

Registered pharmacy inspection report

Pharmacy Name: Bushbury Lane Pharmacy, 331 Bushbury Lane,
WOLVERHAMPTON, West Midlands, WV10 9UJ

Pharmacy reference: 1038580

Type of pharmacy: Community

Date of inspection: 05/11/2019

Pharmacy context

The pharmacy is located amongst a parade of other shops in a residential area of Wolverhampton. It dispenses prescriptions and sells a range of over-the-counter medicines. The pharmacy provides some medicines in multi-compartment compliance aid packs, to help make sure that people take them at the correct time. It offers several other services including Medicines Use Reviews (MURs), a local minor ailments service and flu vaccinations during the relevant season. A substance misuse treatment service is 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
1. Governance	Standards not all met	1.6	Standard not met	The pharmacy's responsible pharmacist record is unclear and it is not legally compliant.
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 not all met

Summary findings

The pharmacy identifies and manages risks adequately. It asks for feedback on its services and it has procedures to help keep people's private information safe. It keeps the records required by law, but the responsible pharmacist log is inaccurate and unclear. So, it may be difficult to reliably identify who was responsible for the safe and effective running of the pharmacy at a set point in time. The pharmacy's team members are clear on their roles and they understand how to raise concerns to protect the wellbeing of vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) covering operational tasks and activities. The procedures contained some details of individual responsibilities but were not always clear and a job roles matrix had not been completed. Audit trails confirming staff acknowledgement of the procedures were incomplete and team members were unsure whether they had read the most up-to-date procedures, which had been reviewed in May 2018. Through discussion, the team were able to demonstrate an understanding of their roles and responsibilities, including the activities which were permissible in the absence of a responsible pharmacist (RP). Professional indemnity insurance covering pharmacy services was provided through the National Pharmacy Association (NPA).

A near miss log was available, but no recent records were held. The last entry in the log was July 2016 and team members were unaware of any other records. The team reported that the pharmacy manager discussed near misses with them verbally and said that they were not involved in near miss recording. The locum pharmacist was unaware that a near miss record was available and consequently had not kept any records during the shifts that he had worked. He confirmed that he had verbally communicated any near misses to the team. A dispenser showed the inspector that common 'look alike, sound alike' medicines had been highlighted using shelf-edge labels to encourage care with selection. She also discussed a previous issue with the different strengths of bendroflumethiazide. The locum pharmacist discussed the actions that he would take in response to a dispensing incident. This included discussing the incident with the patient, reviewing the company SOPs and also reporting the incident to the regular pharmacist. The team were unaware of any recent dispensing incidents.

The pharmacy had a complaint procedure. Information regarding this was outlined in a practice leaflet, which was displayed near to the medicine counter. A dispenser reported that where possible she would try and resolve complaints and when necessary concerns were escalated to the pharmacy manager. The pharmacy sought feedback through an annual Community Pharmacy Patient Questionnaire (CPPQ). Results from a recent survey were displayed near to the medicine counter and were positive.

The correct RP notice was conspicuously displayed near to the medicine counter, but the RP record was ambiguous. The pharmacy had both a paper and an electronic log. But it was unclear which was their legal record. Most entries were recorded on the electronic record but sign in times did not always correspond with the pharmacy's opening hours and the time at which RP duties ceased was not consistently recorded. There were also several missing entries on the electronic record, some of which

had been recorded in the paper record. But some gaps were still present, and no entries were located for dates including 19 October 2019, 21 October 2019 and 28 October 2019. So, the record was not fully compliant.

Controlled Drugs (CD) registers were generally in order and kept a running balance. A patient returns CD register was available and previous destructions had been signed and witnessed. Records for private prescriptions and emergency supplies were in order and specials procurement records provided an audit trail from source to supply.

The pharmacy had information governance procedures, but audit trails to confirm that staff had read them were incomplete. The information governance folder contained a copy of the pharmacy's privacy policy but its registration with the Information Commissioner's Office was unconfirmed on the day. The team had signed confidentiality agreements and they discussed how they would help to keep people's private information safe. A dispenser explained that confidential waste was segregated and shredded by the pharmacist. Completed prescriptions were stored out of public view and the appropriate use of NHS smartcards was seen on the day.

Safeguarding guidance documents were available in the SOP folder and a dispenser had completed some safeguarding training through a previous employer. She discussed some of the types of concerns that might be identified and explained how these would be managed. The contact details of local safeguarding agencies were available to enable escalation.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members can manage the current dispensing workload. Team members work together closely in a supportive environment. They hold the appropriate qualifications for their role and complete some ongoing training. And they get some informal feedback on their development to help them learn and improve.

