

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: 13/08/2020

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 the New Medicine Service (NMS), 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	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 identifies and manages risks adequately. It keeps people's private information safe and it maintains the records it needs to by law. The pharmacy team members know how to protect the wellbeing of vulnerable patients. They discuss and record their mistakes to help them improve. But the records do not always contain enough information, which may mean that the team could miss some opportunities to learn.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) covering operational tasks and activities. The procedures contained limited details of individual responsibilities and audit trails confirming staff acknowledgement of the procedures were incomplete. Consequently, the pharmacist was unable to confirm whether all of the current team members had read the most up to date procedures, which were produced in May 2018. The pharmacist agreed to ensure the procedures were reviewed and acknowledged by team members as a priority post inspection. Throughout the inspection, the pharmacy team members showed a good understanding of their roles and a medicine counter assistant (MCA) clearly discussed 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) and a displayed certificate was valid until January 2021.

A near miss log was available and it contained some recent entries. The entries were in the form of the tally chart, which described the type of near miss, for example, incorrect strength. But the log lacked any additional in-depth details such as the name of the medication involved and contributing factors. This may restrict the amount information that is available to pharmacy team members to help them learn and improve. The pharmacist was not currently completing a regular near miss review, which may also mean that some identifiable trends go undetected. The pharmacist discussed the actions that he would take in response to a dispensing incident. The pharmacy had an SOP which detailed how dispensing incidents were managed and incident report forms were available to complete. The pharmacist was unable to recall any recent dispensing incidents.

The pharmacist said that individual staff risk assessments had been discussed with team members at the beginning of the Covid-19 pandemic. But no records of this had been maintained, so the pharmacy could not properly demonstrate how individual risks for team members had been identified and addressed. Team members had access to personal protective equipment (PPE), but this was not being used at the time of the inspection and the pharmacist was unaware of the most recent Public Health England (PHE) guidance. The inspector advised that the guidance should be reviewed and revisited with the team. The pharmacist was reminded of the importance of having up-to-date business continuity arrangements for the pharmacy, should any team members become unwell or be required to self-isolate.

The pharmacy had a complaint procedure which was outlined in a practice leaflet, displayed near to the medicine counter. The pharmacy also sought feedback through an annual Community Pharmacy Patient Questionnaire (CPPQ). Results from a recent survey were also displayed near to the medicine counter and were generally positive.

The correct RP notice was conspicuously displayed, and the paper RP log was suitably maintained. Controlled Drugs (CD) registers kept a running balance and a patient returns CD register was available. 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 some information governance procedures and a privacy policy. The team had signed confidentiality agreements and they segregated confidential waste, for suitable disposal. 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 the pharmacist had completed some safeguarding training. The contact details of local safeguarding agencies were available to enable the escalation of concerns, but they had not been updated since 2018. The pharmacist agreed to review the information after the inspection to make sure that the details were still current.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to adequately manage the workload. The pharmacy team members complete appropriate training for their roles, and they receive some ongoing training and support. But this is not always structured, so it may be harder for them to keep their skills and knowledge up to date.

Inspector's evidence

On the day of the inspection, a locum pharmacist was working alongside a qualified dispensing assistant and a part-time MCA. The pharmacy also employed an additional part-time dispenser and a delivery driver, neither of whom were 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 managed the workload adequately throughout the inspection.

Team members were competent in their roles. The MCA discussed the questions that she would ask to help to make sure sales were safe and appropriate. She discussed some high-risk medications which may be susceptible abuse and provided an example of a concern which was referred to the pharmacist for further support and signposting.

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 pharmacist and also utilised pharmacy magazines and other trade press materials, to help keep their knowledge up to date. Their personal development was reviewed on an ongoing basis through informal discussions. 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 pharmacist and were able to raise concerns and provide feedback. The pharmacist discussed whistleblowing. He stated that team members could approach him with any concerns, or where necessary the superintendent pharmacist could also be contacted independently. He confirmed that there were no formal targets in place for professional services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a suitable environment for the provision of healthcare. 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 was suitably maintained, and any repair works for maintenance concerns were arranged by the regular pharmacist. 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 chairs were available for use by people waiting for their medicines. The pharmacy sold a range of suitable healthcare goods and pharmacy restricted medicines were secured from self-selection. In light of the Covid-19 pandemic, the pharmacy had implemented some social distancing measures, this included two metre markings on the floor. Pharmacy team members also completed regular cleaning duties and a dispenser was seen to wipe down dispensary surfaces during the inspection.

