

Registered pharmacy inspection report

Pharmacy Name: Well, 938 Walsall Road, Great Barr, BIRMINGHAM,
West Midlands, B42 1TQ

Pharmacy reference: 1038172

Type of pharmacy: Community

Date of inspection: 11/09/2023

Pharmacy context

This community pharmacy is located within a small parade of shops in a suburb of Birmingham. Most people who use the pharmacy are from the local area. It dispenses prescriptions and sells medicines over the counter. It offers additional services including the NHS New Medicine Service (NMS), blood pressure testing and a home delivery service.

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 identifies and manages risks adequately. It keeps people's private information safe and team members understand how to raise concerns to protect the wellbeing of vulnerable people. The pharmacy keeps the records it needs to by law, but some information is missing, so team members may not always be able to show what has happened in the event of a query. And team members do not always follow the pharmacy's procedures for reporting and investigating incidents, so they may miss some opportunities to learn and improve.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs). The procedures were available in an electronic format and were periodically updated by head office to help ensure that they reflected current practice. Team members read the procedures and completed a short assessment to test their understanding. One team member, who had been working in the pharmacy approximately two weeks was still completing training on the procedures, but other team members confirmed that their SOP training was up to date. The pharmacy team members demonstrated an understanding of their roles and responsibilities, and a medicine counter assistant (MCA) explained the activities which could and could not be completed in the absence of a responsible pharmacist (RP). The pharmacy had professional indemnity insurance which was valid until June 2024.

Near misses were recorded electronically, but the system showed that none had been recorded in recent months, which suggested that team members were not always consistently recording them. The pharmacy had a system to record dispensing incidents, but a recent incident had not been reported. The relief pharmacist agreed to follow-up on the incident with the pharmacy manager. The pharmacist explained the actions that she would take if an incident was reported to her, this included taking action to help prevent the same mistake from happening again.

There was a complaints procedure. People using pharmacy services could provide feedback directly to pharmacy team members and also via online reviews.

The correct RP notice was clearly displayed next to the medicine counter and the RP log was in order. Records for private prescriptions were up to date, but there were two registers being used concurrently, which could cause ambiguity. The most recent records for the procurement of unlicensed specials did not record patient details as an audit trail for supply. Controlled drug (CD) registers kept a running balance and balance checks were carried out, but these were not always completed in line with company procedures.

Pharmacy team members had completed information governance training and the pharmacy had a set of procedures in place. Confidential waste was segregated and removed by an external contractor for suitable disposal. Completed prescriptions were kept out of view. Most pharmacy team members had their own NHS Smartcards. However, the card and password of a staff member who was absent was being used in a dispensing terminal, which was inappropriate. This was discussed with team members, who agreed to ensure they used their own cards moving forwards.

The pharmacist had completed safeguarding training. The contact details of local safeguarding agencies were not easily available for reference, but the pharmacist had the resources to search for them, if required. There was a chaperone policy displayed near to the consultation room.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members receive training for the roles in which they are working. They can access resources to support their ongoing learning and development. And they can raise concerns and provide feedback about the pharmacy and its services.

Inspector's evidence

The pharmacy team comprised of a relief pharmacist, who worked at the branch regularly for one day each week, two NVQ2 qualified dispensers, a pharmacy student and an MCA who was enrolled on a suitable training course. This was an average staffing level for the day, with the MCA and pharmacy student providing cover for a dispenser and MCA who were not present. The pharmacy had experienced some staffing issues since spring 2023, when the previous pharmacy manager had left their post. A new manager had been employed in recent weeks. But prior to that the pharmacy had been reliant on mainly locum pharmacist cover and there had been additional long-term sickness amongst the pharmacy support staff. This had created additional workload pressures within the pharmacy and resulted in delays to some less urgent housekeeping tasks being completed. The pharmacist confirmed that in the last few weeks, there had been no backlog in dispensing. Leave was usually planned in advance, and the pharmacist confirmed that the management had been supportive in trying to provide extra cover, when concerns had been raised about staffing levels over the summer.

Sales of over-the-counter medicines were discussed with a medicine counter assistant. She explained the questions that she would ask to help make sure sales of medicines were safe and appropriate. The MCA was aware of medications which may be subject to abuse and misuse, and that any concerns should be referred to the pharmacist.

