

# Registered pharmacy inspection report

**Pharmacy Name:** Well, 4 The Arcade, Upper Gornal, DUDLEY, West Midlands, DY3 2DA

**Pharmacy reference:** 1038326

**Type of pharmacy:** Community

**Date of inspection:** 13/02/2024

## Pharmacy context

This community pharmacy is located within a small outdoor shopping precinct in a residential area of Upper Gornal, Dudley. Most people who use the pharmacy are from the local area. The pharmacy dispenses prescriptions and sells medicines over the counter. It offers additional services including blood pressure testing, minor ailments and a contraceptive service. The Pharmacy First service is also available. The pharmacy supplies some medicines in multi-compartment compliance aid packs, to help make sure people take their medicines at the right time. The pharmacy has recently changed ownership.

## 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 suitably identifies and manages the risks associated with its services. Its team members understand how to keep people's private information safe and raise concerns to protect the wellbeing of vulnerable people. They discuss their mistakes, but they do not always keep a record. So, they may miss some opportunities to identify patterns and trends. The pharmacy keeps the records it needs to by law, but sometimes information is missing so team members may not always be able to show what has happened in the event of a query.

### Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) covering operational tasks and activities in the pharmacy. The procedures had been recently updated and defined the responsibilities of team members. The pharmacy team members logged into their individual learning accounts to access the procedures and there was a short assessment question at the end of each procedure to test their understanding. Access to the new procedures had been available since November 2023 when the change of ownership procedure had begun. Team members had not yet had the opportunity to read through all of them. But they demonstrated an understanding of their roles, and a dispenser clearly explained the activities which could and could not be completed in the absence of a responsible pharmacist (RP). The pharmacy held in-date professional indemnity insurance.

There was a paper near miss log and team members explained that following the change of ownership an online system had been introduced. But records of near misses had not been maintained since September 2023. Team members confirmed that incidents were always discussed at the time they were identified. Dispensing incidents were reported online, and the pharmacist discussed the actions that had been taken in response to one recent incident.

People using the pharmacy's services were able to provide feedback verbally to team members and reviews could also be left online. Where possible, issues were resolved by pharmacy team members. But formal complaints were referred to the company's head office for investigation.

The correct RP notice was displayed in the retail area. The RP log was generally in order but there were occasional entries where the time RP duties ceased had not been recorded, so it was not technically fully compliant. Records of private prescriptions were held electronically, but they sometimes contained the incorrect details of the prescriber. And records of unlicensed special preparations did not always record the details of supply. Controlled drug (CD) registers maintained a running balance and regular balance checks were completed. A patient returns CD register was also in use.

Pharmacy team members had previously completed some information governance training and they had a good understanding of confidentiality. Team members explained how they kept people's private information safe. And they segregated confidential waste which was removed by an external contractor for suitable disposal. Team members held their own NHS smartcards. The pharmacist had completed safeguarding training and a company safeguarding procedure was available.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

Pharmacy team members are trained for the jobs that they do. They have access to some ongoing training, and they get feedback on their development to help them learn and improve. Team members work well together in a supportive environment and feel comfortable to raise concerns and provide feedback.

### Inspector's evidence

The pharmacy team comprised of the regular pharmacist and three dispensers. The pharmacy also employed two additional team members on zero-hour contracts and a medicine counter assistant who worked each Saturday. Team members worked well together, and they managed the workload effectively during the inspection. Team members expressed that although they were up to date with dispensing, it was becoming more challenging with new services which had recently been commissioned. Leave within the pharmacy was planned in advance to help ensure suitable staffing levels were maintained.

Pharmacy team members were trained for their roles. They had access to ongoing learning materials through an e-Learning portal, and they had also completed some training modules as part of an NHS Quality Payments Scheme. Learning and development was reviewed through appraisals which had last been completed at the beginning of the year.

A pharmacy team member discussed the sale of medication in the pharmacy. She explained the questions that she would ask to help make sure sales were safe and appropriate. Concerns were referred to the pharmacist. For example, where people had previously been refused sales.

The pharmacy team members worked together well. They had an open dialogue and supported one another to effectively manage the workload in the pharmacy. Any issues were escalated to the company's head office and team members felt comfortable to provide feedback and raise concerns. They explained how they had previously escalated a concern regarding hub dispensing which had occurred over the Christmas period.

