

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: 21/10/2020

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 some medicines in multi-compartment compliance aid packs to help make sure people take them at the correct time. It also supplies medicines to a local nursing home. The pharmacy sells a range of over-the-counter medicines as well as offering NHS services including Medicines Use Reviews (MURs), a substance misuse service and flu vaccinations. The inspection was completed during the COVID-19 pandemic.

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

The pharmacy generally identifies and manages the risks associated with its services. Its team members are clear about their roles and they understand how to keep people's private information safe. The pharmacy keeps the records it needs to by law, but the team could improve the way it maintains these to make sure they are always accurate and up to date.

Inspector's evidence

The pharmacy had a set of written standard operating procedures (SOPs) covering operational tasks and activities. The procedures had been updated in 2019 and a master record sheet was signed by pharmacy team members confirming their acknowledgement and understanding of the SOPs. Team members were familiar with their roles and responsibilities within the pharmacy and they worked within their competence during the inspection. Professional indemnity insurance covering pharmacy services was provided through the National Pharmacy Association (NPA) and the certificate displayed was valid until May 2021.

Pharmacy team members discussed near misses at the time of the event, and then they kept a record of each incident. The record was reviewed periodically to help identify underlying trends, but no record of this was kept. Pharmacy team members were able to explain some changes that they had made in response to recent near misses. The locum pharmacist clearly explained the actions that he would take in response to a dispensing error and said that he would discuss any incidents with the superintendent pharmacist.

In response to the COVID-19 pandemic, pharmacy team members said that they had discussed their individual risks factors with the superintendent pharmacist. Team members wore personal protective equipment (PPE) including masks or visors, as they were unable to fully socially distance when working.

The pharmacy had a complaint procedure. A notice explaining how concerns could be raised was displayed near to the medicine counter. People using pharmacy services could provide feedback verbally and the pharmacy also sought feedback through a Community Pharmacy Patient Questionnaire (CPPQ).

The incorrect responsible pharmacist (RP) notice was initially displayed at the start of the inspection. This was swiftly rectified by the pharmacist. The RP log was maintained, but it contained missing entries for 27 to 29 July 2020, so it was not fully compliant. Samples of specials procurement records did not always provide an audit trail from source to supply. Controlled drugs (CD) registers kept a running balance and some recent balance checks had been completed. But there were occasional headings missing and some other issues were also identified. A patient returns CD register was available.

The pharmacy had an information governance folder, which contained some information on the General Data Protection Regulation (GDPR). Team members had a general understanding of confidentiality and completed prescriptions were stored out of public view. Confidential waste was

segregated into baskets and a designated bin. This was then shredded on the premises. Team members held their own NHS smartcards and suitable use was seen on the day.

Safeguarding policies were available which included the contact details of local safeguarding agencies to enable the escalation of concerns.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members hold the appropriate qualifications for their roles, or they are completing suitable accredited training. Team members can raise concerns and provide feedback, but they get limited ongoing training. So, they may not always be able to show how they keep their knowledge and skills up to date.

Inspector's evidence

On the day of the inspection, a locum pharmacist was working alongside a pre-registration pharmacist, four dispensers and a medicine counter assistant (MCA). A second MCA arrived towards the end of the inspection to work the afternoon shift. Leave in the pharmacy was planned and the superintendent pharmacist restricted the number of team members who could be absent at one time, to help maintain suitable staffing levels. The team explained that the workload during the pandemic had been busy, and there had been an increase in requests for deliveries. But they said that this had been manageable and there was no backlog in dispensing on the day.

Team members held the appropriate qualifications for their roles. One dispenser was completing training through Buttercups. Protected training time for this was not available in the pharmacy, but the dispenser said that the pharmacist supported her in answering any questions that she had during work hours. There was limited additional ongoing training. Team members received some informal feedback on their performance to help them learn and improve. The pre-registration pharmacist was enrolled on a training programme with Buttercups. She attended virtual online study days which took place each month. The superintendent pharmacist was the allocated pre-registration tutor and regular reviews were completed to monitor development.

Team members worked within their level of competence and were seen to refer to the pharmacist when further advice was required. There was an open dialogue amongst the team, and they were happy to raise concerns to the superintendent pharmacist. There were no targets in place for professional services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is appropriately maintained, and it provides an environment suitable for the provision of healthcare services. It has a consultation room to enable it to provide members of the public with access to an area for private and confidential discussions.

Inspector's evidence

The pharmacy was suitably maintained, and it was generally tidy. Any maintenance concerns were addressed by the superintendent pharmacist. Pharmacy team members completed housekeeping duties and cleaning regimens had been increased in response to the COVID-19 pandemic. The pharmacy appeared clean on the day. There was adequate lighting throughout, and the temperature was appropriate for the storage of medication.

The retail area appeared organised, the walkways were free from obstructions and a small number of chairs were available for use by people who were waiting for their medicines. Markings had been placed on the floor to encourage people to maintain a two-metre distance from one another and there was an additional barrier near to the medicines counter. At the entrance to the retail area there was an alcohol-based hand sanitiser and a notice which limited entry to six people at one time. This capacity was not always adhered to during the inspection.

