

Registered pharmacy inspection report

Pharmacy Name: The Olton Pharmacy Limited, 159 Warwick Road, Olton, SOLIHULL, West Midlands, B92 7AR

Pharmacy reference: 1038401

Type of pharmacy: Community

Date of inspection: 17/02/2022

Pharmacy context

This is an independently-owned community pharmacy situated on a busy road in Solihull, West Midlands. It dispenses NHS prescriptions, sells a range of over-the-counter medicines and it supplies medicines in multi-compartment compliance packs to a significant number of people who need assistance in managing their medicines at home. The pharmacy provides a substance misuse treatment service to a handful of people and it offers a prescription delivery service. This inspection was undertaken during the Covid-19 pandemic. Not all aspects of the pharmacy were inspected during this visit.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.1	Standard not met	The pharmacy does not adequately identify and manage the risks associated with providing its services. Staff members are undertaking tasks in the absence of the right training, including adequate training on the pharmacy's standard operating procedures. The dispensary is poorly organised, and medicines are not stored appropriately. And the pharmacy does not make sure all parts of the premises are kept in a clean and tidy condition.
		1.6	Standard not met	The pharmacy is not keeping its controlled drug records in line with requirements.
2. Staff	Standards not all met	2.2	Standard not met	Not all staff have been trained, or are undergoing training appropriate for their role and responsibilities.
		2.5	Standard not met	Members of the pharmacy team are not empowered to provide feedback and raise concerns about the way the pharmacy operates.
3. Premises	Standards not all met	3.1	Standard not met	The dispensary is poorly organised and cluttered. This is impacting the overall efficiency of the dispensing process. And it may increase the risk of dispensing mistakes or accidents.
4. Services, including medicines management	Standards not all met	4.3	Standard not met	The pharmacy does not always store its medicines appropriately. This increases the chance that mistakes could be made, and medicines could be supplied to people when they are not fit for purpose.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy's dispensary is poorly organised and its workflow is chaotic. This creates risks for people using the pharmacy's services. It does not maintain all the records that it must keep by law. So, the records may not be reliable if referred to in future. And the pharmacy may not be able to investigate anomalies fully or promptly. The pharmacy has operating procedures to help its team members deliver services safely and effectively. But not all team members have read and signed these. And it does not always review mistakes that its team members make, to learn from these events. However, members of the pharmacy team have completed the appropriate training to be able to safeguard vulnerable people. And they keep people's private information safe.

Inspector's evidence

The pharmacy had a range of in-date standard operating procedures (SOPs) and most of the team members had signed the SOPs except the responsible pharmacist (RP) and a part-time dispenser. Members of the pharmacy team kept some records of the mistakes they made during the dispensing process, but these records were not always analysed to identify any contributory factors, or actions to take to prevent similar events from happening again. And there was little evidence of individual reflection by the person making the error.

The pharmacy had considered some risks to its team members and people using the pharmacy during the Covid-19 pandemic. A Perspex screen had been fitted along the medicines counter to minimise the risk of Covid-19 transmission. Members of the pharmacy team were wearing face masks at the time of the visit. Hand-sanitisers were not available at the counter for people visiting the pharmacy to use.

The correct RP notice was displayed in the pharmacy and the RP records were kept in line with requirements. A current indemnity insurance certificate was displayed in the dispensary. The pharmacy kept running balances of controlled drugs (CDs) but records about CDs were not kept in line with requirements. Entries in the CD registers were not all completed within the required time. Not all recorded balances reflected the actual stock available. And not all products were recorded in an appropriate register.

Completed prescriptions were stored in the dispensary and people's personal details were not visible to the members of the public visiting the pharmacy. The pharmacy was registered with the Information Commissioner's Office (ICO) and a current certificate was on display. A privacy notice was advertised in the retail area of the pharmacy and patient confidential waste was separated and collected by a specialist waste contractor. Members of the pharmacy team could not recall signing patient confidentiality agreements.

The RP confirmed that she had completed Level 2 safeguarding training. But was not certain how to obtain contact details of relevant safeguarding agencies if any safeguarding concerns needed to be escalated. There was some information available in the SOP folder about contact details of the relevant agencies, but this information was not current, including the contact details for the Accountable Officer. And the pharmacy lacked awareness of some safeguarding guidelines relevant to providing services to younger people.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy generally has enough staff members to manage its current workload adequately. But not all staff have been appropriately trained or are receiving training for their role and responsibilities. Members of the pharmacy team are not clear about how to raise concerns or provide feedback to help improve the delivery of pharmacy services. The pharmacy could do more to ensure its trainee team members receive the support they need to complete their accredited training in a timely manner.

Inspector's evidence

At the time of the inspection, the pharmacy manager was the RP on duty. The pharmacy had enough team members to cope with the workload. Most of the team members were trainees and had been enrolled on an accredited training program in 2021. But team did not get adequate support to complete this training in a timely way, and had not progressed beyond one module. A part-time member of staff who had worked for the pharmacy for a number of years had not yet been enrolled on an appropriate training program.

There was a lack of clear leadership and management oversight and support in the pharmacy. The pharmacy manager had some contact with the business director. But had very limited contact with the superintendent pharmacist (SI). The pharmacy team did not know if the pharmacy had a whistleblowing policy. Team members appeared uncertain about how they could raise concerns about the way the pharmacy operated. They did not know who they could raise these matters with. Or how to make suggestions to improve things.

