

Registered pharmacy inspection report

Pharmacy Name: Broadway Pharmacy Ltd, 4 Hawes close, Broadway,
WALSALL, West Midlands, WS1 3HG

Pharmacy reference: 1038491

Type of pharmacy: Community

Date of inspection: 20/02/2020

Pharmacy context

This is a busy community pharmacy located on the outskirts of Walsall town centre. People using the pharmacy are from the local community and a home delivery service is available. The pharmacy dispenses NHS prescriptions and provides other NHS funded services such as seasonal 'flu vaccinations, sexual health services and a minor ailment scheme. The pharmacy team supplies some medicines in weekly packs for people that can sometimes forget to take their medicines.

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	1.2	Good practice	The pharmacy has robust review processes which help demonstrate how it manages risk. Pharmacy team members act openly and honestly by sharing information when mistakes happen. And the team members are able to show how they reduce risks through their working practices.
2. Staff	Standards met	2.2	Good practice	The pharmacy encourages team members' personal development. Staff receive regular training time, and they are effectively supported and supervised whilst they complete accredited training courses.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.2	Good practice	The pharmacy's working practices are safe and effective. People prescribed high risk medicines receive advice and counselling. There are good processes in place for assessing whether compliance packs are suitable for people. And compliance pack dispensing procedures are suitably robust.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy effectively manages the risks associated with its services to make sure people receive appropriate care. It is responsive to feedback and uses this to make improvements. Members of the pharmacy team follow written procedures to make sure they work safely. They record their mistakes so that they can learn from them, and they make changes to stop the same sort of mistakes from happening again.

Inspector's evidence

A range of standard operating procedures (SOPs) were in place which covered the operational activities of the pharmacy and the services provided. SOPs had been prepared by the superintendent (SI) and were reviewed every two years, or more often if required. SOPs had been updated twice in 2019 as there had been changes to legislation and practice. Signature sheets were used to record staff training and staff members read and signed SOPs relevant to their job role. Roles and responsibilities of staff were highlighted within the SOPs.

A near miss log was used and the dispenser involved was responsible for correcting their own error to ensure they learnt from the mistake. Each near miss was discussed at the time to see if there were any reasons for the near miss, and it was used as a learning opportunity. The SI reviewed the near miss log for patterns and trends every month and discussed the findings with the team to see if there were any further learning opportunities. Various medicines were separated to reduce the risk of them being selected in error. The pharmacists had undertaken additional training on sepsis, risk management and LASA (look alike, sound alike) medicines, and the pharmacy team members had watched a training video on LASA medicines. Dispensing errors were recorded using a template form and reported to the National Pharmacy Association (NPA). An example of a completed dispensing error form was seen, and there were areas for improvement identified during the review. The SI had completed an annual patient safety review as part of the NHS Pharmacy Quality Scheme (PQS) which analysed near misses and dispensing errors for the year.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. An apprentice explained the additional checks she made when a member of the public requested over-the-counter high-risk medicines such as co-codamol and they answered hypothetical questions about responsible pharmacist absence correctly.

The pharmacy's complaints procedure was explained in the SOPs. A leaflet that explained the complaints procedure was usually available for patients and was refilled during the inspection. Patients could give feedback to the pharmacy team in a several different ways; verbal, written and the annual CPPQ survey. The pharmacy also used social media to advertise the pharmacy and to promote healthy living activity. Members of the public actively engaged with the posts on Facebook by commenting and sharing the posts. Recent feedback was generally regarding repeat prescriptions not being ready when people expected them to be. The team explained that the doctor at the local surgery had reduced their working hours and repeat prescription requests were taking considerably longer to process at the

surgery than the standard 48-hours. This had led to people mistakenly thinking that the pharmacy was at fault. The pharmacy had started to order any 'managed' repeat prescriptions a few days early to allow for this, but they were unable to influence when prescriptions were ready for people who ordered their own prescription directly from the surgery. The SI and company director were trying to organise a meeting with the practice manager to see if there were any ways that they could work together to support the surgery.

