

Registered pharmacy inspection report

Pharmacy Name: Great Bridge Pharmacy, 30 Great Bridge, TIPTON,
West Midlands, DY4 7EW

Pharmacy reference: 1038460

Type of pharmacy: Community

Date of inspection: 30/01/2024

Pharmacy context

This community pharmacy is located on the main High Street in Great Bridge, a small area within Tipton in the West Midlands. Most people who use the pharmacy are from the local area. The pharmacy dispenses prescriptions, and it sells medicines over the counter. It offers additional services including the New Medicine Service (NMS), blood pressure monitoring and a local minor ailments scheme. 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 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 identifies and manages risks adequately. It keeps people's private information safe, and it encourages people to give feedback on the services it provides. The pharmacy keeps the records it needs to by law, but information is sometimes missing or inaccurate. This means team members may not always be able to demonstrate what has happened in the event of a query. The pharmacy team members are clear about their roles, but they do not always record their mistakes, so they may miss some learning opportunities.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) covering the tasks and activities in the pharmacy. The procedures were available in an electronic format, but it was unclear when they had last been reviewed or updated as the version control details were not visible. Each team member had access to the procedures and an electronic record was made to confirm that team members had read the procedures and agreed to follow them. Through discussion, team members demonstrated a clear understanding of their roles and responsibilities. And a trainee dispenser clearly explained the activities which could and could not be completed in the absence of a responsible pharmacist (RP). The pharmacy had professional indemnity insurance in place and a certificate displayed was valid until September 2024.

Pharmacy team members recorded their near misses through an electronic portal. A dispenser demonstrated the reporting process and explained a change the pharmacy team had made in response to a previous near miss. The pharmacist was able to review all near misses that had been submitted. But the record showed that only a limited number had been recorded since October 2023 in comparison to earlier in the year. A lack of near miss recording may mean that some underlying trends and themes go undetected. Dispensing incidents were also logged electronically, and the pharmacist discussed a previous incident which had been recorded.

People using the pharmacy's services were able to provide feedback verbally to team members. Any concerns were referred to the superintendent (SI) pharmacist and other members of the pharmacy's management. There was a notice displayed at the medicine counter encouraging people to leave online reviews regarding the pharmacy's services.

The correct RP notice was clearly displayed at the medicine counter. The pharmacy maintained an RP log, but there were several entries where the time RP duties ceased had not been recorded, so it was not technically compliant. Controlled drug (CD) registers kept a running balance and recent balance checks had been completed. A patient returns CD register was also in use. Records for the supply of private prescriptions were held electronically, but the details of the prescriber were often inaccurate or missing, which may compromise the integrity of the audit trail. Records for the supply of unlicensed specials were in order.

Pharmacy team members had an understanding of data protection and confidentiality. They explained how people's information was kept safe in the pharmacy and confidential waste was segregated, before being removed by an external contractor for suitable disposal. Team members held their own NHS

Smartcards.

The pharmacist had completed safeguarding training and the details of local safeguarding agencies were accessible. The consultation room had a sticker promoting the 'Ask for ANI' scheme to support victims of domestic abuse. Team members reported that to date, nobody had asked for assistance using this scheme. Some team members were initially unsure as to the actions that would be required of them if someone did present to the pharmacy requesting assistance. They agreed to review this to refresh their knowledge.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members are trained for the jobs they do, or they are completing suitable training. They work well together and get some feedback on their development. Team members feel comfortable to raise concerns and provide feedback.

Inspector's evidence

The pharmacy team comprised of the regular pharmacist and two dispensers. A third dispenser arrived midway through the inspection. The pharmacy also employs a foundation trainee pharmacist, who was not present on the day. The team managed the workload well and were generally up to date with the dispensing tasks. They worked set hours which were recorded on a team rota. The pharmacy had processes for requesting leave, and where possible cover for any periods of absence was arranged within branch. Although there were some other local branches that could provide support, if required.

Team members were either trained for their roles or enrolled on suitable training programmes. Work for these courses was usually completed outside of working hours. But team members could ask the pharmacist for any assistance if needed. Training time was provided to the foundation trainee pharmacist. There was a limited amount of additional ongoing learning and development opportunities in the pharmacy. Team members had recently completed some training on the upcoming Pharmacy First service, but training was provided ad hoc rather than on a regular basis. Team members had periodic development reviews with members of the pharmacy's management.

The sale of medication was discussed. Team members were aware of the types of questions to ask to help make sure sales are safe and appropriate. A notice reminding team members of these questions was also displayed at the medicine counter. Team members discussed some problematic medications, such as codeine-based medicines where they had previously refused some repeated requests. Where requests were refused, people were referred to their GP.