Inspector's evidence

On the day of the inspection, a locum pharmacist was working alongside two qualified dispensing assistants, one of whom worked part-time. The pharmacy also employed a part-time medicine counter assistant (MCA) who was not present. Part-time team members increased their hours to provide cover when necessary and there were restrictions placed on leave to help maintain sufficient staffing levels. The team members present managed the workload adequately throughout the inspection and there was no dispensing backlog.

Team members were competent in their roles, they exercised their professional judgement when making sales and referred concerns to the pharmacist. A dispenser discussed the questions that she would ask to help to make sure sales were safe and appropriate. She identified co-codamol as a medication which was susceptible to abuse and explained how some previous repeated requests had been refused, and patients signposted to their GP surgery.

Pharmacy team members were trained for their roles. There was no pre-planned or structured ongoing training. Team members were provided with verbal updates from the pharmacy manager regarding any changes or new products that they should be aware of. A dispenser explained that the pharmacy owner also took time to explain things to team members in response to questions. For example, if she made an enquiry regarding a medicine and what it was used for, he would take the time to go through this with her in detail. Team members also utilised other reference materials such as patient leaflets, to further their knowledge and stay up to date. Staff development was reviewed on an ongoing basis with the workload permitting regular conversations between the pharmacy manager and other team members. But records of this were not kept, so the pharmacy may not always be able to fully demonstrate how development needs are identified and addressed.

There was an open dialogue amongst the pharmacy team, they worked together closely and supported one another well. Team members were comfortable in approaching the locum pharmacist and the regular pharmacy manager. They described a supportive environment where they were able to raise concerns and provide feedback. The locum pharmacist said that he would address any concerns in branch where possible but would escalate to the pharmacy manager if necessary and he was happy to do this. The team were aware of whistleblowing, but they were unsure if there was a policy in place, or how they might be able to raise an anonymous concern. This may restrict the ability for a concern to be raised in this manner, if the need ever occurred. The team were unaware of any targets in place for professional services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is suitably maintained for the provision of healthcare, and it has a consultation room to enable it to provide members of the public with an area for private and confidential discussions.

Inspector's evidence

The pharmacy, including the exterior fascia was in a good state of repair. Maintenance concerns were escalated to the pharmacy manager who arranged for any necessary repairs to be carried out. Pharmacy team members completed house-keeping duties and the pharmacy was clean and tidy on the day. It had air conditioning to help maintain a temperature appropriate for the storage of medicines and there was adequate lighting throughout.

The pharmacy had a spacious retail area. The walkways were free from obstructions and there were two chairs available for use by people waiting for their medicines. Health promotion literature was displayed near to the medicine counter and the goods the pharmacy stocked were suitable for a healthcare-based business. Pharmacy restricted medicines were secured from self-selection behind the medicine counter.

Off the retail area was an enclosed consultation room. The room was clearly signposted and had a desk and seating to facilitate private and confidential discussions.

The dispensary was appropriately sized for the workload. Two large work benches were used to separate dispensing and checking and a third was used for the assembly of weekly compliance aid packs. The work benches were clean and free of unnecessary clutter. The dispensary was also fitted with a sink, which was equipped with appropriate hand washing materials. Large shelving units were used for the storage of medicines and additional storage areas to the rear of the dispensary and first floor of the premises were also suitably maintained.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are suitably managed and generally accessible to people with different needs. It obtains medicines from reputable sources, but it is not able to fully demonstrate that it carries out adequate checks to show that medicines are appropriately stored and fit for supply.

Inspector's evidence

The pharmacy was accessible by two steps at the front entrance. A bell was fitted for people to request assistance with entry and a portable ramp facility was available. The PMR system could also generate large-print labels to assist people with visual impairment.

The pharmacy opening hours were displayed at the front entrance but there was little advertisement of its services, so people may not always be aware what is available. Some of the displayed health promotion literature promoted other services such as NHS 111 and a local eye care service. Additional guidance to support signposting was available in a folder and internet access was also in place.

