

Registered pharmacy inspection report

Pharmacy Name: Wards Chemist Ltd, 49 Coopers Road, Handsworth Wood, BIRMINGHAM, West Midlands, B20 2JU

Pharmacy reference: 1037945

Type of pharmacy: Community

Date of inspection: 03/12/2024

Pharmacy context

This community pharmacy is located alongside local shops and other services in a residential area of Handsworth Wood, 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 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
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 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

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 written by the previous superintendent (SI) in March 2024 and then reviewed by the new SI in October 2024 to ensure they remained relevant to any new ways of working. Signature sheets were used to record staff training. Roles and responsibilities were highlighted within the SOPs.

A near miss log was available. Near missed were discussed with the dispenser involved to ensure they learnt from the mistake. The pharmacy team gave some examples of different types of mistakes and explained how processes had been adapted to try and reduce the chance of the same mistake happening again. The near miss log was reviewed by the pharmacy manager monthly and any learnings were shared at a staff meeting. There was an SOP for dealing with dispensing incident and a hypothetical example of how the SI would investigate and report a dispensing incident was discussed.

The SI had been in his role for around two months and the team explained some of the changes that had been implemented since his appointment. For example, the shop layout had been changed so that the waiting area was in a more suitable area, the team had requested training on NHS Pharmacy First so that they understood and could support the pharmacist with the service, and the dispensing workflow and task allocation had been reviewed and updated. Some of these changes had been identified by the SI when he had been working as the responsible pharmacist (RP), and others had been suggested by members of the team. The team appeared positive about the changes and explained how the changes had improved the service to people using the pharmacy, they were more efficient processes for the team to follow or they had increased the team's compliance with the pharmacy's procedures.

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.

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 SI 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 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. Home delivery records were maintained, and additional records were kept when a controlled drug was delivered.

Confidential waste was stored separately from general waste and destroyed securely by a specialist company. The pharmacy team members had their own NHS Smartcards and they confirmed that passcodes were not shared. The pharmacy team had completed training on safeguarding as part of the NHS Pharmacy Quality Scheme (PQS). The pharmacy team understood what safeguarding meant and a list of safeguarding contacts were available.

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 it offers. They work well together in a supportive environment, and they can raise concerns and make suggestions.

Inspector's evidence

The pharmacy team comprised of two regular pharmacists, a pharmacy manager, who was also a dispensing assistant, three other dispensing assistants, and a trainee dispensing assistant. The pharmacy manager and a dispensing assistant were enrolled on an accuracy checking dispensing assistant course. One of the dispensing assistants was the pharmacy's home delivery driver but was able to help in the dispensary during busier periods as she had completed the qualification and was experienced in the role.

Holidays were discussed with other team members to ensure no-one else wanted the same week, and requests were co-ordinated by the pharmacy manager. 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). Additional training had been provided by the manager from another of the SI's pharmacies on topics such as NHS services, safeguarding and whistleblowing so that the SI was assured that everyone working at the pharmacy had received training on various services and company policies.

The SI had reviewed the staffing levels at the pharmacy over the two months that he had been in role and some changes to the teams' contracted hours had been made. A team member explained that the SI had been open and transparent about the reasons for this, assured that it would be reviewed on an ongoing basis, and if there were any major changes to the pharmacy's workload. The SI was also a company director and said that he felt comfortable with the current staffing levels and skills mix, and that he was able to make changes in the future without needing to consult the other company director.

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. Tasks were delegated to different members of the team so that the workload was managed. The pharmacy manager gave several examples of changes that had been made recently to try and improve how the pharmacy operated.

The team discussed any pharmacy issues as they arose and held regular huddles within the dispensary during quieter times. The pharmacy staff said that they could raise any concerns or suggestions with the pharmacy manager or SI and felt that they were responsive to feedback. Team members said that they would speak to other members of the team, or the GPhC if they ever felt unable to raise an issue internally. The SI 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. No

targets for professional services were 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 in private when needed.

Inspector's evidence

The premises were smart in appearance and appeared to be well maintained. Any maintenance issues were reported to the SI who had a list of local contractors. The dispensary was clean and tidy. It was cleaned by pharmacy staff. Hot and cold running water, hand towels and hand soap were available. The pharmacy temperature felt comfortable during the inspection and 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. There was a second dispensing area used for compliance pack assembly and storage and a stockroom in the basement.

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. There was a private soundproof consultation room which was signposted.

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 had step free access from street level and a home delivery service was available for people who could not easily access the pharmacy. Health promotion leaflets were available, and posters were displayed in the waiting area. Pharmacy staff referred people to other local services using 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 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. They knew to supply valproate containing medicines in original containers.

Multi-compartment compliance packs were supplied to people in the community. Prescriptions were requested from the surgeries in advance to allow for any missing items to be queried ahead of the intended date of collection or delivery. A sample of dispensed compliance pack prescriptions were labelled with descriptions of medication. The pharmacy team aimed to send patient information leaflets with each supply, but this did not always happen. This meant people may not have all information they need about their medicines. 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. Date checking records were maintained for both the dispensary and the shop, and medication was proactively 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. Drug recalls were received electronically and marked when they were actioned.

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 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 terminals for the workload currently undertaken. A range of clean, crown stamped measures and counting triangles were available.

Equipment for clinical consultations had been 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.