

Registered pharmacy inspection report

Pharmacy Name: Cheswick Green Pharmacy, 12 Cheswick Way,
Cheswick Green, Shirley, SOLIHULL, West Midlands, B90 4JA

Pharmacy reference: 1038372

Type of pharmacy: Community

Date of inspection: 06/04/2023

Pharmacy context

This community pharmacy is located next to a local surgery in a parade of shops in a suburb of Solihull, West Midlands. It sells a range of over-the counter medicines and dispenses prescriptions. It offers a prescription delivery service, New Medicine Service (NMS) checks, substance misuse treatment, seasonal flu vaccinations, emergency hormonal contraception, the Community Pharmacist Consultation Service (CPCS), and the Hypertension Case finding service. It also supplies medicines in multi-compartment compliance packs to some people in the community who need assistance in managing their medicines at home.

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 has written procedures to help deliver its services safely. And it keeps the records it needs to show that medicines are supplied safely and legally to people. Members of the pharmacy team 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 know how to protect vulnerable people.

Inspector's evidence

The pharmacy had a range of in-date standard operating procedures (SOPs), and these had been read and signed by team members. The correct responsible pharmacist (RP) notice was on display and team members could explain the tasks they could not undertake in the absence of a pharmacist.

The pharmacy manager explained the process team members would follow to record and report dispensing mistakes. Dispensing mistakes which were identified before the medicine was handed out to a person (near misses) were routinely recorded and reviewed. A report about near misses was generated and discussed with team members to share any learnings. Dispensing mistakes that had reached people (dispensing errors) were recorded, reviewed, and submitted to the superintendent pharmacist (SI). Higher-risk medicines including valproate, and medicines with similar names, such as atenolol and amitriptyline, had been highlighted and separated to minimise picking errors.

The pharmacy had current indemnity insurance. Records about controlled drugs (CDs), RP, unlicensed medicines and private prescriptions were kept in line with requirements. A random balance check of a CD was correct. Running balances of CDs were kept and audited at regular intervals. A separate register was used to record patient-returned CDs.

The pharmacy had a complaints procedure and it encouraged people to give feedback about the quality of its services. The pharmacy manager said that she would always endeavour to resolve complaints in the pharmacy and where appropriate she would escalate complaints to the superintendent's (SI's) office. A digital customer feedback machine had been installed by the medicines counter and people visiting the pharmacy could rate their overall experience. Feedback was collated centrally at the pharmacy's head office and results were shared with branches at regular intervals.

Confidential information was kept securely and prescriptions awaiting collection were stored appropriately. People's personal details were not visible to the public. Confidential waste was shredded in the pharmacy. Members of the pharmacy team used their own NHS smartcards to access electronic prescriptions. The pharmacy had displayed its privacy policy to inform people how their personal information was managed.

The pharmacy had procedures about protecting vulnerable people. A safeguarding SOP and contact details for local agencies to escalate any safeguarding concerns were available in the pharmacy. The pharmacy manager had completed level 2 safeguarding training. Members of the pharmacy team knew what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its current workload adequately. Members of the pharmacy team are supported by their pharmacy manager, and they have the appropriate skills and qualifications for their roles and responsibilities. The company provides training resources to help its team members keep their skills and knowledge up to date.

Inspector's evidence

At the time of the inspection, the pharmacy team consisted of a pharmacy manager, a pharmacy technician, and a trained dispenser. Members of the pharmacy team worked well together, and they were managing their workload adequately. They demonstrated a good rapport with people visiting the pharmacy. Most of the team members had worked at the pharmacy for a considerable length of time. A team member said they felt comfortable making suggestions or raising concerns with the pharmacy manager. All team members had signed a whistleblowing policy.