There were some targets in place for professional services. The team discussed managing any targets alongside their professional responsibility to ensure that patient care was their priority.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is well maintained, and it provides a professional environment which is suitable for the delivery of healthcare services. It has a consultation room so people can speak to members of the pharmacy team in private.

### Inspector's evidence

The pharmacy was well maintained and portrayed a professional appearance. There was adequate lighting throughout and the ambient temperature was suitable for the storage of medicines. Team members had access to a small tearoom area and WC facilities which were equipped with handwashing materials.

The retail area was bright, and the floor space was free from obstructions. Chairs were available for use by people who were waiting for their medicines. The pharmacy stocked a range of goods which were suitable for a healthcare-based business and pharmacy restricted medicines were secured behind the medicine counter. Off the retail area, there was a consultation room, which was fitted with a desk and seating to facilitate private and confidential discussions.

The dispensary was adequately sized for the current volume of dispensing. Team members used different segregated areas for dispensing and checking, and the workbenches were free from unnecessary clutter. Medicines were stored on large shelving units and there was a separate sink available for the preparation of liquid medicines.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are accessible and suitably managed so that people receive appropriate care. The pharmacy gets its medicines from reputable sources and team members complete checks to help make sure that medicines are suitably stored and fit for supply.

### Inspector's evidence

The pharmacy was accessed via a small single step from the main street. The door was visible from the medicine counter, which was staffed throughout the inspection, so people who needed assistance could be identified. There was some advertisement of services in the front window and throughout the retail area. And additional health promotion leaflets were also available.

Prescriptions were dispensed using baskets in order to keep them separate and reduce the risk of medicines being mixed up. Baskets were colour-coded to help prioritise the workload. Pharmacy team members signed 'dispensed' and 'checked' boxes as an audit trail for dispensing. The pharmacist was aware of recent changes regarding the supply of valproate-based medicines. But the pharmacy did not routinely identify prescriptions for high-risk medicines, so some opportunities to provide further counselling may be missed. Prescriptions for CDs were highlighted to help make sure that supplies were made within the valid 28-day expiry date.

A proportion of repeat prescriptions were dispensed off-site at a dispensing hub. The PMR system identified prescriptions suitable to be sent to the hub during the labelling process. Information was then sent digitally to the hub, after having been checked by the pharmacist. Prescription forms were matched with medicines when they returned from the hub and any medicines which could not be supplied were dispensed locally. The team discussed a new delivery process which was due to be implemented. But signatures were currently not usually obtained to confirm deliveries made to patients. So, an audit trail may not always be available in the event of a query. Medications from failed deliveries were returned to the pharmacy.

Compliance aid packs were managed using a four-week schedule. Each patient had a master record of medication and the pharmacy kept an audit trail of requests that were sent off and received back from the GP surgery. Compliance aid packs had patient identifying labels to the front and descriptions of individual medications were recorded. Patient leaflets were supplied.

The pharmacist had completed training for the provision of the Pharmacy First service. The pharmacy had access to the clinical pathways and patient group directive (PGD) for each of the conditions. Training had also been completed for the contraceptive service. SOPs and additional resource links were available.

The pharmacy sourced its stock from a range of reputable wholesalers and unlicensed specials from a specials manufacturer. Stock was stored in the original packaging provided by the manufacturer, and they were well organised on shelves in the dispensary. The pharmacy team members followed a date checking schedule and short dated medicines were marked to be removed from the shelves. Expired and obsolete medicines were stored in suitable medicines waste bins. Alerts for the recall of faulty

medicines and medical devices were received electronically and an audit trail was maintained outlining the action taken in response.

The pharmacy fridge was fitted with a thermometer. A temperature log was maintained. There were occasional gaps in the record, but the fridge was within the recommended temperature range. CDs were suitably stored, and random balance checks were found to be correct.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to provide its services. Team members suitably maintain the equipment and they use it in a way that protects people's privacy.

### Inspector's evidence

The pharmacy had access to reference materials and internet access to support further research. There was a range of approved glass measures with separate measures reserved for use with methadone. Counting triangles for tablets were also available. The equipment seen was clean and suitably maintained.

Electrical equipment was in working order. Computer screens in the pharmacy faced away from public view to help protect privacy and the computer systems were password protected. A cordless phone was available to enable conversations to take place in private, if required.

### 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.