

Registered pharmacy inspection report

Pharmacy Name: Coleshill Pharmacy, 114-116 High Street, Coleshill,
BIRMINGHAM, West Midlands, B46 3BJ

Pharmacy reference: 1038035

Type of pharmacy: Community

Date of inspection: 11/04/2024

Pharmacy context

This community pharmacy is under new ownership, and it is situated in the market town of Coleshill, Warwickshire. It sells a range of over-the-counter medicines and dispenses prescriptions. It provides the NHS hypertension case-finding service, New Medicine Service (NMS), NHS Pharmacy First service, and a substance misuse service. It also supplies medicines in multi-compartment compliance packs to people who need assistance in taking their medicines safely. The pharmacy has recently begun offering a private weight-loss service under a patient group direction (PGD).

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

Overall, the pharmacy has safe and effective working practices. It identifies and manages the risks associated with its services well. And it keeps the records it needs to by law, to show that medicines are supplied safely and lawfully. Team members routinely record and review their mistakes so that they can learn and improve from these events. The pharmacy keeps people's confidential information securely and its team members understand how they can help protect vulnerable people.

Inspector's evidence

The pharmacy had a range of current standard operating procedures (SOPs), and these had been read and signed by its team members. The roles and responsibilities of team members were outlined in the SOPs and team members could explain the tasks they could not undertake in the absence of a pharmacist. They knew the types of over-the-counter medicines that could be misused and under what circumstances they needed to refer requests or queries to the responsible pharmacist (RP) for further guidance.

The correct RP notice was displayed in the pharmacy. At the time of the visit, the pharmacy was extremely busy however, the workflow in the dispensary was organised. The RP used a designated area in the dispensary to complete final accuracy checks on dispensed prescriptions. Dispensing labels were initialled at the dispensing and checking stages to keep an audit trail showing who had been involved in these tasks.

The superintendent pharmacist (SI) explained how team members dealt with mistakes made during the dispensing process. Mistakes that were identified before medicines were handed out (near-misses) were routinely recorded and reviewed. Team members discussed some of the actions they had taken to mitigate the chances of such events from reoccurring again. Medicines with similar names or packaging had been separated and marked to minimise picking errors. The pharmacy had a process to record and report dispensing mistakes that had reached people (dispensing errors) and the SI said that these were reported to The National Reporting and learning system (NRLS) where appropriate.

The pharmacy had current professional indemnity and public liability insurances. Records about RP, controlled drugs (CDs), unlicensed medicines and private prescriptions were kept in line with requirements. CD running balances were audited at regular intervals and random CD balance checks of several CDs were correct. A separate register was used to record patient-returned CDs on receipt to ensure a robust audit trail.

The pharmacy had a complaints procedure and a team member said that the team would always endeavour to resolve complaints in-store but would escalate to the SI where appropriate. Members of the pharmacy team used their own NHS smartcards to access electronic prescriptions. No person-identifiable information was visible to members of the public and prescriptions awaiting collection were stored securely. The pharmacy's computers were password protected and confidential waste was shredded in the pharmacy.

The pharmacy had procedures about protecting vulnerable people. Members of the pharmacy team had completed safeguarding training relevant to their roles and responsibilities. Contact details for

safeguarding agencies were displayed in the pharmacy. A chaperone policy was available displayed in the consultation room.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy is staffed appropriately to manage its current workload safely. Its team members work well together and demonstrate a good rapport with the local community. They can raise concerns or make suggestions to help improve the pharmacy's services.

Inspector's evidence

At the time of the inspection, the pharmacy was staffed by the SI, a regular pharmacist, one accuracy checking technician, four qualified dispensers, and three trained medicine counter assistants. The pharmacy also employed a further two qualified part-time dispensers who were not on duty at the time of the visit.

Most of the team members had worked for the pharmacy for many years and had been retained from the previous ownership. They were experienced, competent and demonstrated a good rapport with the people from the local community visiting the pharmacy. Team members were working well together, and they were managing the dispensing workload calmly and comfortably. People visiting the pharmacy were acknowledged promptly. The pharmacy had seen a significant increase in its dispensing workload and footfall due to a sister branch down the road closing. The SI said that all staff had been transferred to this branch and the team was in a good place to comfortably accommodate the increase in workload.

The SI was an independent prescriber but said that he did not offer any prescribing services because the pharmacy was very busy and he wanted to focus on delivering other services, such as Pharmacy First service, well.

A whistleblowing policy was available in the pharmacy and team members said that they felt comfortable about raising concerns with the SI who worked in the pharmacy regularly.