Members of the pharmacy team were supported with on-going training which was provided through the company's in-house training platform. The pharmacy's head office sent monthly SI newsletters to the branches to share learnings and good practice. There were set targets for team members and the company incentivised its services. But the pharmacy manager said that her professional judgment was not compromised because of targets or incentives.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are secure and suitable for the services it offers. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy's front fascia and its public facing areas were generally clean and adequately maintained. The retail area of the pharmacy was kept clear of slip or trip hazards. There was just about enough storage and work bench space in the dispensary to allow safe working. The sink in the dispensary for preparing medicines was clean and it had a supply of hot and cold running water. There was adequate heating and lighting throughout the premises. The dispensary was separated from the retail area, and it afforded privacy for dispensing, and any associated conversations and telephone calls. A private signposted consultation room was available to enable people to have private conversations with team members. The room was kept clean and tidy. Team members had access to hygiene facilities. The premises were lockable and could be secured against unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy manages its services well to ensure people get appropriate care and the support they need to use their medicines safely. But some people with mobility difficulties may not be able to access its services with ease. The pharmacy gets its medicines from reputable sources, and it generally stores them appropriately. Team members take the right action in response to safety alerts so that people get medicines and medical devices that are safe to use.

Inspector's evidence

The entrance to the pharmacy was stepped and it had a conventional push and pull door. This could potentially create difficulties for people with mobility issues and push chairs to enter the premises with ease. Members of the pharmacy team said that this has been raised with the head office. But further clarity was being sought whether it was the local council's responsibility to build a ramp. The pharmacy had some seating available for people waiting for services.

The pharmacy's opening hours and a list of the services available were advertised in-store. Members of the pharmacy team used their local knowledge to signpost people to other providers when a service required was not offered at the pharmacy. A prescription delivery service was mainly offered to housebound and vulnerable people and the delivery driver kept a record for all deliveries of medicines.

The workflow in the dispensary was sufficiently organised. Members of the pharmacy team used baskets during the dispensing process to prioritise workload and minimise the risk of medicines getting mixed up. 'Owing notes' were issued to people to keep an audit trail when prescriptions could not be supplied in full when first dispensed. Dispensed multi-compartment compliance packs checked during the inspection were labelled appropriately and included descriptions of the medication. Patient information leaflets (PILs) were not routinely supplied; the pharmacy manager said that PILs were generally only supplied when a person was first prescribed a new medicine. This could mean that people or their carers do not have all the information about their medicines readily accessible. Or are made aware if that information changes.

The pharmacy manager said that relevant parameters such as INR were often checked when supplying higher-risk medicines such as warfarin, and these were recorded on the person's medication records. Stickers were used on assembled prescription bags to highlight when a fridge line or a CD needed to be added during hand-out. A 'pharmacist' sticker was used to highlight any higher-risk medicines or when counselling was required. The pharmacy had recently completed its national clinical audit on valproate and had identified one person in the at-risk group. The pharmacy manager said that the person had been provided with all the relevant information about safety considerations associated with the use of valproate. The uptake of Hypertension Case Finding service was very low. The pharmacy manager said that they do have patients enquire about the service and have had a referral but the person did not attend.

The pharmacy ordered its stock medicines from licensed wholesalers and no extemporaneous dispensing was undertaken. The pharmacy had a small range of Pharmacy-only medicines which were restricted from self-selection. The pharmacy did not sell codeine linctus over the counter. Stock medicines were date checked at regular intervals and short-dated medicines were marked for removal

at an appropriate time. Stock medicines were randomly checked during the inspection and no date-expired medicines were found in amongst stock.

Temperature-sensitive medicines were stored appropriately, and the maximum and minimum medicine fridge temperatures were recorded daily. The records showed that the temperatures had been maintained within the required range of 2 and 8 degrees Celsius. All CDs were kept in line with requirements. Access to CD keys was managed appropriately. Members of the pharmacy team used stickers to highlight CD prescriptions including those that did not require secure storage to ensure they were not inadvertently handed out after their 28-day validity period. Denaturing kits were available to dispose of waste CDs safely. The pharmacy had a process to deal with safety alerts and medicines recalls making sure the medicines it supplied were fit for purpose. Records about these and the action taken by team members were kept, providing an audit trail.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. And it maintains its facilities and equipment adequately.

Inspector's evidence

The pharmacy's computers were password protected and computer terminals were not visible to people visiting the pharmacy. Members of the pharmacy team had access to current reference sources. All electrical equipment appeared to be in good working order. There was a range of clean crown-stamped measures available for measuring liquid medicines. And the equipment for counting loose tablets and capsules was clean. Medicine containers were capped to prevent cross-contamination.

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.