

Registered pharmacy inspection report

Pharmacy Name: Bills Pharmacy, 29 High Street, Kinver,
STOURBRIDGE, West Midlands, DY7 6HF

Pharmacy reference: 1038410

Type of pharmacy: Community

Date of inspection: 03/04/2024

Pharmacy context

This busy community pharmacy is located alongside shops and other services in Kinver, South Staffordshire. People who use the pharmacy are from the local community and a home delivery service is available. The pharmacy dispenses NHS prescriptions, and it provides NHS funded services such as the Pharmacy First service, blood pressure testing and seasonal vaccinations. The pharmacy team dispenses some medicines into multi-compartment compliance packs for people to help make sure they remember to take them. Private services are also available, and these include travel vaccinations and ear wax removal.

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 manages the risks associated with its services to make sure people receive appropriate care. Members of the pharmacy team follow written procedures to make sure they work safely, and they complete tasks in the right way. They discuss their mistakes so that they can learn from them. And team members understand their role in protecting vulnerable people and they keep people's personal information safe.

Inspector's evidence

The pharmacy was part of a small group of pharmacies located in the West Midlands and Gloucestershire. A range of corporate standard operating procedures (SOPs) were available which covered the activities of the pharmacy and the services provided. The SOPs had been dated to show when they had last been reviewed by the superintendent (SI). Signature sheets were used to record staff training, and roles and responsibilities were highlighted within the SOPs.

A near miss log was available. Near misses were discussed with the dispenser involved to ensure they learnt from the mistake. The pharmacy team gave examples of different types of mistakes and how the dispensary layout had subsequently been adapted to try and avoid the same mistakes happening again. The dispensary shelves were highlighted to alert the pharmacy team to medicines with similar names. The near miss log was reviewed by the pharmacist manager on a monthly basis and patterns and trends were discussed with the pharmacy team. The pharmacy had two accuracy checking dispensing assistants (ACDA's) and they recorded the near misses that they had identified for their portfolio on a separate log. But these were not usually recorded on the pharmacy's near miss log. This meant that some learning opportunities may be missed as the log was not a complete record. Dispensing incidents were recorded, reviewed, and reported to the SI.

Members of the pharmacy team were knowledgeable about their roles. A dispensing assistant correctly answered hypothetical questions related to high-risk medicine sales and discussed how requests for codeine containing medicines were managed, and also explained how these medicines could be abused or misused.

The pharmacy's complaints process was explained in the SOPs and on a poster in the shop area. People could give feedback to the pharmacy team in several different ways; verbal, written, via the company's website, or by contacting head office. The pharmacy team members tried to resolve issues that were within their control and involved head office if they could not reach a solution.

The pharmacy had up-to-date professional indemnity insurance. The responsible pharmacist (RP) notice was displayed, and the RP log met requirements. Controlled drug (CD) registers were in order and two random balance checks matched the balances recorded in the register. Patient returned CDs were recorded in a register. Private prescription records were seen to comply with requirements. Specials records were maintained with an audit trail from source to supply.

Confidential waste was stored separately from general waste and destroyed securely at head office. The pharmacy team members had their own NHS Smartcards and they confirmed passcodes were not shared. The pharmacy team had completed training on safeguarding as part of the NHS Pharmacy Quality Scheme (PQS) and the RP had completed level three safeguarding training. The pharmacy team understood what safeguarding meant and a list of safeguarding contacts was displayed in the dispensary. The dispensing assistants gave examples of types of concerns that they may come across and had a clear understanding of what action they would take in the event of a concern.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage the workload and the services that it provides. The team members plan absences in advance, so the pharmacy has enough cover to provide the services it offers. They work well together in a supportive environment, and they can raise concerns and make suggestions.

Inspector's evidence

The pharmacy team comprised of the pharmacist manager, a regular part-time pharmacist, two accuracy checking dispensing assistants, two dispensing assistants, a trainee medicines counter assistant, and two home delivery drivers. Holidays were discussed with other team members to ensure no-one else had already booked the same week and authorised by the pharmacist manager. Cover was provided by other staff members as required and locum dispensing assistants and pharmacy technicians were used to provide additional cover. A locum pharmacy technician was working two days each week to provide short term cover until a new member of the team started in the summer. Pharmacy team members completed ongoing training and training needs were identified to align with new services, seasonal events, and the NHS Pharmacy Quality Scheme (PQS). The team had annual appraisals and a team member had been enrolled on a pharmacy technician course after expressing an interest during the latest appraisals. Protected training time was given to team members on training courses.

The pharmacy team were observed working well together and helped each other, moving from their main duties to help with more urgent tasks when required. Tasks were delegated to different members of the team so that the workload was managed. The pharmacist manager carried out additional management duties which supported her learning and development. These included health and safety for other pharmacies within the group and being the company's lead for the foundation pharmacist programme.

The team discussed any pharmacy issues as they arose and held regular huddles within the dispensary during quieter times. The pharmacy staff said that they could raise any concerns or suggestions with the pharmacist manager and felt that they were responsive to feedback. Team members said that they would speak to other members of the team, contact head office or the GPhC if they ever felt unable to raise an issue internally. The RP was observed making herself available throughout the inspection to discuss queries with people and giving advice when she handed out prescriptions, or with people on the telephone. Some targets for pharmacy services were set by the SI, and the team thought these were mostly realistic and attainable. The pharmacist manager felt comfortable speaking with the SI about targets and did not feel under pressure to undertake services that were not suitable for the patient to achieve the targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe and secure environment for people to receive healthcare services. The pharmacy team uses private consultation facilities for services such as vaccinations, and if people want to have a conversation in private.

