

Registered pharmacy inspection report

Pharmacy Name: Park Lane Pharmacy, 3 Park Lane, WEDNESBURY,
West Midlands, WS10 9PR

Pharmacy reference: 1038558

Type of pharmacy: Community

Date of inspection: 12/12/2019

Pharmacy context

The pharmacy is located within a small parade of shops in a residential area of Wednesbury and most people who use the pharmacy are from the local area. It dispenses prescriptions and sells a range of over-the-counter (OTC) medicines, as well as other household items. It supplies some medicines in multi-compartment compliance aid packs, to help make sure that people take their medicines correctly. The pharmacy offers several other NHS services including Medicines Use Reviews (MURs), health checks and a smoking cessation service. A popular minor ailments service is also available. As is a substance misuse treatment service and a needle exchange programme.

Overall inspection outcome

✓ Standards met

Required Action: None

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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 suitably identifies and manages risks. It keeps people's private information safe and maintains the records it needs to by law. Pharmacy team members are clear on their roles and responsibilities. They record their mistakes to help prevent the same thing from happening again and understand how to raise concerns to protect the wellbeing of vulnerable people.

Inspector's evidence

The pharmacy had some standard operating procedures (SOPs) covering operational tasks and activities. Several of the procedures seen, including those covering controlled drugs (CD) management and responsible pharmacist (RP) regulations, were overdue review and so may not reflect current practice. Pharmacy team members believed one of the pharmacy owners was in the process of updating the procedures, but examples of this were not seen on the day. Copies of the procedures were not well organised and they were in various locations, which could make it more difficult for the team to access them. And some audit trails confirming team members understanding of the procedures were incomplete. Through discussion, team members demonstrated an understanding of their roles and responsibilities and a dispenser confidently described the activities which were permissible in the absence of a responsible pharmacist (RP). The pharmacy had professional indemnity insurance provided by the National Pharmacy Association (NPA) and the certificate displayed was valid until March 2020.

The pharmacy kept records of near misses. Team members said that they were comfortable having open discussions when things had gone wrong, to help them identify learning points. Entries were reviewed each month and any trends were discussed. The pharmacist also highlighted prompt sheets which had been placed near the dispensing robot to encourage additional care when medications were loaded, and cautionary shelf-edge labels had been placed next to some medicines stored on dispensary shelves. Dispensing incidents were reported through the pharmacy's patient medication record (PMR) system. The team were aware of a recent incident that had taken place and a record of this had been made. A response and action plan were being prepared by the pharmacy owner who was investigating the incident.

The pharmacy had a complaint procedure. The team said that as most people who used the pharmacy were regular patients from the local area, most feedback was usually received verbally. The pharmacy also sought feedback through a Community Pharmacy Patient Questionnaire (CPPQ), which was ongoing and previous feedback had been positive.

The correct RP notice was conspicuously displayed behind the medicine counter and the log was in order. As were records for private prescriptions and emergency supplies, and specials procurement records provided an audit trail from source to supply. CD registers kept a running balance and a patient returns CD register was available.

Pharmacy team members had completed some training on the General Data Protection Regulation (GDPR), and a copy of the pharmacy's privacy policy was displayed in the retail area. Team members

demonstrated an understanding of how they would help to protect people's privacy. Completed prescriptions were stored out of public view and confidential waste was segregated and incinerated by the pharmacy owner. Team members had their own NHS smartcards, but the smartcard of a dispenser who was not present was seen in one dispensing terminal, which may mean that cards are not always suitably secured when not in use. This was discussed with the team on the day and the card was removed.

The pharmacist had completed safeguarding training through the Centre for Pharmacy Postgraduate Education (CPPE). She and other pharmacy team members discussed some of the types of concerns that might be identified, including an instance where a regular patient had been provided with additional assistance. The contact details of local safeguarding agencies were available to enable concerns to be escalated. The pharmacy had a chaperone policy and a notice was displayed in the consultation room.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members work in an open culture and they can manage the current dispensing workload. Team members hold the appropriate qualifications for their roles and complete some ongoing training to help address any gaps in their knowledge.

