

Registered pharmacy inspection report

Pharmacy Name: Well, 1 Union Street, WEDNESBURY, West Midlands, WS10 7HD

Pharmacy reference: 1038559

Type of pharmacy: Community

Date of inspection: 21/08/2020

Pharmacy context

This is a busy community pharmacy located in the heart of the town centre. Most people who use the pharmacy are from the local area. The pharmacy dispenses prescriptions and sells a range of over the counter (OTC) medicines as well as other health and beauty items. The pharmacy supplies medicines to two local care homes and provides medications in multi-compartment compliance aid packs to help people take their medicines at the right time. It offers additional services including a substance misuse treatment service and flu vaccinations, during the relevant season. 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	2.2	Good practice	Pharmacy team members complete regular ongoing training to help keep their knowledge and skills up to date.
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 the risks associated with its services. It maintains the records it needs to by law and it keeps people's private information safe. Pharmacy team members are clear about their responsibilities. They follow written procedures to help make sure they complete tasks safely, and they understand how to raise concerns to protect the wellbeing of vulnerable people.


Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which were available in an electronic format. The procedures defined the responsibilities of team members, and audit trails were kept confirming each team members acknowledgement and understanding of the SOPs. A report viewed on the day showed that nearly all team members were up to date with the procedures. A pre-registration pharmacist, who was in his second week of employment, had several outstanding procedures to complete, but a plan was in place to support this. The pre-registration pharmacist clearly discussed the activities which were permissible in the absence of a responsible pharmacist (RP) and other team members were clear on their roles. The pharmacy had professional indemnity insurance covering its services.

The pharmacy kept records of near misses. These were initially paper-based records that were then populated onto an electronic Datix system. The pharmacist completed a patient safety review each month to identify any underlying patterns and trends. A copy of the most recent review was seen, and the inspector was shown examples of actions that had been taken in response to previous issues, such as hazard tape used to encourage care when selecting pregabalin and gabapentin, and the separation of ramipril capsules and tablets. Dispensing incidents were also recorded using the Datix system. The recording process included a root cause analysis to identify contributing factors and reported incidents were reviewed by head office.

The pharmacy team members had completed individual risk assessments in response to the Covid-19 pandemic. These had been completed electronically and reviewed by company management. The pharmacist said that any confirmed cases of Covid-19 amongst the pharmacy team would be reported to head office, to allow for any further investigation and reporting, and so that relief cover could be arranged, as necessary. It was difficult for the team members to fully socially distance when working in the pharmacy, due to the number of team members required to effectively manage the workload and the layout of the dispensary, which was narrow in some areas. To help manage the risks associated with this, team members wore personal protective equipment (PPE), unless there was an extenuating circumstance which meant that they were unable to.

The pharmacy had a complaint procedure, which was advertised. People were able to provide feedback verbally to the pharmacy team and also through an annual Community Pharmacy Patient Questionnaire (CPPQ). Feedback received was usually positive.



The correct RP notice was conspicuously displayed near to the medicine counter and the RP log was in order. As were records for emergency supplies and private prescriptions. And specials procurement records provided an audit trail from source to supply. A sample of controlled drugs (CD) registers reviewed were compliant with requirements. The registers kept a running balance which was regularly audited. A patient returns CD register was in use and previous destructions had been signed and witnessed.

Pharmacy team members completed regular information governance training and a copy of the pharmacy' privacy policy was clearly displayed. Pharmacy team members had their own NHS smartcards. On the day, the card of a team member who was not present, was being used in a computer terminal. This may indicate that smartcards are not always suitably secured when not in use. The card was immediately removed and locked away when it was pointed out by the inspector. Confidential waste was segregated and removed for appropriate disposal and completed prescriptions were stored out of view.

The pharmacy completed annual safeguarding training and the contact details of local safeguarding agencies were accessible. The pharmacy had a chaperone policy and the details were displayed near to the consultation room.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage the workload and its team members can provide feedback and raise concerns. Pharmacy team members complete training for the jobs they do. They get feedback on their development and have access to ongoing training to help them learn and improve.

