy staff referred people to local services when necessary. They used local knowledge and the internet to support signposting.

Items were dispensed into baskets to ensure prescriptions were not mixed up together. Different coloured baskets were used to prioritise certain prescriptions. 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.

Multi-compartment compliance packs were used to supply medicines for some patients. Prescriptions were ordered in advance to allow for any missing items to be queried with the surgery ahead of the intended date of supply. The patient medication record (PMR) was used to record what medication people were taking and when it should be packed. Notes about prescription changes and queries were kept on the PMR. A sample of dispensed compliance packs were labelled with descriptions of medication and patient information leaflets (PILs) were sent with each supply. The dispensing assistant used a common-sense approach when talking to people about changes to compliance packs and did what was best for the patient.

A prescription collection service was offered, and various options were available dependent on what the person preferred, and what their surgery accepted. The pharmacy kept a list containing the items that the patient had requested and chased any outstanding items ahead of the person returning to pick up their prescription.

Date checking took place regularly and no out of date medication was found during the inspection. There were date checking records maintained for both the dispensary and the shop and medication was pro-actively removed prior to its 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 a designated area. Medicines were obtained from a range of licenced wholesalers.

The CD cabinet were secure and a suitable size for the amount of stock held. Substance misuse

prescriptions were dispensed in advance and this helped reduced work-load pressure and the risk of dispensing incorrect doses when the person came to collect the prescription. 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°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 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 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 the preparation of methadone. Counting triangles were available. Computer screens were not visible to the public as members of the public could not access 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.