The pharmacy had up-to-date professional indemnity insurance arrangements in place. The Responsible Pharmacist (RP) notice was displayed and the RP log complied with requirements. Controlled drug (CD) registers also complied with requirements. A regular CD balance check took place and was documented in the CD register. A random balance check matched the balance recorded in the register. The balance check for methadone was done every week and the manufacturer's overage was added to the running balance. A patient returned CD destruction register was used. Private prescriptions were recorded electronically, and records were in order. Specials records were maintained with an audit trail from source to supply. Home delivery records were signed by the recipient as proof of delivery and a separate record was made for delivered CD's.

Confidential waste was stored separately to normal waste and shredded. There was an information governance policy and confidentiality agreement which had been signed by the pharmacy team members. Computers were password protected. The pharmacy team used individual NHS Smartcards to access patient data and did not share passcodes. Pharmacy staff answered hypothetical safeguarding questions correctly and had completed safeguarding training. Local safeguarding contacts were available. The pharmacists had completed the Centre for Pharmacy Postgraduate (CPPE) training package on safeguarding.

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 they always have enough cover to provide the services. The team members work well together in a supportive environment and they can raise concerns and make suggestions.

Inspector's evidence

The pharmacy team comprised of the SI (RP at the time of the inspection), an accuracy checking dispensing assistant, three dispensing assistants, a trainee dispensing assistant, an apprentice and a delivery driver. The SI thought that the current staffing level was sufficient to manage the volume of work and the workload was managed well during the inspection. Holidays were booked in advance to ensure there was enough cover. The team did overtime or swapped shifts to cover holidays, and a part time member of staff was available to work additional days when required.

The trainee dispensing assistant was enrolled on a combined medicine counter assistant and dispensing assistant course. The accuracy checking dispensing assistant was enrolled on a level three pharmacy technician course. Both members of staff were given daily training time, of between 30 minutes to an hour, to work through their course materials. The apprentice was enrolled at a local college and had weekly sessions at college. She had regular visits from her college tutor to assess her competency. The team had a weekly meeting to discuss pharmacy issues and for training on new products, or health promotion or services, such as, Viagra Connect, Ella One, blood pressure and diabetes. The team also discussed ideas for upcoming health promotion activity and made plans on what materials they required for the display and what training they needed. The team also completed training modules provided by Numark and did a test your understanding quiz that was marked by the SI to ensure they had understood the module.

The team appeared to work well together during the inspection and were observed helping each other and moving onto the healthcare counter when there was a queue. Various tasks were delegated to members of the team members to support the pharmacists. The team members were trained to do dispensing and counter assistant roles, including shop tasks, so the pharmacy services were not affected by annual leave or sickness. The team members had an annual performance review and the last reviews had taken place in January. The college tutor asked the SI for information on the apprentice's performance during the regular observation.

The pharmacy staff said that they could discuss any ideas, concerns or suggestions with the SI and would contact the SI, owner or GPhC if they had any concerns. The SI was observed making herself available to discuss queries with people and giving advice when she handed out prescriptions. No formal targets for services were set.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. The pharmacy team uses a consultation room for services 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 the company director or to the owner. The dispensary was an adequate size for the services provided; an efficient workflow was seen to be in place. Dispensing and checking activities took place on separate areas of the worktops and the back of the dispensary was used for compliance pack dispensing and additional storage.

There was a private soundproof consultation room which was used by the pharmacist during the inspection. The consultation room was professional in appearance. Prepared medicines were held securely within the pharmacy premises and pharmacy medicines were stored behind the medicines counter.

The dispensary was clean and tidy with no slip or trip hazards evident. The pharmacy was cleaned by pharmacy staff. The sinks in the dispensary and staff areas had hot and cold running water, hand towels and hand soap available. The pharmacy had air conditioning and the temperature in the dispensary felt comfortable during the inspection. Lighting was adequate for the services provided.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy manages its services and supplies medicines safely. It gets its medicines from licensed suppliers and stores them securely and at the right temperature, so they are safe to use. The pharmacy team effectively supports people that may forget to take their medicines by providing them in weekly compliance packs, and it has well managed systems in place to dispense these.

Inspector's evidence

The pharmacy had a small step from the pavement and a member of staff was available in the shop to assist customers with the front door if needed. A door bell was available to alert staff that someone needed assistance and a portable ramp was taken to the front door when needed. A home delivery service was available for people that could not access the pharmacy and a small amount of free parking was available outside. Pharmacy staff could communicate with people in English, Punjabi, Hindi, Gujrati and Urdu.