Inspector's evidence

On the day of the inspection, the regular pharmacist was working alongside two registered pharmacy technicians, a pre-registration pharmacist and a pharmacy student. The medicine counter was being covered by a qualified medicine counter assistant (MCA). The pharmacy student had a zero hours contract and was providing cover for a full-time dispenser who was on planned annual leave. The pharmacy also employed three other dispensers, one of whom provided part-time weekend cover, and another was currently on maternity leave. The pharmacist received double cover on one day each week to help with the workload. The pharmacy was busy, but the pharmacist explained that the workload had changed during the recent pandemic, with fewer walk-in prescriptions being seen, which allowed for better workload planning. Although the environment was busy, the team worked well together and provided one another with support, so they could suitably manage the workload. Leave was planned and cover was arranged using part-time team members, or relief staff as necessary.

Several suitable sales were observed during the inspection and concerns were referred to the pharmacist for additional advice. The MCA discussed the questions that she would ask to help make sure that sales were safe and appropriate. She also identified some higher-risk medications which may be susceptible to abuse and explained how she would manage any frequent requests for these medications.

Pharmacy team members were suitably trained for their roles. One dispenser, who was not present, was nearing completion of a Buttercups training programme and her progress was being monitored by the pharmacist. The pre-registration pharmacist was allocated protected training time during the working week. He discussed the plans for his training year, which included completing e-Learning modules and attending planned study days. The pre-registration pharmacist said that he was also completing additional learning outside of working hours, where he reviewed topics that he and the pharmacist had discussed during the day. He then provided feedback to the pharmacist on what he had learnt. The regular pharmacist was the designated pre-registration tutor and the pre-registration pharmacist was happy to approach him with any concerns. Other team members completed regular e-Learning modules which were periodically released by the company and development reviews were in place to identify and address any learning needs.

The team worked well together, in an open environment. They held weekly huddles to discuss any ideas, feedback or concerns and were happy to approach the pharmacist. The pharmacy had a whistleblowing policy



to support team members in raising concerns anonymously. The pharmacist discussed targets for professional services and said that during the last few months of the pandemic, targets had not been mentioned and the focus had been on maintaining a safe and effective service throughout a challenging period.



Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and provides a suitable and secure environment for people to receive healthcare services. 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 was suitably maintained, and maintenance issues were directed to the company's head office. A recent issue, where heavy rainfall had led to a leak and damage to the ceiling of the pharmacy had been resolved swiftly and with minimal disruptions to the pharmacy's operations. On the day, there was still some scaffolding around the exterior of the premises from the roof repair, but this was due to be removed now the work had been completed. The pharmacy was fitted with air conditioning which maintained a temperature suitable for the storage of medicines and there was adequate lighting throughout.

The retail area of the pharmacy was clean and tidy. During the Covid-19 pandemic, access to the retail area was restricted to two people at a time and a one-way route was marked using hazard tape and floor markers to encourage social distancing. Only one of the pharmacy's entrance doors was in use, to help manage entry to the premises and the route once inside. The pharmacy stocked a range of suitable goods and pharmacy restricted medications were secured behind the medicine counter. The pharmacy had a consultation room, which was suitably maintained and had a desk and seating to facilitate private and confidential discussions. The room remained locked when not in use.

The dispensary was suitably sized for the current workload. The installation of shelving units in a rear part of the dispensary since the last inspection had provided further storage capacity. There were some baskets of prescriptions awaiting an accuracy check on the day, but these were stacked in an orderly manner and there was still ample workspace available for prescription assembly. There was a slight obstruction on the floor space due to a bulky prescription item awaiting collection. This may cause a trip hazard for team members, but the patient had been contacted regarding this to expedite collection.

Pharmacy team members completed daily cleaning duties. During the Covid-19 pandemic, the regularity of cleaning had been increased and the team also practiced regular hand hygiene. On the day, the dispensary, retail area and other staff areas were all appropriately maintained.

Principle 4 - Services ✓ Standards met

Summary findings

Pharmacy services are well managed and safely delivered so that people receive appropriate care. The pharmacy sources and stores medicines appropriately and team members carry out regular checks to help make sure that medicines are fit for supply.


Inspector's evidence

The pharmacy entrance had a small single step. Due to the listed status of the building a ramp facility could not be added. But pharmacy team members provided assistance to anybody who needed help with entry. Additional support was provided for people with different needs, this included a hearing loop and the use of large print labels, as necessary.

The pharmacy's services were advertised within the retail area using posters and service leaflets. There were additional health promotion materials displayed for some services within the local area. Public health promotion literature regarding the ongoing Covid-19 pandemic and current regulations, such as a requirement for face coverings in shops was also displayed.

