

Registered pharmacy inspection report

Pharmacy Name: Swinford Pharmacy, 90 Hagley Road, Oldswinford, STOURBRIDGE, West Midlands, DY8 1QU

Pharmacy reference: 1038416

Type of pharmacy: Community

Date of inspection: 14/10/2019

Pharmacy context

The pharmacy is located amongst several other retail units, on the outskirts of the town centre, and most people who use the pharmacy are from the local area. It dispenses prescriptions and sells a range of over the counter (OTC) medicines, as well as other health and beauty goods. The pharmacy also supplies some medicines in multi-compartment compliance aid packs, to help make sure people take them at the correct time. Other available services include Medicines Use Reviews (MURs), emergency hormonal contraception (EHC) and a local minor ailments service. The pharmacy has a Wholesale Dealer's License and is registered with the Medicines and Healthcare products Regulatory Agency (MHRA).

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 identifies and manages risks adequately. It seeks feedback about its services and it maintains the records it needs to by law. The pharmacy has written procedures to help make sure team members complete tasks effectively and it keeps people's private information safe. Its team members understand how to raise concerns to protect the wellbeing of vulnerable people.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) covering operational tasks and activities. The procedures defined staff responsibilities, but they did not always contain complete version controls. So, the pharmacy may not always be able to demonstrate that the procedures are up-to-date and reflect current practice. The team members present demonstrated a sound understanding of their roles. A medicine counter assistant (MCA) identified that pharmacy restricted medicines could not be sold in the absence of a responsible pharmacist (RP), she reported that prescription requests would be referred to a dispenser, but supplies would not be made until the pharmacist was present. Professional indemnity insurance covering pharmacy services was provided through the National Pharmacy Association (NPA).

Pharmacy team members recorded their near misses. Most incidents were captured and near miss reviews took place intermittently. But a record of this was not always kept, so team members may not always be able to show what they had learnt. A dispenser discussed some actions that had been taken in response to previous incidents, including the separation of stock to prevent picking errors. The pharmacist explained the actions that had been taken in response to a recent dispensing incident, but this was not documented. A record of the incident had been made, but the information captured was brief and more in keeping with a near miss entry. The pharmacist accepted that more in-depth documentation was required to demonstrate the actions that had been taken to prevent reoccurrence of a similar incident and identify learning points for pharmacy team members. He agreed to review this moving forward.

The pharmacy had a complaint procedure, but this was not clearly advertised. So, people may not always be aware of how concerns can be raised. The MCA referred any verbal concerns to the pharmacist and discussed a mystery shopper scheme which was completed on a regular basis. Feedback from a recent visit was 100% positive and a certificate was displayed near to the counter. The pharmacy had also recently participated in an annual Community Pharmacy Patient Questionnaire (CPPQ) but had yet to receive the results.

The RP notice was conspicuously displayed near to the medicine counter. The RP log was kept electronically but it did not always state the time at which RP duties ceased, so it was not fully compliant. Private prescription and emergency supply records were in order and specials procurement records provided an audit trail from source to supply. Controlled Drugs (CD) registers kept a running balance and regular balance checks were carried out. Patient returned CDs were recorded and previous destructions had been signed and witnessed.

The pharmacy was registered with the Information Commissioner's Office (ICO), but a copy of its privacy policy was not seen on the day. An information governance folder contained several procedures. Signature sheets to confirm staff acknowledgement of the procedures were incomplete, but during the inspection, the team demonstrated an understanding of how they would protect people's privacy. Confidential waste was segregated and removed for suitable disposal and completed prescriptions were stored out of public view. The appropriate use of NHS smartcards was seen on the day.

Pharmacy team members had received some information on safeguarding and the pharmacist had completed training through the Centre for Pharmacy Postgraduate Education (CPPE). He discussed some of the types of concerning behaviours which might be identified and explained how he would escalate any safeguarding concerns. The contact details of local safeguarding agencies were not displayed for reference. The pharmacist reported that he would obtain them from the local authority, if required.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members work well together in a supportive environment. They work in an open culture and can raise concerns and provide regular feedback, which the pharmacy uses to make service improvements. The team members have regular development reviews to help make sure they identify and address any gaps in their knowledge.

Inspector's evidence

On the day of the inspection, the regular pharmacist, who was also the pharmacy owner was working alongside a trained dispenser and an MCA. The pharmacy also employed two further dispensing assistants and an additional MCA. This was the usual staffing level for the day, and on the remaining days of the week an additional dispenser would usually be present. All team members except for one dispenser worked part-time. They increased their hours as necessary to provide cover for leave and restrictions were in place to manage the number of staff who were absent at one time to help maintain an appropriate level of staff.

The MCA explained how she would make sure sales of OTC medicines were suitable. Any concerns were referred to the pharmacist and examples of this were seen on the day. The MCA discussed some high-risk medications which may be susceptible to abuse and demonstrated an awareness of some concerning symptoms which would warrant a referral to the pharmacist. She also provided an appropriate response to a scenario regarding the sale of pseudoephedrine-based medicines.

Pharmacy team members held the appropriate qualifications for their roles. They completed some ongoing training using Training Matters magazines and other resources which were sent through the post. Each team member had a training folder containing printed modules to complete. Examples included topics such as hay fever and incontinence. A training record sheet was present in each folder, but records were sometimes incomplete, meaning that it was not always possible to identify if team members were up to date with their training. Protected learning time was not always available in branch and team members often completed the training modules in their own time. They had development reviews every six to twelve months where any areas for improvement were identified and development goals were set. The pharmacist confirmed that there were no formal targets for professional services.