A range of pharmacy leaflets explaining each of the services was available for customers. The pharmacy staff used local knowledge and the internet to refer people to other providers of services that the pharmacy did not offer. The pharmacy used Facebook to advertise their health promotion activity and pharmacy information. It was an active page with comments and shares from members of the public on every post. The SI explained that some people had come into the pharmacy and said they had come in specifically after seeing a Facebook post. The pharmacy had a sexual health service and people using the service were often from local colleges, and the service had been promoted at the college by leaving leaflets about the pharmacy's services. The SI was accredited to offer a new locally commissioned service for minor eye conditions. An optometrist issued a request for a product to be supplied and sent it to the pharmacy, where it was labelled and dispensed.

Items were dispensed into baskets to ensure prescriptions were not mixed up together. Different coloured baskets were used to prioritise the workload. Staff signed the dispensed and checked 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. Stickers or notes were attached to completed prescriptions to assist counselling and hand-out messages, such as eligibility for a service, specific counselling or inclusion of a fridge item. The SI was aware of the MHRA and GPhC alerts about valproate and had counselling information available. Various audits had been completed, such as a sodium valproate counselling audit and an asthma audit.

A prescription collection service was in operation. The pharmacy had audit trails in place for the prescription collection service and prescriptions collected were routinely checked against requests and discrepancies followed up. A dispenser explained the process for checking the received prescription against the request. People that had their prescriptions delivered were contacted before the next prescription request was made to check what the person required, this also helped prevent overordering.

Multi-compartment compliance packs were dispensed for people in the community. The person was contacted to ask if there had been any changes to their medicines in their packs and whether they needed any other items before the prescription was ordered. Prescriptions were ordered about 10-days in advance, to allow for any missing items or prescription changes to be queried with the surgery ahead of the intended date of supply. Each person had a record sheet to log where they wanted each medicine packed and which external items they had been prescribed. A sample of dispensed compliance packs were seen to have been labelled with descriptions of medication and had an audit trail for who had been involved in the dispensing and checking process. Patient information leaflets were supplied with each monthly supply. If someone requested a new compliance pack, they were referred to their prescriber so that a suitability assessment could be completed, and prescriptions could be aligned so new prescriptions were due at the same time.

Medicines were stored in an organised manner on the dispensary shelves. All medicines were stored in their original packaging. Medicines were obtained from a range of licensed wholesalers and a specials manufacturer. Split liquid medicines with limited stability once opened, were marked with a date of opening. The dispensary was date checked every three months and short dated products were marked. The pharmacy was compliant with the Falsified Medicines Directive (FMD) but the team did not use it all of the time as they'd experienced problems with products not being in the data base. Patient returned medicines were stored separately from stock medicines in designated bins. The pharmacy received MHRA drug alerts by email from gov.uk and printed, annotated and filed the recalls once actioned.

A CD balance check was done every week by one of the dispensing assistants. During the inspection, a dispensing assistant identified a CD balance discrepancy and was able to quickly identify that an entry had been missed from the CD register, locate the prescription form and resolve the problem.

The CD cabinet was secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. Secure procedures for storing the CD keys were in place. Substance misuse prescriptions were dispensed in advance of the patient coming to collect them. This reduced work load pressure and the risk of dispensing incorrect doses when the patient came to collect the prescription. Assembled substance misuse prescriptions were stored in the CD cabinet. There was a medical fridge used to hold stock medicines and assembled medicines. The medicines in the fridge were stored in an organised manner. Fridge temperature records were maintained, and records showed that the pharmacy fridges were 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 a range of up-to-date reference sources, including the BNF and the children's BNF. Internet access was available. Patient records were stored electronically and there were enough terminals for the workload currently undertaken. A range of clean, crown stamped measures were available. Separate measures were available for preparation of methadone. Counting triangles were available. There was a separate, marked triangle used for cytotoxic medicines. It was unclear when electrical equipment testing had taken as PAT testing stickers could not be seen on a sample of electrical items, but equipment was in working order. Screens were not visible to the public as members of the public were excluded from the dispensary. 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.