The team members had access to ongoing learning and development through an e-Learning platform. Team members completed modules as they were released, and progress was usually monitored to ensure that all team members were up to date with training. Individual development reviews were usually completed, but team members confirmed that these had not taken place since the previous manager left their post.

Team members were happy to approach the pharmacist with any concerns and members of staff at head office were also contactable for further assistance if required. Some team members were unsure about how they could raise a concern anonymously, but they explained that they would search the intranet to check for a whistleblowing policy.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides an appropriate environment for the provision of healthcare services. It has sufficient space for the current workload and a consultation room to allow members of the public to speak to team members in private.

Inspector's evidence

The pharmacy was in a good state of repair and portrayed a professional appearance. The ambient temperature was suitably controlled and there was appropriate lighting throughout. The retail area stocked a range of goods which were suitable for a healthcare-based business and pharmacy restricted medicines were secured behind the medicine counter. There was a separate area which had been set up for a vaccination service, this included a small waiting area, two vaccination booths and a post vaccination observation area.

The dispensary was of an adequate size for the dispensing workload. Medicines were stored on large shelving units and there were separate work areas for dispensing and checking. The pharmacy had a consultation room, which was equipped with a desk and seating, to facilitate private and confidential discussions.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy suitably manages its services. But it does not identify all prescriptions for high-risk medicines, so some team member may miss some opportunities to provide people with additional counselling about their medicines. The pharmacy gets its medicines from reputable sources and team members carry out some checks to help make sure that medicines are fit for supply. But these are not always robust. So, the pharmacy may not always be able to show how it stores and manages its medicines suitably.

Inspector's evidence

There was a small step at the entrance to the pharmacy from the main street. The door was visible from the medicine counter, so people who needed assistance could be identified. There were various leaflets promoting services available from the pharmacy displayed in the retail area, as well as additional health promotion literature.

Prescriptions were dispensed using baskets in order to keep them separate and reduce the risk of medicines being mixed up. Members of the pharmacy team signed 'dispensed by' and 'checked by' boxes as an audit trail for dispensing. The pharmacy had 'see pharmacist' stickers which were placed on prescriptions to identify where additional counselling was required. However, prescriptions for all high-risk medicines, such as warfarin and lithium were not routinely identified. The pharmacist was aware of the risks of using valproate-based medicines in people who may become pregnant. The pharmacy had valproate alerts cards and other warning materials to use when making supplies. Prescriptions for CDs were identified to help make sure that supplies were made within the valid 28-day expiry date.

The pharmacy kept an audit trail of repeat prescriptions that were requested from GP surgeries and patients selected the medicines that were required each month, to help reduce medicine wastage. Most repeat prescriptions were sent for dispensing at an off-site location. Prescription data was clinically checked by the pharmacist before being submitted for dispensing. People could opt out and have their prescriptions dispensed at the pharmacy, if they preferred. Signatures were obtained for deliveries that were made to people's homes and medications from failed deliveries were returned to the pharmacy.

The blood pressure testing device appeared to be in working order. The pharmacist explained the service, and how some interventions had been made, resulting in people being prescribed treatment to manage their condition.

The pharmacy sourced its medicines from reputable wholesalers and unlicensed specials from a specials manufacturer. Stock medicines were stored on large shelving units, but some shelves were disorganised, with different strengths and medications intermixed. This increased the risk of a picking error. The pharmacy team members had recognised this and begun tidying the shelves. Team members completed some date checking, but they admitted that checks were behind schedule and one expired medicine was identified during random checks of the dispensary shelves. Returned and obsolete medicines were placed in medicines waste bins. Alerts for the recall of faulty medicines and medical devices were received electronically, and an audit trail was in place recording the action that had been

taken in response.

CDs were stored securely, and two random balance checks were found to be correct. The pharmacy had a fridge which was fitted with a maximum and minimum thermometer, the temperature was checked and recorded on an electronic record. But there were occasional gaps in the record, so the pharmacy could not always show that fridge medicines had been stored at a suitable temperature.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs for the services it provides. Team members use the equipment in a way that protects people's privacy.

Inspector's evidence

The pharmacy had a range of approved liquid measures and counting triangles for tablets were also available. The equipment seen appeared clean and suitably maintained. The pharmacy had access to a British National Formulary (BNF) and internet access was available to facilitate further research.

Electrical equipment was in working order. Computer systems were password protected and screens faced away from public view. A cordless phone was available to enable conversations to take place in private.

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.