

# Registered pharmacy inspection report

**Pharmacy Name:** TCP Pharma Ltd, 369 High Street, WEST BROMWICH, West Midlands, B70 9QL

**Pharmacy reference:** 1038539

**Type of pharmacy:** Community

**Date of inspection:** 01/05/2019

## Pharmacy context

This is a busy community pharmacy located on the main High Street in the centre of town. It mainly dispenses NHS prescriptions and supplies weekly compliance aid packs for people to use in their own homes. The pharmacy sells a range of over-the-counter medicines as well as offering NHS services including Medicine Use Reviews (MURs), the New Medicine Service (NMS) and a popular local minor ailments scheme. The pharmacy offers blood pressure monitoring and blood glucose testing and substance misuse treatment services are also available.

## 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   |
|--|-----------------------|------------------------------|------------------|---|
| <b>1. Governance</b>                               | Standards not all met | 1.6                          | Standard not met | The pharmacy does not adequately maintain the records required by law.  |
| <b>2. Staff</b>                                    | Standards met         | N/A                          | N/A              | N/A   |
| <b>3. Premises</b>                                 | Standards met         | N/A                          | N/A              | N/A   |
| <b>4. Services, including medicines management</b> | Standards not all met | 4.3                          | Standard not met | The pharmacy does not carry out adequate checks to ensure that medicines are suitable for supply and disposed of appropriately. |
| <b>5. Equipment and facilities</b>                 | Standards met         | N/A                          | N/A              | N/A   |

## Principle 1 - Governance Standards not all met

### Summary findings

The pharmacy has written procedures to help make sure the team completes tasks in the right way. But it does not keep all the records required by law and some important details are missing, which means the team may not be able to show exactly what has happened. The pharmacy team knows how to keep people's information private and raise concerns to protect vulnerable people. But team members do not always record and review their mistakes, so they may miss learning opportunities.

### Inspector's evidence

Records of near misses were not maintained. When a near miss was identified, it was discussed with the relevant team member and a correction was made, but no reviews of near misses or incidents took place. Some stock items had previously been segregated to a separate area of the dispensary following near misses to help prevent the same mistake from happening again. The pharmacist was aware of two recent dispensing incidents and said that incident forms had been completed. The forms could not be located as evidence of this on the day.

A set of standard operating procedures (SOPs) was in place. The procedures were due for review in 2017. There was no documentation to confirm that this had taken place. The pharmacist confirmed verbally that a review had been done in December 2017, when the pharmacy transferred to new ownership. Some members of the pharmacy team, including the two regular pharmacists, had not signed the procedures to confirm their acknowledgement and understanding.

Team members were aware of their roles and a medicine counter assistant (MCA) was able to describe the activities which could and could not take place in the absence of the responsible pharmacist (RP).

A complaint procedure was in place, but was not clearly advertised, so people may not always be aware of the way in which comments and concerns could be raised. A team member said that people could write down the details of any concerns that they may have. The pharmacy participated in the annual community pharmacy patient questionnaire (CPPQ). Previous results were displayed on an NHS Choices website.

Certificates of insurance were displayed in the dispensary.

The RP notice was conspicuously displayed near to the medicine counter. The RP log was available, but the time at which RP duties ceased was not always recorded as it should be. Several missing entries were also identified in the sample portion viewed.

Controlled Drugs (CD) registers were available but were not legally compliant. Patient returned CDs were recorded in a designated register and destructions were signed and witnessed.

Private prescriptions and emergency supplies were recorded in a private prescription register. Records of private prescriptions dispensed since January 2019 had not yet been entered, in-keeping with legal requirements.

The specials procurement records which were viewed did not contain a complete audit trail from source to supply.

Several information governance policies were in place and the pharmacy team were generally aware of the way in which confidentiality was protected. Completed prescriptions were stored out of public view and confidential waste was shredded on the premises. An appropriate use of NHS Smartcards was observed on the day.

