

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: 08/08/2023

Pharmacy context

This community pharmacy is located 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 few 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.

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 systems in place to identify and manage risks associated with its services. And it has written procedures to help delivery services safely and effectively. Team members understand their roles and responsibilities. And they record and review their dispensing mistakes, so they can learn and prevent similar events from happening again. The pharmacy keeps people's private information securely. And it has procedures to safeguard vulnerable people.

Inspector's evidence

The pharmacy had made considerable progress since its last inspection. A regular locum pharmacist was the responsible pharmacist (RP) on duty on the day of the inspection. The workflow in the pharmacy was well organised and the team was managing the workload well. The correct RP notice was displayed by the medicine counter where members of the public could see it. Team members understood their roles and responsibilities. And they could explain the tasks they could or could not undertake in the absence of a pharmacist.

The pharmacy had a range of current standard operating procedures (SOPs) and team members had read the SOPs that were relevant to their roles and responsibilities. The pharmacy had systems to record mistakes that were made during the dispensing process. Team members routinely recorded mistakes that were detected before the medicine left the pharmacy (near misses) and there was evidence to show that these were reviewed regularly to help identify any trends or take actions to help mitigate similar events from happening again. Team members were aware of the risks associated with look-alike and sound-alike medicines. And these were marked with stickers on the shelves to minimise picking errors. And different forms of tiotropium inhalers had also been separated because their packaging was very similar and a near miss had occurred. The RP could explain the process he would follow to record and report mistakes that had reached people (dispensing errors).

The pharmacy had current professional liability and public indemnity insurance. Records about controlled drugs (CDs) were kept in line with legal requirements. CD running balances were kept and audited regularly. A separate register was used to record patient-returned CDs. The stock of several randomly chosen CDs matched with the recorded balance in the register. Records about the RP and private prescriptions were in order.

The pharmacy displayed its privacy policy to inform people how their private information was managed. 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 separated from general waste, and this was taken away by a waste contractor for secure destruction. Team members used their own NHS smartcards to access electronic prescriptions. The pharmacy had information governance procedures and team members had completed training about the General Data Protection Regulation.

The pharmacist on duty had completed Level 2 training about safeguarding vulnerable people. A safeguarding SOP and contact details for local agencies to escalate safeguarding concerns were available in the pharmacy. A chaperone policy was available, details about which were displayed by the entrance to the consultation rooms.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its current workload. Team members understand their roles and responsibilities, and they work well together. They have access to training resources to help keep their skills and knowledge up to date.

Inspector's evidence

At the time of the inspection a regular locum pharmacist, three trained dispensers, a trainee dispenser and a trainee medicine counter assistant were on duty. All trainees had been enrolled on an accredited training program. Team members' training certificates were displayed in the retail area of the pharmacy.

Halfway through the inspection, the pharmacy manager came in to support the team. Team members demonstrated a positive attitude throughout the inspection and they were working well together. They were managing their workload well. People visiting the pharmacy were served promptly and team members shared a good rapport with their customers.

Team members were aware of the whistleblowing policy and commented that they would feel comfortable raising any concerns they had with their superintendent pharmacist (SI). The SI visited the pharmacy frequently and occasionally worked as RP.

Team members kept their knowledge and skills current by completing mandatory training courses required under the Pharmacy Quality Scheme. And they had access to pharmacy trade publications and booklets which provided information about selling medicines over the counter safely. There were no formal targets or incentives set for team members.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are well maintained and kept clean. And they are professional in appearance and suitable for providing the pharmacy's services.

Inspector's evidence

The pharmacy's front fascia and its public facing areas were clean and well maintained. The retail area of the pharmacy was clean and spacious. It was kept clear of slip or trip hazards. There was 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. Two private signposted consultation rooms were available for services and to enable people to have private conversations with team members. The rooms were 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 safely to help make sure people receive the appropriate care and support they need to use their medicines safely. People with different needs can access the pharmacy's services. The pharmacy gets its medicines from reputable sources, and its stores them appropriately. Team members take the right action in response to safety alerts so that people get medicines and medical devices that are fit for purpose.

Inspector's evidence

The entrance to the pharmacy was step free and there was seating available for people waiting for services. The pharmacy's opening hours and a list of services available were advertised in-store. Team members used local knowledge to signpost people other providers when a service required was not offered at the pharmacy.

The workflow in the dispensary was well organised. Team members used baskets during the dispensing process to prioritise workload and minimise the risks of medicines getting mixed up. Team members initialled dispensing labels to show which team members had been involved in dispensing and checking prescriptions. '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 medicines. Patient information leaflets were supplied. Records were kept for each person receiving compliance packs so any regime or medication changes could be recorded, monitored, and queried where appropriate. The pharmacy had a handful of people receiving treatment for substance misuse and instalments were generally prepared in advance and stored in the CD cabinet.

Recognised wholesalers were used to obtain stock medicines, which were stored in an organised manner in the dispensary. Pharmacy-only medicines were restricted from self-selection. Team members knew to be vigilant when selling higher-risk over-the-counter medicines such as codeine-containing painkillers and pseudoephedrine. The pharmacy did not sell codeine linctus over the counter.

CDs were stored in a cabinet which was securely fixed, and access to the cabinet was appropriately managed. Date-expired and patient-returned CDs were separated in the cabinet. Patient-returned CDs were recorded and destroyed using denaturing kits. Temperature-sensitive medicines were stored appropriately, and medicine fridge temperatures were monitored and recorded daily. Stock medicines were date-checked at regular intervals and short-dated medicines were marked and removed from stock in advance of expiry. Stock medicines were randomly checked, and no date-expired medicines were found amongst in-date stock. Waste medicines and sharps were separated and placed in designated containers.

The pharmacy had a process to deal with safety alerts and medicine recalls. And these were sent to the pharmacy from the NHS and the MHRA. 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 well.

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 and the equipment for counting loose tablets and capsules was clean. Medicine containers were capped to prevent cross-contamination. Hand-sanitisers were available in the dispensary and in the retail area for people to use.

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.