Principle 3 - Premises Standards not all met

Summary findings

The pharmacy premises, in their current state, are not adequate for the provision of healthcare services. The dispensary is disorganised, untidy and cluttered and does not support safe ways of working. This increases the risk of things going wrong. And not all areas are kept sufficiently clean.

Inspector's evidence

The front fascia of the premises was in an adequate state of repair. The entrance to the pharmacy was step-free. The retail area of the pharmacy was spacious, and it was clear of slip or trip hazards. A private signposted consultation room was available in the pharmacy. However, it was small and cluttered with cardboard boxes, sharps bin and fixtures. This did not present a professional image to people using this room for pharmacy services.

The dispensary was sufficiently spacious, but it was very poorly organised. The workflow in the pharmacy was somewhat chaotic. Floor spaces in some areas were obstructed with bulky goods and bench spaces were very cluttered.

The pharmacy's hygiene facilities were not kept clean. Members of the pharmacy team had access to a small kitchenette. But it was very cluttered and not kept clean. The sink in the dispensary had a supply of hot and cold running water but baskets of split medicine boxes had been stored in it rendering it inaccessible. There was enough lighting throughout the premises and the room temperatures were suitable for storing medicines. The premises were secure from unauthorised access.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy obtains its medicines and medical devices from reputable sources. But it does not have adequate medicine management procedures in place to provide assurances that medicines supplied to people are fit for purpose. The pharmacy's stock medicines are stored haphazardly. And some are not kept in their manufacturer's packaging. This may increase the risk of supplying an incorrect medicine or a medicine that is not safe or fit for purpose. However, the pharmacy's team members do try to help people access its services.

Inspector's evidence

The pharmacy offered a small range of services and these were advertised throughout the premises. Members of the pharmacy team were helpful and demonstrated a good rapport with people visiting the pharmacy. And they used their local knowledge to signpost people to other providers if a service wasn't available at the pharmacy. The pharmacy supplied Covid-19 lateral flow tests that people could use at home to test for Covid-19 infection. It also offered a prescription delivery service to people who couldn't attend its premises in person. And it kept an audit trail for the deliveries it made. Signatures from recipients were currently not being obtained to minimise the risk of infection.

The RP was seen initialling 'dispensed by' and 'checked by' boxes to keep a dispensing audit trail. 'Owing notes' were issued to people to keep an audit trail when prescriptions could not be supplied in full when first dispensed. Baskets were used during the dispensing process to prioritise workload and help minimise the risk of prescriptions getting mixed up. But the dispensing benches were so cluttered, and baskets of dispensed items waiting for a final accuracy check were stacked on top of each other. This created a risk of items falling into other baskets. The pharmacy's retrieval system for completed prescriptions was very poorly organised and untidy. Members of the pharmacy team were spending a lot of time searching for people's prescriptions. This was creating a lot of frustration and increased waiting times for people collecting their medicines. And it was putting staff under a lot of pressure.

The pharmacy supplied medicines in disposable multi-compartment compliance packs (MCCP) to a significant number of people who needed some help in managing their medicines at home. These were assembled in a separate area which was equally cluttered. Not all MCCPs checked during the inspection had been labelled with a description of the medicine contained within the pack to help people or carers identify the medication. The trainee dispenser said that the software system had been recently upgraded and descriptions were now included when generating dispensing labels. Patient Information Leaflets (PILs) were only supplied for new medicines. This could mean that people do not have all the information about their medicines readily accessible.

The pharmacy ordered its stock medicines from recognised wholesalers. But these were stored haphazardly on the shelves. And some medicines were not stored in their manufacturer's packaging; there were loose blister strips on dispensary shelves. The RP was not sure where date checking records were kept and these could not be located during the inspection. Team members said that they had date-checked medicines a few months ago. Short-dated medicines had not been marked to help identify them for removal at an appropriate time. A random check of medicines found some expired medicines amongst the in-date stock. These were removed during the inspection. Medicines requiring cold storage were kept in a refrigerator and the fridge temperature records indicated storage

temperatures were kept between 2 and 8 degrees Celsius. But the fridge was very full, and medicines were stored haphazardly. This could increase the risk of dispensing mistakes. And poor circulation of air in the fridge could mean that medicines are not always kept at an appropriate temperature. All CDs requiring secure storage were stored in the CD cabinet. Some CD prescriptions not requiring secure storage, such as pregabalin and midazolam, had not been marked with a sticker to ensure these were not handed out beyond their 28-day validity period. Expired prescriptions for diazepam and zopiclone tablets were found in the retrieval system. These were brought to the RPs attention and removed during the inspection.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services. But it could do more to make sure its measuring equipment is kept clean.

Inspector's evidence

Information on the pharmacy's computer terminals was not visible to the people visiting the pharmacy and patient medication records were password protected. The pharmacy had access to the internet and various other reference sources such as the British National Formulary (BNF). All electrical equipment appeared to be in good working order. There were a few crown-stamped measures available for measuring liquid medicines. These did not appear clean. People's private information was stored securely, and confidential waste was appropriately managed. Members of the pharmacy team were wearing face masks throughout the inspection. There were a couple of bottles of hand sanitisers in the kitchenette.

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.