

Registered pharmacy inspection report

Pharmacy Name: Duggal Chemist, 75 Park Lane East, TIPTON, West Midlands, DY4 8RP

Pharmacy reference: 1038464

Type of pharmacy: Community

Date of inspection: 19/02/2024

Pharmacy context

This community pharmacy is located in a residential part of Tipton in the West Midlands. Most people who use the pharmacy are from the local area. It dispenses prescriptions and sells medicines over the counter. The pharmacy offers additional services including blood pressure testing and a minor ailments scheme. It 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

Pharmacy team members understand how to keep people's private information safe, and they raise concerns to protect the wellbeing of vulnerable people. Team members are clear about their roles, but they do not always record their mistakes so they may miss some learning opportunities. The pharmacy has written procedures to help ensure team members complete tasks safely. But the procedures have not been updated within the last two years so they may not contain the most up to date information. The pharmacy keeps the records it needs to by law, but information is sometimes missing, so team members may not always be able to show what has happened in the event of a query.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) covering the tasks and activities in the pharmacy. But the procedures had not been updated for several years and contained some information that was not up to date, including references to bodies and organisations such as Primary Care Trusts (PCTs) and the Royal Pharmaceutical Society of Great Britain, which no longer exist. Pharmacy team members were clear about their roles and a medicine counter assistant (MCA) clearly explained the activities which could and could not be completed in the absence of a responsible pharmacist (RP). The pharmacy held professional indemnity insurance and a certificate provided by the pharmacist was valid until the end of June 2024.

The pharmacy had a near miss log. A few recent entries did not include information such as the potential contributing factors, or the date and time of the near miss. This may impact the effectiveness of any near miss reviews. The pharmacist said that near misses were always discussed and that changes were made in the pharmacy where necessary. He explained how he would manage a dispensing incident, including apologising to the patient and investigating what had gone wrong. But previous incident report forms could not be located.

There was a complaint procedure, and any concerns were usually referred to the pharmacist or one of the directors of the company which owned the pharmacy. People using the pharmacy's services were able to provide feedback verbally. Feedback surveys had previously been completed, but one had not been done in recent years. Feedback could also be left online.

The incorrect RP notice was initially displayed, but this was rectified by the pharmacist when highlighted. The RP log was generally in order. As were a sample of private prescription records which were reviewed. Records for unlicensed specials did not always contain an audit trail for supply in line with requirements. Controlled drug (CD) registers kept a running balance, but balance checks were not always clearly recorded.

Pharmacy team members had an understanding of confidentiality and had previously received some informal training on this. But the pharmacy's information governance procedures had not been updated in some time. Team members explained how they would keep people's private information safe, and they had their own NHS Smartcards.

The pharmacist had completed safeguarding training and the contact details of local safeguarding

agencies were accessible. A team member explained the types of concerning behaviours that might be identified. Any concerns were escalated to the pharmacist and a previous concern had been raised through appropriate channels.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members work well together in a supportive environment, and they feel comfortable raising concerns and providing feedback. But the pharmacy offers limited opportunities for structured ongoing learning and development. So, it 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 the regular pharmacist, who was also the superintendent pharmacist, a dispenser and an MCA. A first year MPharm student was also present. The pharmacy employed a second MCA who worked each afternoon. The pharmacy team members worked well together as a team and generally managed the workload. There was no backlog in dispensing. Leave was usually planned in advance to help ensure suitable staffing levels were maintained.

Pharmacy team members were trained for their roles, or they were enrolled on suitable training courses. But structured ongoing learning and development opportunities were limited. Team members explained that any relevant updates were discussed with them, and they also sometimes read trade press magazine which were received through the post. Development was discussed informally on an ongoing basis, but team members had not had a recent formal appraisal.

The sale of medication was discussed with the MCA who clearly outlined the questions that she would ask to help make sure sales were safe and appropriate. The MCA was aware of several common medicines which may be subject to abuse and misuse. Any concerns were referred to the pharmacist.