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 current 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. There were some tote boxes temporarily stored on the floor, which may cause a trip hazard for pharmacy team members. The dispensary was also fitted with a sink and appropriate hand washing materials. Other storage and staff facilities were also suitably maintained.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally manages and provides its services safely. The pharmacy sources medicines from reputable suppliers. Its team members complete some checks to show that medicines are fit for supply, but they don't always record these. So, the pharmacy may not always be able to clearly demonstrate that it stores all of its medicines appropriately.

Inspector's evidence

The pharmacy had two steps at the front entrance. A bell was fitted, so people who required additional assistance could request attention and a home delivery service was available. The PMR system could also generate large-print labels to assist people with visual impairment.

The pharmacy's opening hours were displayed at the front entrance but there was limited advertisement of its services, so people may not always be aware what is available. There was some health promotion material available near to the medicine counter and a dispenser discussed several other local services, where patients could be signposted to if needed.

Prescriptions were dispensed using baskets to keep them separate and audit trails were maintained using 'dispensed' and 'checked' boxes. The pharmacist provided examples of some audit trails of monitoring parameters which were maintained for people taking warfarin. Records of monitoring parameters for other high-risk medications such as lithium were not usually recorded. The pharmacist was aware of the risks of the use of valproate-based medicines in people who may become pregnant. Guidance on the supply of relevant safety literature was discussed with the pharmacist, but the pharmacy did not have in-date copies of the patient guide available for supply. The inspector advised on how these could be obtained, and the pharmacist agreed to follow-up on this after the inspection. An example was seen of an annotated CD prescription to help ensure that supplies of CDs were made within a valid 28-day expiry date. But the pharmacy team did not always adopt a consistent approach to how these prescriptions were identified, which 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 and the pharmacy kept records to identify unreturned requests. The delivery driver kept records of deliveries and signed to confirm the date and time on which a delivery had been made. During the Covid-19 pandemic, the delivery procedure had been adapted so that collection was observed from a suitable distance. Medications from failed deliveries were returned to the pharmacy.

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. Completed compliance aid packs were labelled with a patient name, descriptions of individual medicines were included and patient leaflets were supplied.

Stock medicines were sourced through licensed wholesalers and specials from a licensed manufacturer. Stock medications were stored in an organised manner and kept in the original packaging provided by the manufacturer. A dispenser had completed some recent date checks and marked short-dated

medicines, but the team were unsure as to whether any recent records of this had been maintained. The pharmacist agreed to review this moving forward so that an audit trail was available. One expired medicine was identified on the pharmacy shelves during random checks. Obsolete medicines were stored in medicine waste bins. The pharmacy was not yet compliant with the requirements of the European Falsified Medicines Directive (FMD). Alerts for the recall of faulty medicines and medical devices were received via email. A complete audit trail demonstrating the action taken in response to alerts had lapsed during the Covid-19 pandemic. The pharmacist agreed to review this, along with the frequency at which emails were checked.

CDs were suitably stored and expired and returned CDs were clearly segregated from stock. Random balance checks were found to be correct. 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 on some recent occasions, the maximum temperature had exceeded the recommended level. The pharmacist confirmed that he had reset the thermometer and re-checked the temperature in response to this, but a record of this was not maintained. So the pharmacy team might not always be able to clearly demonstrate when it has taken appropriate action in response to fridge temperatures which are outside the expected range.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services. The pharmacy team members store and maintain equipment appropriately.

Inspector's evidence

The pharmacy had access to paper reference texts including the British National Formulary (BNF) and Drug Tariff. Internet access was also available to enable further research.

There was a range of crown-stamped and ISO approved measures available. With several clearly marked for use with CDs. Clean counting triangles were also available for loose tablets.

Electrical equipment was in working order. The pharmacy's computer system was password protected and regularly backed-up. The computer screens were located out of public view and a cordless phone was available. The pharmacy medicine counter had also been recently fitted with a large Perspex screen, as an additional infection control measure in response to the Covid-19 pandemic, and team members had access to PPE including masks 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.