Pharmacy team members worked together closely, providing support to one another to complete different tasks. There was an open dialogue in the pharmacy. Team members were happy to approach the pharmacist with any concerns as well as the company management team, who were contactable and accessible. There were targets in place for blood pressure monitoring and the NMS, but the pharmacist said that these were manageable, and they had no concerns.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is well maintained and an appropriate size for the current workload. It provides a suitable environment for the provision of healthcare services. The pharmacy has a consultation room so people can speak to members of the pharmacy team in private.

Inspector's evidence

The pharmacy was well maintained and in a good state of repair. It portrayed a professional appearance and was generally clean and tidy. There was adequate lighting throughout and the ambient temperature was suitably maintained. Team members had access to facilities including a WC and there were suitable handwashing materials available.

The retail area was well kept and there were chairs available for use by people waiting for their medicines. The pharmacy stocked a small range of goods suitable for a healthcare-based business and pharmacy restricted medicines were secured behind the medicine counter. A consultation room was accessible from the retail area. It was clearly signposted. The room was equipped with a desk and seating to enable private and confidential discussions. The dispensary was of an appropriate size and there were separate defined areas for dispensing and checking, as well as additional storage areas.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy gets its medicines from reputable sources and team members complete checks to help make sure that medicines are stored securely and are fit for supply. The pharmacy's services are generally accessible and overall, it supplies medicines safely. But the team does not always provide people who take high-risk medicines or receive their medicines in multi-compartment compliance packs with additional information to support them when taking their medicines.

Inspector's evidence

The pharmacy had a step-free entrance from the street. There was a manual door which was visible from the medicines counter so people who needed assistance could be identified. Some of the pharmacy's services were advertised, as were the opening hours of the pharmacy, which were displayed on the entrance door. Additional health promotion displays were also in place.

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. And owing slips were used when the full quantity of a medicine could not be supplied. The pharmacist explained that he would provide counselling on high-risk medicines if he was handing out a relevant prescription. But all prescriptions for high-risk medicines were not routinely identified, so other team members may miss opportunities to provide further information to people about their medicines. Prescriptions for CDs were highlighted, but this did not always extend to prescriptions for CDs which were not subject to safe custody. This may increase the risk that a supply could be made beyond the 28-day expiry date. And two expired prescriptions were identified on the day.

The pharmacy requested some repeat prescription medications from local GP surgeries, but they did not proactively review requests that had been sent to identify unreturned requests, which may sometimes lead to delays in people receiving their medicines. An audit trail was in place for people who received their medicines in multi-compartment compliance packs. Each patient had a master record sheet which was updated with any changes to regular medicines. No completed compliance packs were available for review, but some packs which were awaiting an accuracy check were seen to have partial descriptions of medicines. These were completed by the dispenser when identified and a signature for dispensing was also added. Patient leaflets were not always supplied. Team members agreed to review this moving forward. A delivery App was used to manage the delivery service. The driver signed when a successful delivery was made. The pharmacy sometimes received requests from housebound patients asking them to post medicines. The delivery driver explained that checks would be made about any children or pets on the premises. But records of these checks were not always recorded as an audit trail.

The pharmacy had provided some flu vaccinations. Team members had received training and a copy of the national protocol was available for reference. There was a flu kit, which included adrenaline and a sharps bin available for use.

The pharmacy sourced its stock from a variety of reputable wholesalers and unlicensed specials from a specials manufacturer. Stock was stored in an organised manner and in the original packaging provided

by the manufacturer. Team members completed some date checking against a weekly schedule. They confirmed that checks had recently been completed, but the record had not been updated since November 2023. Short-dated medicines were highlighted, and no expired medicines were identified during random checks of the dispensary shelves. Obsolete and returned medicines were placed in suitable medicines waste bins. Alerts for the recall of faulty medicines and medical devices were received via email, which was checked daily. An audit trail confirming the action taken in response to alerts had not been maintained since November 2023. So, the pharmacy may not always be able to demonstrate the action that was taken in response to medicines recalls.

The pharmacy fridge was within the recommended temperature range and a temperature log was suitably maintained. CDs were stored securely, and random balance checks were found to be correct. CD denaturing kits were available for use.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has access to the equipment and facilities it needs for the services it provides. Team members suitably maintain the equipment. And they use it in a way that protects people's privacy.

Inspector's evidence

The pharmacy had access to reference materials and internet access to support additional research. There was a range of approved glass measures, which were clearly marked for use with different liquids, such as CDs. Tablet counters were also available. And all equipment seen was clean and suitably maintained.

Electrical equipment was in working order. The computer screens faced away from public view and all systems were password protected. The pharmacy had a cordless phone 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.