

Registered pharmacy inspection report

Pharmacy Name: 8pm Chemist, 61 Wolverhampton Street,
WILLENHALL, West Midlands, WV13 2NF

Pharmacy reference: 1038572

Type of pharmacy: Community

Date of inspection: 20/09/2022

Pharmacy context

This community pharmacy is located close to the centre of Willenhall which is a market town in the West Midlands. People who use the pharmacy are from the local community and a home delivery service is available. The pharmacy dispenses NHS prescriptions, and it provides some other NHS funded services.

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 manages the risks associated with its services to make sure people receive appropriate care. Members of the pharmacy team follow written procedures to make sure they work safely. They discuss their mistakes so that they can learn from them, and they make changes to stop the same sort of mistakes from happening again. The pharmacy team keeps people's information safe and team members understand their role in supporting vulnerable people.

Inspector's evidence

A range of standard operating procedures (SOPs) were in place which covered the activities of the pharmacy and the services provided. The SOPs had been written by the Superintendent (SI) and then reviewed and updated at regular intervals. The last SOP review had been done by the SI in June 2022. Signature sheets were used to record staff training and the signature sheets were countersigned by the SI to show that their understanding had been reviewed. Roles and responsibilities were highlighted within the SOPs.

A near miss log was available. Near misses were discussed with the dispenser involved to ensure they learnt from the mistake. The pharmacy team members recorded their own near misses to aid learning, and to ensure they had reflected on the reasons for the mistake. Shelf edge warning labels had been created as a visual reminder to take care when selecting medicines. These were attached next to stock medicines with similar names to other medicines, or where packaging was similar. There was an SOP for dealing with dispensing errors and an example of an error investigation was discussed.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A medicines counter assistant correctly answered hypothetical questions related to high-risk medicine sales.

The pharmacy's complaints process was explained in the SOPs. People could give feedback to the pharmacy team in several different ways; verbal, written and online. The pharmacy team tried to resolve issues that were within their control and would involve the SI if they could not reach a solution.

The pharmacy had up-to-date professional indemnity insurance. The Responsible Pharmacist (RP) notice was clearly displayed but the incorrect pharmacists' details were on the notice. The requirement for displaying the correct details was discussed with the SI. The RP log met requirements. Controlled drug (CD) registers were generally in order and a random balance check matched the balance recorded in the register. Patient returned CDs were recorded in a register. Private prescription records were seen to generally comply with requirements, however there were some instances where the prescriber details are either missing or incorrect. Specials records were maintained with an audit trail from source to supply.

Confidential waste was stored separately from general waste and destroyed securely. The pharmacy team had their own NHS Smartcards. The pharmacy professionals had completed the Centre for

Pharmacy Postgraduate Training (CPPE) on safeguarding. The pharmacy team understood what safeguarding was. A medicine counter assistant gave examples of types of concerns that she may come across, and what action that she would take.

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 the pharmacy has enough cover to provide the services. They work well together in a supportive environment and they can raise concerns and make suggestions.

Inspector's evidence

The pharmacy team comprised of two pharmacists, seven dispensing assistants, six medicines counter assistants and home delivery drivers were available. There were two other pharmacies owned by the same company nearby. Pharmacy team members from these pharmacies could provide support if the pharmacy required staff to cover busy periods, annual leave or absence, and a pharmacy technician coordinated this. Holidays were requested in advance and cover was provided by other staff members as required. The SI regularly reviewed staffing levels and despite the inspection taking place on a busy morning immediately after a bank holiday, the pharmacy team were able to effectively manage the workload.

The pharmacy team worked well together during the inspection and were observed helping each other and moving from their main duties to help with more urgent tasks when required. The pharmacy staff said that they could raise any concerns or suggestions with the pharmacy management and felt that they were responsive to feedback. Team members said that they would contact the GPhC if they ever felt unable to raise an issue internally. The pharmacist was observed making himself available throughout the inspection to discuss queries with people and giving advice when he handed out prescriptions, or with people on the telephone.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare services. The pharmacy team uses a consultation room for some 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 SI who used local contractors to rectify problems. The dispensary was large, and an efficient workflow was seen to be in place. Dispensing and checking activities took place on separate areas of the worktops. There was a private soundproof consultation room which was signposted. The consultation room was professional in appearance. The door to the consultation room remained closed when not in use to prevent unauthorised access. Prepared medicines were held securely within the dispensary and pharmacy medicines were stored behind the medicines counter, so sales were supervised.

The dispensary was clean and tidy with no slip or trip hazards evident. The pharmacy was cleaned by the pharmacy team, and by a cleaner. The sinks in the dispensary and staff areas had hot and cold running water. Hand towels, dryers and soap were available. The pharmacy had portable heaters and the temperature felt comfortable during the inspection despite the outside temperature being unseasonably warm. The lighting was adequate for the services provided.

There was a second pharmacy premises within the same building, and this was clearly separated as it was upstairs. This premises dispensed prescriptions for multi-compartment compliance packs and care homes. There was a large warehouse to the rear of the premises and warehouse staff managed the stock in the warehouse.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a range of healthcare services which are easy for people to access. It manages its services and supplies medicines safely. The pharmacy obtains its medicines from licensed suppliers, and stores them securely and at the correct temperature, so they are safe to use. People receive appropriate advice about their medicines when collecting their prescriptions.

Inspector's evidence

The pharmacy had two steps up from the pavement and a home delivery service was offered to people who could not access the pharmacy. The pharmacy staff referred people to local services when necessary. They used local knowledge and the internet to support signposting. The premises upstairs dispensed multi-compartment compliance packs so people were referred to them if they requested a compliance pack.

The pharmacy team had a good rapport with people using the pharmacy and were observed offering medicines information and other advice throughout the inspection. People also telephoned the pharmacy to ask for advice on their medicines, or minor ailments. The team said the number of queries had increased since the pandemic as people had difficulty contacting their GP surgery. And whilst the pharmacy team encouraged people to ask any questions, they had about their health; it had added to their workload.

Items were dispensed into baskets to ensure prescriptions were not mixed up together. Different coloured baskets were used to prioritise certain prescriptions. Staff signed the dispensed and checked boxes on medicine labels, so there was a dispensing audit trail for prescriptions. Notes and stickers were attached to medication when there was additional counselling required or extra items to be added to the bag. Coloured docketts were attached to delivery prescriptions containing fridge items or controlled drugs to highlight the contents to the delivery driver. Controlled drug docketts required a signature when they were delivered, and these were handed back to the pharmacist as proof of delivery. The team were aware of the risks associated with the use of valproate during pregnancy, and the need for additional counselling. Patient cards and counselling materials were available.

Date checking took place regularly and no out of date medication was seen during the inspection. Short, dated medicines were clearly marked and removed prior to expiration. Medicines were stored in an organised manner on the dispensary shelves. All medicines were observed being stored in their original packaging. Split liquid medicines with limited stability once they were opened were marked with a date of opening. Patient returned medicines were stored separately from stock medicines in a designated area. Medicines were obtained from a range of licenced wholesalers and the pharmacy was alerted to drug recalls via emails from the MHRA

The controlled drug cabinets were secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. Fridge temperature records were maintained, and records showed that the pharmacy fridges were usually 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 its services safely. The team uses this equipment in a way that keeps people's information safe.

Inspector's evidence

The pharmacy team had access to 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. Computer screens were not visible to members of the public as they could not access 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.