The pharmacy currently did not have any formal systems to support team members with on-going training. However, the SI said that he was looking into several training platforms to help support team members to keep their knowledge and skills current. Team members had completed various mandatory training courses such as antimicrobial stewardship and safeguarding required under Pharmacy Quality Scheme. The pharmacy did not have any targets or incentives for its team members.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are spacious and they are suitable for providing healthcare services. They are secure against unauthorised access, and they are accessible to people with mobility challenges.

Inspector's evidence

The pharmacy was spacious and fitted to a good standard. Its retail area projected a professional image, it was free from any obstructions, and there was ample seating available for people waiting for services. However, the dispensary was somewhat cluttered in places due to the transfer of stock and fixtures from the sister branch. The SI said that this was being addressed. There was enough space in the dispensary to store medicines and undertake dispensing tasks safely.

A signposted private consultation room was available for services and to enable people to have a private conversation with a team member. The sinks in the dispensary and in the consultation room were clean and each had a supply of hot and cold running water. Team members had access to hygiene facilities and separate hand-washing facilities. Room temperatures in the pharmacy were controllable, and levels of ventilation and lighting were suitable for the activities undertaken. The premises were secured against unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy supplies medicines safely and people with different needs can access its services. It gets its medicines from licensed wholesalers and its team members take the right action in response to safety alerts and medicine recalls so that people get medicines and medical devices that are fit for purpose.

Inspector's evidence

The pharmacy had automated doors and its entrance was step-free to help assist people with mobility difficulties. Its opening hours and the services it offered were advertised by the entrance. A range of leaflets and healthcare posters were suitably displayed in the retail area of the pharmacy. Team members used their local knowledge to signpost people to other providers where appropriate. The pharmacy offered a prescription delivery service and kept an audit trail about this to ensure medicines were delivered safely.

The dispensing service was well managed. Team members used baskets to prioritise dispensing workload and to minimise the risk of medicines getting mixed up. 'Owing notes' were issued to keep an audit trail when prescriptions could not be supplied in full when first dispensed. The pharmacy had signed up to deliver the new NHS Pharmacy First service and team members had all completed relevant training to be able to deliver the service safely. All relevant documentation and patient group directions (PGDs) were available in the pharmacy. The SI said that the service was well received and the uptake had been moderate so far.

The pharmacy offered multi-compartment compliance packs to people who needed additional support in managing their medication at home. The service was well-managed by an accuracy checking technician. Records were kept for each person so that any changes in the medication regime could be monitored and queried. Team members labelled the compliance packs with a description of each medicine to help people or their carers identify them correctly. Higher-risk medicines such as CDs, warfarin, and valproate-containing medicines and 'when required medicines' were not included in the packs. Patient information leaflets (PILs) were routinely supplied and any interventions made by team members were documented on the patient's medication record (PMR).

Team members were aware of the guidance about pregnancy prevention to be given to people in the at-risk group who took sodium valproate, and knew about supplying valproate-containing medicines in their original packs.

The pharmacy had recently begun delivering a private weight-loss service under a PGD for the supply of Wegovy FlexTouch pre-filled pen. The SI said the uptake had been low and two people had used the service so far. The SI was clear about the inclusion and exclusion criteria. And the safety-netting advice to be given to people about the treatment. An in-date PGD and relevant documentation was available in the pharmacy.

The pharmacy obtained its stock medicines from licensed wholesalers and the pharmacy-only medicines were restricted from self-selection. Temperature-sensitive medicines were stored in a medical fridge and temperatures were recorded daily. Records showed that temperatures had

remained within the required range of 2 and 8 degrees Celsius. All CDs requiring secure storage were stored in line with requirements. Date-expired CDs were separated and clearly marked and the pharmacy had denaturing kits to dispose of waste CDs safely. The pharmacy had date-checking procedures and short-dated medicines had been marked for removal at an appropriate time. No date-expired medicines were found amongst in-date stock when checked during the inspection. Waste medicines were stored in designated bins ahead of collection by a specialist waste contractor.

The pharmacy received information about safety alerts and medicine recalls via email. Team members could explain how these were dealt with. Records of previously actioned alerts were available in the pharmacy.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. And its team members use the equipment and facilities in a way that protects people's privacy and dignity.

Inspector's evidence

Team members had access to current reference sources. The pharmacy had calibrated measures available for measuring liquid medicines. And some measures were kept specifically for measuring certain liquids to minimise the chances of cross-contamination. Equipment for counting loose tablets and capsules was available and it was kept clean. Medicine containers were capped. All electrical equipment was in good working order. People's confidential information on the pharmacy's computer system was stored securely. Team members had access to cordless phones so they could converse in private where appropriate.

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.