

Registered pharmacy inspection report

Pharmacy Name: Duggal Chemist Limited, Unit 8, Mostyn Buildings,
Lower Church Lane, TIPTON, West Midlands, DY4 7PE

Pharmacy reference: 1038459

Type of pharmacy: Community

Date of inspection: 26/09/2023

Pharmacy context

This community pharmacy is located in a small parade of shops in a residential part of Tipton. It dispenses prescriptions and sells medicines over the counter. The pharmacy provides additional services including the NHS Community Pharmacy Consultation Service (CPCS), a minor ailments scheme and flu' vaccinations. A substance misuse service is also available. The pharmacy supplies some medicines in multi-compartment compliance aid packs, to help make sure people take their medicines at the right time.

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	1.6	Standard not met	The pharmacy does not always keep accurate records as required by law. It's responsible pharmacist log is incomplete. This means it cannot demonstrate who is responsible for the safe and effective running of the pharmacy at a set point in time.
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards not all met	3.4	Standard not met	Some areas of the pharmacy are not always properly secured to prevent unauthorised access.
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 not all met

Summary findings

The pharmacy does not always keep accurate records as required by law. This means it cannot always demonstrate who was responsible for the safe and effective running of the pharmacy at a set point in time. It has procedures covering the services it provides. But the procedures contain outdated information, so team members may not always work effectively. Team members understand how to keep people's private information safe. But they do not always record their mistakes, so they may miss opportunities to learn and improve.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) covering operational activities. The procedures had not been recently reviewed and they contained some information which was outdated. Signature sheets were used as a record to confirm that team members had read and agreed to work by the procedures. But some team members working in the pharmacy had not signed them. Through discussion, the pharmacy team members demonstrated a clear understanding of their roles and responsibilities. The pharmacy had professional indemnity insurance which was valid until June 2024.

There was a near miss log. The last entry was recorded in March 2023, which suggested that not all near misses were recorded. This meant team members might miss opportunities to learn from their mistakes. The pharmacy had an incident reporting system in place. The pharmacy owner was not aware of any recent incidents.

People using pharmacy services were able to provide feedback verbally and through online reviews. The pharmacy had a complaint procedure, and any formal concerns were reviewed by the dispenser, who undertook the role of pharmacy manager, and was one of the directors of the company who owned the pharmacy.

The correct responsible pharmacist (RP) log was displayed near to the medicine counter. The RP log was not being maintained in accordance with legal requirements as there were numerous gaps. The private prescription register appeared in order, but records for the procurement of unlicensed specials did not provide an audit trail from source to supply. Controlled drug (CD) registers kept a running balance, and some balance checks were completed. But some CD record keeping issues were identified.

Pharmacy team members had an understanding of confidentiality and they had signed confidentiality agreements. They segregated confidential waste which was suitably disposed of. Some team members did not yet have their own NHS Smartcards and the card of a team member who was not present was being used. This was inappropriate and the pharmacy manager agreed to follow up to ensure that team members held their own cards moving forward.

The pharmacist had completed safeguarding training and the contact details of local safeguarding agencies were displayed in the dispensary.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members work well together. They can raise concerns and provide feedback. But ongoing learning and development opportunities are limited. So, the pharmacy may not always be able to show how its team members keep their knowledge and skills up to date.

Inspector's evidence

The pharmacy team comprised of a relief pharmacist, an NVQ2 qualified dispenser (pharmacy manager), a pharmacy apprentice and a qualified medicine counter assistant (MCA). There was also an unqualified team member present completing administration tasks and cleaning. The pharmacy manager discussed plans to enrol this team member on an MCA course in the future. The unqualified team member was not observed carrying out any medicine sales or dispensing during the inspection. This was a usual staffing level for the day and the team were up to date with the dispensing workload. There were systems in place to help ensure a suitable staffing level was maintained.

There were limited ongoing learning and development opportunities in the pharmacy. But team members read pharmacy trade magazines and other training materials on an ad hoc basis. The apprentice was completing a course with a local college. She attended regular study days and a college tutor often attended at the pharmacy to monitor her progress, which was discussed with the pharmacy manager.

A pharmacy team member discussed the sale of medication in the pharmacy. She explained the questions that she would ask to help make sure sales of medicines were safe and appropriate. And team members were aware of medicines which may be subject to abuse and misuse. Concerns were referred to the pharmacist in charge.

There was an open culture within the team. Team members worked well together and were happy to raise concerns to the pharmacist or pharmacy manager.

Principle 3 - Premises Standards not all met

Summary findings

The pharmacy is suitably maintained, and it has a consultation room so people can speak to pharmacy team members in private. But the layout of the pharmacy means that medicines are sometimes vulnerable to unauthorised access.