Prescriptions were dispensed using baskets to keep them separate and audit trails were maintained using 'dispensed' and 'checked' boxes. The dispensers discussed the types of concerns that they would refer to the pharmacist during the dispensing process, this included dose changes and new medications. They also explained processes in place to help make sure that prescriptions for people with similar names were separated on the prescription retrieval shelves. The pharmacy used 'pharmacist' stickers to identify people on high risk medicines and there were prompt stickers to remind staff to inquire about monitoring parameters such as INR readings at the point of prescription handout. Audit trails to record this were not usually maintained. The team were aware of the risks of the use of valproate-based medicines in people who may become pregnant. The pharmacist provided an appropriate response to a scenario discussed and was aware that an alert card should be provided with each supply. The pharmacy had some cards available, but the patient guides were out of date. The team agreed to look for the in-date copies of the safety literature and the inspector advised on how to obtain further copies, if they could not be located.

The pharmacy used stickers to highlight some prescriptions for CDs and the date of expiry was also sometimes written on the prescription form. But this was not always consistent and an unmarked expired prescription for diazepam was identified on the day. The pharmacist acknowledged that this may increase the risk of a supply being made after the valid 28-day expiry date of the prescription.

Patients contacted the pharmacy to request repeat prescriptions. A repeat request was issued to the GP surgery and the pharmacy kept records to identify unreturned requests. Some repeat requests were sent via fax, and a cover sheet was not used as part of this process, which may increase the risk of accidental disclosure of information, should the fax be sent incorrectly. Delivery records were maintained, but in most instances a patient signature was not obtained. Instead the driver signed and time-stamped the delivery. This may mean that the pharmacy cannot always fully demonstrate the secure delivery of medicines in the event of a query.

Medications for multi-compartment compliance aid packs were ordered by a dispenser. A record was kept ensuring that all requests for repeat medicines were returned and prescription discrepancies were identified using a master record of medication, which was updated with the details of any changes. No high-risk medicines were placed into compliance aid packs and the dispenser identified other medications which were unsuitable for stability reasons. Completed packs were labelled with a patient name and they provided a description of individual medicines. Patient leaflets were not always supplied in line with regulations. The team agreed to review this moving forward.

The locum pharmacist had completed training for the provision of the flu vaccination service but had not completed any vaccinations as he had been unable to locate a copy of the in-date patient group directive (PGD). This had been escalated to the pharmacy manager who was due back the next day. Equipment to aid the administration of vaccines including a sharps bin and adrenaline were available at the pharmacy.

Stock medicines were sourced through reputable wholesalers and specials from a licensed manufacturer. Stock medications were stored in an organised manner and in the original packaging provided by the manufacturer. Pharmacy team members had previously carried out a monthly date check of all stock but reported that this had become less consistent since one of their colleagues had left. They provided a record indicating that some short-dated medicines had been identified earlier on in the year, but an expired bottle of metronidazole liquid was found on the shelves during random checks. This was immediately removed. The team accepted that this may increase the risk that an expired medicine could be supplied in error. They stated that expiry date checks were carried out on all stock at the point it was received into the pharmacy, and during dispensing and checking processes. Obsolete medicines were stored in medicine waste bins. There were some bags of returned medicines which required sorting. The pharmacy was not yet compliant with the requirements of the European Falsified Medicines Directive (FMD). The locum pharmacist was unaware of the pharmacy's plans for implementation. Alerts for the recall of faulty medicines and medical devices were received via email. The pharmacy kept an audit trail to demonstrate the action taken in response and a recent alert for the recall of Zantac products had been actioned.

CDs were suitably stored and expired and returned CDs were clearly segregated from stock. The pharmacy fridge was fitted with a maximum and minimum thermometer. The temperature was checked and recorded daily and was within the recommended temperature range on the day. But for the past few months the maximum temperature had consistently exceeded the recommended level. A dispenser reported that the pharmacy manager was informed when this happened. She explained that in response the manager would reset the thermometer and carry out checks throughout the day. But this was not recorded, so the pharmacy was not able to properly demonstrate that medicines were being suitably stored. The team agreed to review this moving forward.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services and equipment is used in a way that protects privacy.

Inspector's evidence

The pharmacy had access to paper reference texts including the British National Formulary (BNF), Drug Tariff and a previous edition of the Martindale. The locum pharmacist had access to additional resources through phone applications and general internet access was also available.

There was a range of crown-stamped and ISO approved measures available. With several clearly marked for use with CDs. Counting triangles were available for loose tablets. The team reported that one was reserved for use with cytotoxic medicines, but this was not seen on the day.

Electrical equipment was in working order. The pharmacy's computer system was password protected and screens were located out of public view. A back up of the system was carried out every other day. A cordless phone was available to enable conversations to take place in private.

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.