Prescriptions were segregated into coloured baskets to prioritise the workload and keep them separate. Staff signed 'dispensed' and 'checked' boxes as an audit trail. Stickers were used to identify prescriptions for CDs, to help ensure that supplies were made within the valid 28-day expiry date. Team members also used 'therapy check' stickers to highlight prescriptions for higher-risk medications. Some records of monitoring parameters such as INR readings were maintained, but this was not always done regularly. The pharmacy had access to the necessary safety literature to accompany supplies of valproate-based medicines to people who may become pregnant.

The pharmacy managed repeat prescriptions for a number of patients. People identified the medications which they required each month and requests were usually sent via email or delivery driver. The pharmacy retained records to help them identify any unreturned requests. Most repeat prescriptions were sent for dispensing at a central hub. Prescriptions were entered onto the computer system, where the information was clinically checked by the pharmacist, before being transmitted to the hub for dispensing. A record was kept identifying prescriptions being processed at the hub and upon return medications were reconciled with prescription forms and random checks for quality assurance were completed daily. Any issues were fed back to the central hub using the Datix system. The prescription retrieval system operated using a scanned bar code system. The barcode system was also used to file prescriptions awaiting delivery, to aid organisation. The delivery driver completed a distanced hand-off of medication, observing collection from a suitable distance. Signatures were not obtained, but the delivery was marked as being a Covid-19 delivery, so that an audit trail was maintained in the event of a query. Medications from failed deliveries were returned to the pharmacy.



The pharmacy supplied some medicines in multi-compartment compliance aid packs, to help make sure they were taken at the correct time. Pharmacy team members ordered medications required for compliance aid packs and a master record of medications was maintained for each patient. This was updated with a record of any changes to medications. Completed packs were labelled with patient details and patient leaflets were supplied. Compliance aid packs contained some descriptions of medications, but in some instances, descriptions were too brief to allow individual medicines to be identified. For example, stating simply 'tablet' or 'capsule' with no record of markings or colour. The pharmacist discussed a needs assessment which was completed prior to any person being initiated on a compliance aid pack, to ensure that it would be a suitable aid for them.

The pharmacy supplied medicines to two care homes. Staff at each care home requested the medications which were required each month, and a record of the order was sent to the pharmacy team. Returned prescriptions were reviewed for any discrepancies, which were discussed with the care home team. Medicines were supplied in original calendar packs, with accompanying medication administration record (MAR) charts for care home staff to document administration.

Stock medications were obtained from licensed wholesalers and specials from a licensed manufacturer. Stock medications were stored in their original packaging and were generally well organised on the dispensary shelves. The pharmacy completed regular date checking using an electronic system. Checks were up to date and short-dated medicines were highlighted with a sticker. No expired medicines were identified during random checks. Obsolete medicines were stored in designated waste bins for appropriate disposal. The pharmacy was not yet fully compliant with the requirements of the European Falsified Medicines Directive (FMD). A scanner had been installed to help with the necessary checks, but the team had received no further information regarding implementation. Alerts for the recall of faulty medicines and medical devices were received electronically. The alert system was checked throughout the day and an audit trail was kept demonstrating the action that had been taken in response to alerts.

CDs were stored appropriately, and random balance checks were found to be correct. The pharmacy had two fridges, which were both fitted with a maximum and minimum thermometer. Both fridges were within the recommended temperature range on the day. In recent weeks, there had been a small number of occasions where the maximum temperature of one fridge had exceeded the recommended range. In most instances, pharmacy team members had recorded the action taken in response to this. But on some occasions, there was no further information recorded. So, the team may not always be able to show how it responds to temperature fluctuations to ensure medications are stored appropriately.



Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services. Team members store and use equipment in a way that protects people's privacy.

Inspector's evidence

The pharmacy had access to paper-based reference materials including a British National Formulary (BNF). Internet access was also available to support additional research. Several glass crown-stamped measures were available for measuring liquids with separate ones clearly marked for use with CDs. Counting triangles were available for loose tablets and a separate one reserved for use with cytotoxic medicines. Electrical equipment was in working order and underwent PAT testing. Team members contacted the company IT help desk to resolve any issues. The pharmacy computers were located out of public view and were password protected. A cordless phone enabled conversations to take place in private, if required.

Due to the Covid-19 pandemic, a Perspex screen had been installed at the pharmacy medicine counter and an additional portable screen was available in the consultation room, in anticipation of the upcoming flu vaccination season. The pharmacy team members also had access to PPE including masks, gloves and aprons, as well as additional cleaning equipment.



What do the summary findings for each principle mean?

✓ **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.