Inspector's evidence

On the day of the inspection, the regular pharmacist was working alongside two dispensers, one of whom was near completion of an accredited training course. A third part-time dispenser arrived towards the end of the inspection and a delivery driver was also working. The pharmacy also employed a pre-registration pharmacist and a part-time pharmacy technician neither of whom were present. The team managed the dispensing workload adequately throughout the inspection and they reported that the workload was usually manageable when there was a full complement of staff. There had been some additional pressure in the days prior to the inspection as the team had been helping to provide cover for sickness at another nearby branch, but deliveries and other supplies of medicines were still being made on time. Leave was usually planned, and cover was arranged amongst the team. Restrictions were placed on the number of people who could be absent at one time, to help make sure a suitable staffing level was maintained.

Several suitable sales were observed throughout the inspection. A dispenser asked appropriate questions to ascertain whether medications were suitable for supply and she demonstrated an understanding of some common interactions, as well as identifying some high-risk medications which may be susceptible to abuse. Concerns were referred to the pharmacist, including several instances where some frequent purchases were identified.

Pharmacy team members held the appropriate qualifications for their roles. One dispenser was awaiting a certificate confirming the completion of an accredited dispensers training course provided by the NPA. Team members attended Perrigo training events that were held within the local area. A recent event had covered the management of sleep problems in the community. They also completed additional online training modules through CPPE and Virtual Outcomes. Certificates for this were kept in training folders as an audit trail. The team said that they had development reviews with another pharmacist who worked for the business and one of the pharmacy owners. The reviews looked at areas where they were performing well and identified any areas for improvement. Records of the reviews were not seen on the day.

There was an open dialogue amongst the pharmacy team. Informal meetings were regularly held to discuss any issues and team members were happy to approach the regular pharmacist and the pharmacy owners. Team members were aware that in some instances concerns could be escalated to the General Pharmaceutical Council (GPhC) and they said that they would use the internet to search for any independent advisory bodies, if the need occurred. The regular pharmacist said that she could also contact her personal indemnity insurance provider for guidance. There were no set targets for professional services. The pharmacist said that the provision of services such as minor ailments was

encouraged only where relevant and suitable for people.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and properly maintained for the provision of healthcare. It has a consultation room to enable it to provide members of the public with access to an area for private conversations.

Inspector's evidence

The pharmacy, including the external facia was in a good state of repair and had undergone an internal refit in the last few years, which involved the installation of a dispensing robot. The pharmacy owners were responsible for addressing any maintenance issues and housekeeping duties were completed daily by the pharmacy team. The premises were generally clean and tidy on the day, there was adequate lighting throughout and the temperature was suitable for the storage of medicines.

The retail area to the front of the pharmacy was well presented. The walkways were clear of any obstructions and there were chairs available for use by people waiting for their medicines. The pharmacy stocked a range of stock which was generally suited to a healthcare-based business. There was a refrigerator containing a small range of carbonated drinks. A dispenser explained that the pharmacy was in the process of switching the drinks to sugar-free versions. Pharmacy restricted medications were secured from self-selection behind the medicine counter. At the rear of the retail area was an enclosed consultation room, which was clearly signposted. The room was equipped with a desk and seating to enable private and confidential discussions and it was suitably maintained.

The dispensary had adequate space for the current dispensing workload. There were separate labelling stations which were each linked with a chute from the dispensing robot and a separate work bench was used for accuracy checking. Medications were stored primarily in the dispensing robot, with split pack and bulky items on large shelving units. A separate area of the dispensary was used for the assembly of compliance aid packs and the pharmacy also had additional office and storage space. The office and storage space areas were suitably maintained but were often cluttered with paperwork and there were several items temporarily stored on the floor which may cause a trip hazard for pharmacy team members.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy sources, stores and manages its medicines appropriately. Its services are generally accessible and suitably managed so that people receive appropriate care. But it does not routinely identify people on high-risk medications. So, people may not always receive all of the information they need to take their medicines properly.

Inspector's evidence

The pharmacy had step-free access and a manual door. There was a list of services on the front window of the pharmacy and in a practice leaflet, which was available for selection. Near to the medicine counter was a large health promotion board, currently promoting the winter public health campaign. The healthy living board was regularly updated with the details of any national campaigns and the pharmacy also focussed on topics which were relevant locally. They captured information and took photographs of all previous campaigns and this information was available to view in the pharmacy's healthy living folder. Pharmacy team members also had access to additional information to support signposting.