Inspector's evidence

The premises were smart in appearance and appeared to be well maintained. Any maintenance issues were reported to head office. The dispensary was clean and tidy and was cleaned by team members. Hot and cold running water, hand towels and hand soap were available.

The pharmacy temperature was suitable, and lighting was adequate for the services provided. Prepared medicines were held securely within the pharmacy premises and pharmacy medicines were stored behind the medicines counter.

The dispensary was an adequate size for the services provided and an efficient workflow was seen to be in place. Dispensing and checking activities took place on separate areas of the worktops and there was ample space to store completed prescriptions. There was a clean and adequately equipped consultation room which was signposted.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy promotes its services well and the pharmacy team manages and delivers its services safely and effectively. The pharmacy obtains its medicines from licensed suppliers, and stores them securely and at the correct temperature, so they are safe to use. People receive appropriate advice about their medicines when collecting their prescriptions.

Inspector's evidence

The pharmacy had four steps from the pavement and were unable to adapt the entrance due to planning restrictions. A member of the pharmacy team worked in the shop area and assisted people at the front door if they could not use the steps. A home delivery service was also available. Health promotion leaflets were available, and posters were displayed in the waiting area and front windows. Pharmacy staff referred people to other local services using local knowledge and the internet to support signposting.

Medicines were dispensed into baskets to help make sure prescriptions were not mixed up together. Different coloured baskets were used to prioritise prescriptions. Team members signed the 'dispensed-by' and 'checked-by' boxes on medicine labels, so there was a dispensing audit trail for prescriptions. The original prescription for any items owing and an owing docket was kept until hand out to allow for any counselling to be given.

The team were aware of the risks associated with the use of valproate containing medicines during pregnancy, and the need for additional counselling. Patient cards and counselling materials were available and supplied to people when appropriate. And valproate containing medicines were supplied in their original packaging. The pharmacist manager had carried out several clinical audits, including an audit of people prescribed valproate and found that people supplied with valproate were done so in accordance with MHRA guidance.

The pharmacy offered the NHS Pharmacy First service. The team had undergone training and had read the company SOPs. They had quick reference guides available and the NHS PGDs (patient group directions) and supporting documentation had been printed for reference. Most people accessing the service had been referred by their GP surgery and there had been some walk-ins.

Various private pharmacy services were available, and bookings were scheduled using an online booking system. People could see which services were available, view the availability and book an appointment through one of the company's websites, or book in-person at the pharmacy. Consent forms were completed prior to administering vaccinations and records were maintained. The main private services were travel vaccinations and ear wax removal. Patient Group Directions were available for reference and named the pharmacist manager as being authorised for the service.

The pharmacist manager provided a private blood testing service. There were several different types of tests available including testing for iron levels, kidney function, thyroid function and complete blood

counts. The testing service was led by a third-party company that was registered and regulated by UK regulators. People booked in advance and the company provided the pharmacist manager with sample vials and packaging to return the samples to the laboratory for testing. The samples were stored in the refrigerator until they were collected by a courier. The laboratory provided a person with a letter that contained a summary of the results, and any action they needed to take. The pharmacist manager was also emailed a copy of the letter and people were invited to go back to the pharmacy to discuss the results.

Multi-compartment compliance packs were supplied to some people living in their own home. Prescriptions were requested from the surgeries to allow for any missing items to be queried ahead of the intended date of collection or delivery. A sample of dispensed compliance packs were labelled with descriptions of medicines to help people identify them. Patient information leaflets were usually sent with the first supply each month so people could access additional information about their medicine. There was a process in place for managing changes to medicines after packs had been supplied to people.

A random sample of dispensary stock was checked, and all the medicines were found to be in date. Medication was proactively removed prior to its expiry date and highlighted to show that it was short dated. Medicines were stored in an organised manner on the dispensary shelves, and were stored in their original packaging. Split liquid medicines with limited stability once opened were marked with a date of opening to help make sure they were still safe to supply. Patient returned medicines were stored separately from stock medicines in designated bins. Medicines were obtained from a range of licenced wholesalers. Drug recalls were received electronically and marked when they were actioned.

The controlled drug cabinets were secure and a suitable size for the amount of stock that was held. Medicines were stored in an organised manner inside. Fridge temperature records were maintained, and records showed that the pharmacy fridge was working within the required temperature range of 2°C and 8°Celsius.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide services safely. The pharmacy team stores and uses the equipment in a way that keeps people's information safe.

Inspector's evidence

The pharmacy had access to a range of up-to-date reference sources, including the British National Formulary (BNF) and the children's BNF. Internet access was used for additional information when needed. Patient records were stored electronically and there were enough computer terminals for the workload currently undertaken. A range of clean, crown stamped measures and counting triangles were available.

Equipment for clinical consultations had been procured and was stored appropriately. Some of the equipment was single use, and ample consumables were available. Computer screens were not visible to members of the public. Cordless telephones were in use, and staff were observed taking phone calls in the back part of the dispensary to prevent people using the pharmacy from overhearing.

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.