Safeguarding policies were in place for the protection of vulnerable people. A MCA identified some of the types of concerns which may be identified in the pharmacy and said concerns would be escalated to the pharmacist. The pharmacist present had completed level 2 safeguarding training through the Centre for Pharmacy Postgraduate Education (CPPE). And the contact details of local agencies were available for escalation.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy team members complete training for their roles and they work well together. They can raise concerns and provide feedback, but they do not complete regular ongoing training so may not keep their knowledge and skills up to date. The pharmacy sometimes operates with minimum staffing levels and so team members are not always able to complete non urgent tasks on time.

### Inspector's evidence

On the day of the inspection, the pharmacy team comprised of one of the regular pharmacists, and two dispensing assistants, one of whom was completing training. Three trainee MCAs and a recently employed delivery driver were also present. Most of the team present on the day were enrolled on training programmes and in some instances, there was confusion over some team members roles. The pharmacy also employed a second regular pharmacist, who was absent on the day. And two additional part-time delivery drivers and a part-time apprentice were also not present. The pharmacy had two current vacant positions, which were actively being recruited. The environment was busy, and this impacted on several areas of the pharmacy, where some tasks, such as date checking and record keeping, were not always being effectively completed. Planned absences such as holidays were restricted by management so that only one member of the team could be absent at one time.

Most of the team members present were completing accredited training programmes. Protected learning time to assist with this was not always available. One team member said that colleagues also attended local training events in their own time, to stay up to date. A recent example included training for local NHS Health Checks, which were soon to be introduced. There was a limited amount of development reviews in the pharmacy. The regular pharmacists aimed to support training and address any development needs where possible.

An open dialogue was observed amongst the pharmacy team and team members asked were comfortable in approaching both regular pharmacists. The pharmacist said that in response to staff feedback received when they initially began working in the pharmacy, a regular staff meeting now took place each Friday for the team to be given any necessary updates and for any concerns to be discussed. A whistleblowing policy was available in the SOP folder.

No formal targets were in place for any of the services provided by the pharmacy.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a suitable environment for the delivery of healthcare services.

### Inspector's evidence

The pharmacy was appropriately maintained, and some recent repair and improvements work had been completed by the pharmacy owners. Daily cleaning duties were completed by pharmacy team members, on an ad hoc basis.

The retail area was well presented and stocked a range of appropriate goods. There was a small selection of carbonated drinks available for sale, which may not be in keeping with a healthcare-based business. Pharmacy medications were restricted from self-selection. The floor was free from obstructions and chairs were available for use by those less able to stand.

The pharmacy had three consultation rooms available. Two of which were on occasion rented out for use by local physiotherapists. A separate entrance from the street was in place for these rooms and access to the rest of the pharmacy premises was restricted. The main consultation room used by the pharmacy team was well maintained and had equipment in place to facilitate confidential discussions. The room was accessible through the dispensary and via a small step, which may restrict access for some individuals and could increase the risk of confidential information being seen. The pharmacist said that if necessary patients could be directed to use the separate entrance door in order to access the room more effectively.

The dispensary had adequate space for the provision of pharmacy services. The work benches within the main dispensary were segregated so that there were set areas for dispensing and checking. Large shelving units were used to store medications and a separate area was reserved for the assembly of weekly compliance aid packs. A sink with appropriate cleaning materials was available for the preparation of medicines.

Additional storage areas were available to help keep the main floor space clear.

A small staff tearoom was available for use and WC facilities had appropriate handwashing materials.

There was adequate lighting throughout the premises and the temperature appeared appropriate for the storage of medicines. Fans were in place in the retail area to assist with temperature regulation during warm weather.

## Principle 4 - Services Standards not all met

### Summary findings

The pharmacy makes its services available to those with different needs and manages them adequately. But pharmacy team members do not always make extra checks when supplying high-risk medicines. So there is a chance people may not have access to all the information that they need to take their medicines safely. The pharmacy obtains medicines from reputable suppliers. But it does not always manage these appropriately, or complete enough checks to make sure that medicines are suitable for supply and disposed of appropriately.