Team members were happy to approach the pharmacist with any feedback or concerns and regular informal team meetings also took place. There were no targets in place for professional services.

Principle 3 - Premises ✓ Standards met

Summary findings

Overall, the pharmacy is suitably maintained, but limited space in the dispensary sometimes impacts on general organisation. There is a consultation room so people can speak to pharmacy team members in private.

Inspector's evidence

The pharmacy was in a suitable state of repair. There was adequate lighting throughout and the ambient temperature was suitably maintained. Team members had access to tearoom and WC facilities which were equipped with appropriate handwashing materials.

The retail area of the pharmacy had a few chairs available for use by people waiting for their medicines. The pharmacy stocked a range of goods which were suitable for a healthcare-based business. Pharmacy restricted medicines were secured behind the medicine counter, which meant that people had to be escorted and it may make it more difficult for some people to access. A consultation room was available, this was accessed from behind the medicine counter. The room was equipped with a desk and seating to enable private and confidential discussions.

The dispensary was compact with limited storage space, which sometimes impacted on overall organisation. There was one main workbench and team members managed to keep separate spaces for dispensing and checking. Medicines were stored on shelving units. There was an additional room upstairs which was utilised to provide more space for the assembly of multi compartment compliance aid packs.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are generally accessible and suitably managed. The pharmacy does not always provide people receiving their medicines in compliance packs with additional information. This means they may not have easy access to all the information they need to take their medicines safely. The pharmacy gets its medicines from reputable sources and team members complete some checks to help make sure that medicines are fit for supply.

Inspector's evidence

The pharmacy was accessed via a small single step from the main street. Some of the services offered by the pharmacy were advertised in the retail area and a range of health promotion literature was also available.

Prescriptions were dispensed using baskets in order to keep them separate and reduce the risk of medicines being mixed up. Pharmacy team members signed 'dispensed' and 'checked' boxes as an audit for dispensing. Prescriptions for CDs were highlighted to help ensure that supplies were made within the valid 28-day expiry date. The pharmacist explained that team members tried to identify some prescriptions for high-risk medicines. But prescription forms did not always remain with medicines until the point of collection, so some opportunities to provide further counselling may be missed. The team were aware of the recently changed regulations regarding the supply of valproate-based medicines and had updated reference materials were available.

The pharmacy ordered some repeat prescription medications and requests were sent via secure NHS mail. The pharmacy kept an audit trail to help ensure that all requests were returned. Medicines for compliance aid packs were ordered using a weekly system. Each patient had a master record of medication. Completed compliance aid packs seen had patient identifying labels to the front, but descriptions of individual medicines were not usually recorded, and patient leaflets were not always supplied.

The pharmacy had the necessary formulary document to support the provision of a minor ailments service. The pharmacist was trained to complete blood pressure testing. The pharmacy had also recently been commissioned to provide the Pharmacy First service and IT issues to provide this service were being revolved.

The pharmacy sourced its medicines from several reputable wholesalers and unlicensed specials from a specials manufacturer. Stock medicines were stored in an organised manner and in the original packaging provided by the manufacturer. Team members had completed some recent date checking, but records of this had not been maintained. One expired stock item was identified during random checks of the dispensary shelves. This was removed from the shelves and placed in a suitable medicines waste bin. Alerts for the recall of medicines and medical devices were received via email but the pharmacy did not maintain an audit trail as a record of the action taken in response.

The pharmacy had two refrigerators which were both within the recommended temperature range. A temperature log was only being maintained for one of the refrigerators, but the pharmacist rectified

this on the day. CDs were stored securely, 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 for the services it provides. The equipment is suitably maintained, and team members use it in a way that protects people's privacy.

Inspector's evidence

The pharmacy had access to paper reference materials including the British National Formulary (BNF). Internet access was also available for additional research. There were a range of approved glass liquid measures and tablet counters were also available. All equipment seen appeared to be clean and suitably maintained.

Electrical equipment was in working order. Computer systems were password protected and all computer screens were positioned out of public view. 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.