Prescriptions were dispensed using colour-coded baskets to prioritise the workload and reduce the risk of medicines being mixed up. Team members signed 'dispensed' and 'checked' boxes on dispensing labels as an audit trail for dispensing. The pharmacy used stickers to highlight some CDs, but others were not highlighted and an expired prescription for pregabalin was identified, which may increase the risk that a supply could be made in excess of the valid 28-day expiry date. Prescriptions for high-risk medications were also not routinely highlighted to help make sure that people received suitable counselling and monitoring. The team were aware of the risks surrounding high-risk medicines and the use of valproate-based medicines in people who may become pregnant was discussed. Copies of the relevant safety literature could not be located on the day and the inspector advised on how further copies could be located.

The pharmacy offered a prescription collection service, where people contacted the pharmacy to request the medicines which were required. Other repeat prescriptions were managed, with people selecting the medications required each month and the pharmacy team calculated a date on which to process the request. A diary was used as an audit trail and unreturned requests were followed up with the GP surgery. Signatures were obtained for deliveries and a card was left for any patient who was not in. Medications from failed deliveries were returned to the pharmacy.

Prescriptions for medications supplied in compliance aid packs were managed using a four-week cycle. Once prescriptions were received, a dispenser checked for any changes to regular medications. Each patient had a master record sheet, which was updated to reflect any confirmed changes. People were assessed prior to being initiated onto a compliance aid pack, to help make sure that it was suitable, and no high-risk medications were placed into compliance packs. Completed packs were labelled with patient names and had an audit trail for dispensing. Patient leaflets were not always provided, and the team agreed to review this moving forward.

The pharmacist had completed training for the provision of emergency hormonal contraception (EHC) and a copy of the service specification was available for reference. Training records were also seen for the flu vaccination, which was administered during the relevant season. The service specification was available, and the pharmacy had several SOPs relating to service provision including hand hygiene and the management of needle stick injuries. Equipment to aid the administration of vaccinations including adrenaline and a sharps bin were available.

Two dispensers were trained for the provision of the smoking cessation programme. Training certificates were displayed in the consultation room. People using the service attended each week as part of a 12-week programme. Carbon monoxide readings were taken at each attendance and the pharmacy had previously come third in the area for successful quit rates.

People using the local minor ailments scheme registered for the service. Team members were aware of which medications could be supplied and records of supplies were maintained. A copy of this information was also available for reference.

Stock medications were sourced from licensed wholesalers and specials from a licensed manufacturer. Most medications were stored in a dispensing robot. The robot was manually loaded. Each product was scanned, and a red dot highlighted the section which should be loaded. Date checking was conducted manually. Periodically stock was removed, and short dated medicines were highlighted with a sticker. No expired medicines were identified from random checks. Obsolete medicines were placed into designated waste bins and a cytotoxic waste bin was available for the segregation of hazardous materials. The pharmacy was not yet compliant with the requirements of the European Falsified Medicines Directive (FMD). Scanners had been installed and the team believed that the pharmacy owners were in discussion with the PMR provider regarding the relevant software. Alerts for the recall of faulty medicines and medical devices were received via email which was checked daily. Records were kept indicating the action that had been taken in response.

The pharmacy fridge was fitted with a maximum and minimum thermometer. The temperature was checked and recorded each day and it was within the recommended temperature range. CDs were suitably stored and random balance checks were found to be correct. Patient returned and expired CDs were kept segregated from stock and CD denaturing kits were available.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy had a range of paper-based reference materials including up-to-date editions of the British National Formulary (BNF) and Drug Tariff. The pharmacist said that the NPA could be contacted for further advice and internet access was also available for additional research.

There was a range of ISO approved and crown-stamped glass measures which were suitably maintained. Separate measures were marked for use with CDs. Counting triangles were available for loose tablets and a separate triangle was marked for use with cytotoxic medications. The pharmacy had a carbon monoxide reader which was clean and well maintained.

The pharmacy robot was in working order and was regularly serviced. Contact details were available in the event of any maintenance concerns and there was also a manual override. Other electrical equipment also appeared to be in working order. Computer systems were password protected and screens were located out of public view. The pharmacy had cordless phones to enable conversations to take place in private, if required.

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.