### Inspector's evidence

The pharmacy had a step-free access and an automatic door to facilitate wheelchair access. Additional adjustments could be made for those with disabilities, such as large print labels to assist people with visual impairment. Most members of the team were dual-lingual and were heard to regularly utilise their language skills to provide assistance and counselling to people, where necessary.

There was limited advertisement of the services available in the pharmacy. The pharmacist was in the process of acquiring a service list, which was to be displayed on the window of the front entrance to the premises. Health promotion literature was located throughout the retail area and some signposting materials were available, to assist in directing people to other healthcare providers.

Prescriptions were dispensed using baskets, to keep them separate and reduce the risk of medications being mixed up. Baskets were colour coded to enable the workload to be prioritised. An audit trail was maintained for dispensing and checking. Original prescription forms were not always stored alongside the prescription until the point of collection. This may increase the risk that team members are not always able to make appropriate checks upon handout.

Stickers were available to highlight prescriptions for CDs, but this did not include schedule 3 and 4 prescriptions, which may increase the risk that supplies could be made after the prescription had expired. No additional measures were in place to highlight prescriptions for high-risk medicines, so that people received additional counselling and monitoring. Not all team members were aware of the valproate pregnancy prevention programme guidance. The inspector signposted them to this guidance and advised on where supplies of all the relevant safety materials could be obtained from.

Audits trails for repeat prescription requests made by patients were not always maintained, which may mean that the pharmacy cannot always identify unreturned prescriptions. Where pharmacy team members ordered medications on behalf of patients, including those who had weekly compliance aid packs an audit trail was kept. The pharmacy did not keep a robust record of medications and the details of any changes for people who received their medicines in weekly compliance aid packs. Packs which were viewed had patient identifying labels to the front, descriptions of individual medicines were present and PILs were supplied.

Signatures were not routinely obtained to confirm the delivery of medication, so the pharmacy may not always be able to show what has happened in the event of a query. Prescriptions for CDs were signed

by patients and the prescription returned to the pharmacy. In the event of a failed delivery medications were returned to the pharmacy. A cool bag was available for transporting thermolabile medications.

Records of supplies made as part of the minor ailments service were maintained. Copies of the formulary and treatment conditions were available. The service specification in place on the day had expired in March 2019.

Stock medications were sourced from reputable wholesalers and specials from a licensed manufacturer.

Stock medications were stored within their original packaging. The arrangement on shelves was unorganised in places, with different strengths of medications intermixed. A date checking record sheet was in place and indicated that some recent checks had been carried out. Random samples identified some out of date medications, which had not been marked to indicate that they were short dated, in line with procedures. Out of date and returned medicines were stored in DOOP bins. Gabapentin and tramadol were identified in standard DOOP bins, which may increase the risk that they are not appropriately denatured prior to disposal. No cytotoxic waste bins were available for hazardous materials.

The pharmacy was not currently compliant with the European Falsified Medicine Directive (FMD) legislation. Enquiries had been made with service providers and plans were in place for the pharmacy team to receive relevant training.

CDs were secured appropriately but stock was untidy, and storage space was limited.

Two refrigerators were in place and fitted with maximum/minimum thermometers. Both were within the recommended temperature range on the day. But a temperature record sheet on one refrigerator had not been updated since mid-March 2019 and records for the second refrigerator were not routinely maintained.

Alerts for the recall of faulty medicines and medical devices were received via email, which was accessible to all team members. An audit trail of alerts was not maintained, so the pharmacy may not always be able to demonstrate that appropriate action has been taken.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services.

### Inspector's evidence

The pharmacy had access to paper-based reference materials and internet access was also available.

Several glass crown-stamped and ISO approved measures were available. Counting triangles for loose tablets were available.

Electrical equipment appeared to be in working order. Computer systems were password protected and screens were generally positioned out of public view, though some information may be visible if accessing the consultation room. Cordless phones were available to enable conversations to take place in private, if necessary.

### 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.  |