There was an open culture within the pharmacy. Team members were happy to approach the pharmacist in charge and felt comfortable discussing issues amongst one another. They described the environment as supportive and demonstrated a positive rapport with their regular patients. Team members held staff meetings where they sought to identify any areas for improvement. The agenda for a recent meeting was reviewed, where they had discussed and reviewed stock management procedures. Changes had been made to help make sure that shelves were tidied on a more regular basis. These changes were in the process of being implemented at the time of the inspection.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a clean and professional environment which is suitable for the delivery of healthcare. It has a consultation room which enables it to provide members of the public with access to an area for private and confidential discussions.

Inspector's evidence

The pharmacy premises were well presented and in an appropriate state of repair, including the exterior facia which was clean and looked professional. Any maintenance issues were resolved by the pharmacist and the team worked together to complete daily cleaning duties. The pharmacy was clean and tidy on the day. There was appropriate lighting throughout and air conditioning maintained a temperature suitable for the storage of medicines.

The retail area to the front of the pharmacy portrayed a professional appearance. It was organised, the walkways were free from obstructions and a chair was available for use by people 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 from self-selection behind the medicine counter.

An enclosed consultation room was accessible from the retail area. It was suitably maintained and had a desk and seating to facilitate private and confidential discussions. The room was clearly signposted from the retail area.

The dispensary was compact. There was a small front work bench with a dispensing terminal for labelling and prescriptions were then dispensed on a separate small work bench. An additional area was used to the assembly of compliance aid packs. Further areas to the rear of the dispensary and on the first floor were used to maximise the limited space available and keep the floor free from obstructions. The dispensary also had a sink for the preparation of medicines, which was equipped with appropriate handwashing materials.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy obtains its medicines from reputable sources. It stores them suitably and carries out some checks to make sure that they are fit for supply. The pharmacy's services are accessible and generally well managed. But its team members do not systematically identify prescriptions for high-risk medications, so people may not always get all the information they need to take their medicines properly.

Inspector's evidence

The pharmacy had step-free access and a manual door. The pharmacy computer system could produce large print labels to assist people with visual impairment.

There was some promotion of the pharmacy's services. A list displayed in the front window contained some outdated information, but the pharmacist discussed plans for this to be amended. The pharmacy's opening hours were also clearly displayed. There was a healthy living zone near to the pharmacy entrance, which provided a range of healthy living literature and some information on local services. Team members signposted people who required other services and kept contact details of local service providers including dentists and chiropodists.

Prescriptions were dispensed using coloured baskets to keep them separate and help prioritise the workload. Team members signed 'dispensed' and 'checked' boxes so that people involved in the dispensing process could be identified. Completed prescriptions were filed out of public view, but prescription forms were not retained until the point of handout, which may mean that team members do not have access to important information at the time of supply and could increase the risk of prescriptions being claimed for in error.

The pharmacy did not usually identify people on high-risk medications to enable them to receive additional counselling or monitoring. The team understood the risks of the use of valproate-based medicines in people who may become pregnant. They were aware of the safety materials to provide at the point of supply, but the resources could not be located on the day. The inspector advised on how further copies could be obtained. The pharmacy highlighted some prescriptions for CDs to help make sure that supplies were made within the valid 28-day expiry date. But this did not always extend to schedule 3 and 4 CDs which were not subject to safe custody requirements. This could increase the risk of a supply being made after the prescription has expired.

Patients contacted the pharmacy to request their repeat prescriptions. The team kept some records of requests that had been sent to the main local surgery. But they did not proactively check to highlight any unreturned prescriptions. Signatures were obtained for the delivery of medicines. There was one occasion seen where the words 'letterbox' had been recorded against a delivery. A dispenser explained that this would be in response to a one-off patient request and discussed the questions which would be asked to assess any risk, but a record of this was not kept as an audit trail. The team agreed to review this moving forward. Medications from failed deliveries were otherwise usually returned to the

pharmacy.

Medicines for multi-compartment compliance aid packs were managed using a four-week cycle. Team members ordered the medications required and kept manual records to track the progress of compliance aid pack dispensing. Master record sheets were held for each patient and each record was updated to record the details of any changes. No high-risk medicines were placed into compliance aid packs and a dispenser said that she would check with the pharmacist if she was unsure. Completed packs were labelled with descriptions and patient leaflets were supplied.

The workload in the pharmacy was predominantly from dispensing services. Requests for other services such as the EHC were infrequent. The pharmacist had completed the necessary training for the supply of the EHC and was due to attend an update in the days following the inspection. Access was available to the patient group directive (PGD) for the service and supplies were recorded through PharmOutcomes.

Stock medicines were sourced through reputable wholesalers and specials were obtained from a licensed manufacturer. Stock medicines were stored in the original packaging provided by the manufacturer and the layout was in the process of being reorganised following a recent staff meeting. As this process had been started recently there were still some areas where stock organisation was lacking. The team discussed their date checking process but records of this had not been kept. They agreed to review this moving forward. The pharmacy had the necessary hardware and software to enable compliance with the European Falsified Medicines Directive (FMD). Trials of implementation were ongoing in the pharmacy and the procedures required an update to include the necessary changes. Alerts for the recall of faulty medicines and medical devices were received electronically and were actioned as appropriate.

CDs were stored appropriately. Random balance checks were found to be correct and expired and returned medicines were clearly segregated from stock. The pharmacy fridge was fitted with a maximum and minimum thermometer and the temperature was checked and recorded twice a day.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy had access to paper-based reference materials including the British National Formulary (BNF) and the Drug Tariff. And internet access was available for additional research. Several ISO approved glass measures were available for measuring liquids and counting triangles were available to count loose tablets. A separate triangle was marked for use with cytotoxic medicines and equipment seen on the day appeared clean and suitably maintained.

Electrical equipment underwent PAT testing and was in working order. The pharmacy's computer systems were password protected and screens were located out of view to help protect people's privacy. A cordless phone enabled 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.