The dispensary was suitably sized for the current workload. The work benches were free from unnecessary clutter and large shelving units were fitted for medicine storage. There were several labelling terminals available and designated areas were used to separate dispensing and checking activities. To the side of the main dispensary was a second dispensing area which was used for the assembly of multi-compartment compliance aid packs. The main consultation room used by the pharmacy was situated in this area of the dispensary. Access to the room was gained by walking through the main dispensary, or by using a separate entrance door from the main high street. Both entrances required the use of steps, which may restrict accessibility to the room and there was a risk that confidential information could be seen by those walking through the dispensary. The pharmacy did have two further consultation rooms. The rooms had a step free access and did not require people to walk through the dispensary if they were accessed via the separate entrance door on the main street. Previously these rooms had been let to additional services such as physiotherapy, but team members said that they were not currently in use. The locum pharmacist confirmed that he had administered a flu vaccination using one of the rooms on the morning of the inspection. In this instance, he had let the patient in through the separate entrance from the main street, rather than walking through the dispensary.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy suitably manages its services. But it could improve how it identifies higher-risk medications to make sure people get all the advice they need about their medicines. The pharmacy sources medicines appropriately and team members complete some checks to make sure that medicines are fit for supply. But the team could do more to demonstrate how it stores fridge medicines correctly.

Inspector's evidence

The pharmacy had step-free access and an automatic door. The pharmacy patient medication record (PMR) system could produce large print labels to help people with visual impairment and some pharmacy team members were also bilingual and utilised their skills to provide counselling and answer queries.

There was some advertisement of the pharmacy's services, including a flu poster in the retail area. A small selection of other health promotion literature was available along with a signposting folder, and internet access to suitably direct people who required other local services.

Prescriptions were dispensed using colour coded baskets to keep them separate and reduce the likelihood of medicines being mixed up. Team members signed 'dispensed' and 'checked' boxes as an audit trail for dispensing. There were some stickers available to highlight prescriptions for CDs, but these were not always being used consistently, and an expired prescription for gabapentin was identified on the day. The team accepted that this may increase the risk of a supply being made after the valid 28-day expiry date. The pharmacy also had stickers to identify prescriptions for high-risk medicines, but these were not always used. Additional materials to support the supply of valproate-based medicines to people who may become pregnant were also available.

Most of the prescriptions dispensed from the pharmacy were sent electronically from local GP surgeries. The pharmacy did not maintain audit trails confirming when people had provided consent to nominate the pharmacy to receive prescriptions on their behalf. So, the pharmacy may not always be able to show what has happened in the event of a query. Most patients contacted the pharmacy to order their repeat medication, the pharmacy also managed repeat ordering for some patients who were less able to manage their medicines themselves. The pharmacy kept records of managed repeat prescriptions requested from the GP surgery, but not of other general requests. This may mean that some unreturned prescriptions are not identified, which could potentially cause delays in prescription supplies. Patients who received their medicines in multi-compartment compliance aid packs were managed using a four-week cycle. A master list of patients was kept for each week. And the pharmacy kept basic audit trails of medication changes using the PMR system. Compliance packs had descriptions of individual medicines and patient leaflets were supplied.

The pharmacy supplied medicines to a local nursing home. Team members at the nursing home requested the medications which were required each month. Prescriptions were then sent to the

pharmacy electronically. Pharmacy team members checked prescriptions against the previous months supplies and contacted the nursing home if there were any discrepancies. Medications were supplied in multi-compartment compliance aid packs. No completed packs were seen during the inspection, but a dispenser confirmed that packs were labelled with patient details and descriptions of individual medications. Patient leaflets were also supplied.

Signatures were not routinely obtained for medication deliveries, except those which contained a CD, where a record book was used. This was currently signed by the delivery driver, who completed a COVID-19 secure delivery. A lack of complete audit trail may mean that the pharmacy cannot always demonstrate secure delivery and they may not always be able to show what has happened in the event of a query.

The locum pharmacist verbally confirmed that they had completed training for the administration of the flu vaccine, but training records were not seen. Several completed administration forms for flu vaccinations were seen. They included the details of administration site, batch number and expiry date of vaccinations. Equipment to aid the administration of vaccines including adrenaline and a sharps bin were available.

Stock medicines were sourced from licensed wholesalers and specials from a licensed manufacturer. Stock medications were stored in the original packaging provided by the manufacturer. The dispensary shelves were untidy in some places, which may increase the risk of a picking error. Date checking was carried out periodically and the pharmacy kept records of short dated medicines. Records were checked and expired medicines were removed from the shelves. One expired medicine was identified during random checks of the dispensary shelves. This had been marked as being short dated and was immediately removed for disposal. The team said that they also completed date checks at the point of dispensing. Obsolete medicines were stored in medicine waste bins. The pharmacy was not yet compliant with the requirements of the European Falsified Medicines Directive (FMD). Drug alerts were received via email. A dispenser believed that these were usually actioned by the regular pharmacist, but audit trails confirming the action taken in response were not seen.

Both refrigerators were fitted with a maximum and minimum thermometer and these were within the recommended temperature range on the day. The pre-registration pharmacist completed a temperature check each day and recorded this on a log sheet. She explained that she recorded the current temperature of both refrigerators, rather than the maximum and minimum values. The implications of this were discussed with the pre-registration pharmacist, who agreed to amend this practice moving forward. During the inspection, it was noted that there was a third small fridge in one of the consultation rooms. At the time, this contained a small number of flu vaccinations, but no temperature monitoring record appeared to be in place. The locum pharmacist agreed to relocate the flu vaccinations into one of the main refrigerators until a temperature monitoring sheet could be located and said that he would discuss this with the superintendent pharmacist. CDs were stored appropriately.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services. Equipment is suitably maintained, and team members use it in a way that protects people's privacy.

Inspector's evidence

A range of glass ISO approved, and crown stamped measures were available. As were counting triangles for use with loose tablets. The equipment seen on the day appeared clean and suitably maintained. The pharmacy had an up-to-date British National Formulary and internet access was available for additional research.

Electrical equipment was in working order and computer systems were password protected. Computer screens were located out of view of the medicine counter to help protect privacy and cordless phones enabled conversations to take place in private, if required. The pharmacy had installed a screen at the medicine counter for additional protection and team members had access to PPE including face masks, visors and gloves.

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.