Inspector's evidence

The pharmacy was suitably maintained and provided an appropriate space for the provision of healthcare. The retail space was organised and stocked a range of goods which were suitable for a healthcare-based business. There was adequate lighting throughout and the temperature was appropriate for the storage of medicines. Pharmacy restricted medicines were secured behind the medicine counter. The dispensary had limited space. An additional storage area was used to help manage this, but this was not properly secured to prevent unauthorised access.

The pharmacy had a consultation room, which was accessed via a separate entrance from the main street. It had a large step up from the street, so the room may not always be easily accessible to everyone. The room had a desk and seating to enable private and confidential discussions.

Principle 4 - Services ✓ Standards met

Summary findings

In general, the pharmacy suitably manages its services. But it does not always identify prescriptions for high-risk medicines, so team members may miss opportunities to provide further counselling. The pharmacy gets its medicines from licensed wholesalers and it stores them appropriately, but it cannot always demonstrate that it stores fridge medicines at the correct temperature.

Inspector's evidence

The pharmacy was generally accessible. It advertised some of its services and there was a small amount of health promotion literature available as well.

Prescriptions were dispensed using baskets in order to keep them separate and reduce the risk of medicines being mixed up. Team members signed 'dispensed' and 'checked' boxes as an audit trail for dispensing. The pharmacy did not routinely identify prescriptions for high-risk medicines, which may require additional monitoring and counselling. The pharmacist was aware of the risks of valproate-based medicines being supplied to people who may become pregnant. The pharmacy had some copies of the patient alert cards but it did not have spare cards for use when valproate was removed from the original packaging. This was discussed with the team on the day.

The pharmacy offered a repeat prescription ordering system. Team members recorded the date on which each repeat prescription was required, and requests were submitted electronically to local GP surgeries. Unreturned prescriptions were followed-up. Prescriptions for people who received their medicines in multi-compartment compliance aid packs were managed using a four-week cycle. A dispenser kept a record of prescription orders and master records of medication were maintained for each person. Completed compliance aid packs displayed a patient name to the front, but descriptions of individual medications were not available, so people may not always be able to easily identify their medicines. Patient leaflets were supplied.

The pharmacy had a vending machine collection point at the front of the pharmacy, which enabled people to collect their prescriptions when the pharmacy was closed. Suitable prescriptions, which did not include CDs, fridge items and glass bottles were stored within the collection unit. People were notified by text message that their medication was ready to collect and received a PIN to access their prescription. Prescriptions were removed from the collection point, if they were not collected within seven days.

The pharmacist had completed training with an external provider for the provision of flu vaccinations. A flu kit, including adrenaline and a sharps bin was available, but no vaccinations had been administered at the time of the inspection. The pharmacy offered a minor ailments service, which currently supplied a low volume of over-the-counter medicines. Supplies were recorded electronically, and a copy of the formulary was available for reference.

The pharmacy sourced its medicines from a variety of wholesalers and unlicensed specials were obtained from a specials manufacturer. Stock medicines were stored in a generally organised manner. Pharmacy team members stated that date checking was completed every three to six months but a

record of this was not maintained. No expired medicines were identified from random checks of the dispensary shelves. There was a small section of medicines which contained loose strips and medicines packaged into dispensing bottles. These did not contain the batch number and expiry date. The dispenser explained that these had previously been used when assembling compliance aid packs and agreed to suitably dispose of the medicines. Returned and expired medicines were stored in medicines waste bins. Alerts for the recall of faulty medicines and medical devices were received via email. But this was only accessible to the pharmacy manager and it was not routinely checked each day. The team agreed to review this moving forward so that alerts could be accessed by all team members and were checked at least once a day. And the team agreed to keep an audit trail of alerts received moving forward.

There were two refrigerators which were both within the recommended temperature range. However, temperature logs were not being maintained, so the pharmacy was unable to demonstrate that medicines were being suitably stored. The pharmacy manager agreed to introduce paper record sheets to rectify the issue. CDs were stored appropriately, and two random balance checks were found to be correct.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy had access to resources including the British National Formulary (BNF). Internet access was also available to support further research. There was a range of British standard approved liquid measures, which were clearly marked for different uses. Counting triangles for tablets were also available. Equipment seen appeared clean and suitably maintained. The vending machine collection system received an annual service and customer support was available. The dispenser explained that the company had been swift to respond to a recent issue that had arisen.

Electrical equipment appeared to be in working order. Computer systems were password protected and screens faced away from public view. A cordless phone was available to enable conversations to take place in private.

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.