

Registered pharmacy inspection report

Pharmacy Name: Fallings Park Pharmacy, 212 Bushbury Road,
Fallings Park, WOLVERHAMPTON, West Midlands, WV10 0NT

Pharmacy reference: 1038582

Type of pharmacy: Community

Date of inspection: 07/03/2023

Pharmacy context

This community pharmacy is situated within a small parade of shops on a busy main road in Wolverhampton. It dispenses NHS prescriptions, private prescriptions and it sells over-the-counter medicines. It also provides a range of other services including a local minor ailment scheme and a substance misuse service.

Overall inspection outcome

✓ **Standards 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 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

Pharmacy team members are clear about their roles, they understand how to keep people's private information safe and their role in supporting the wellbeing of vulnerable people. The pharmacy has some systems in place to manage risks, but team members do not always record their mistakes to show how they learn and improve.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) which covered the systems and processes in the pharmacy. The procedures had no version control details or review date, so it was unclear when the procedures were last updated. During the inspection, pharmacy team members demonstrated a clear understanding of their roles and responsibilities. The pharmacy kept a near miss log, but the last records available were dated July 2022. Pharmacy team members believed that entries had been made after this date but examples of this were not seen. A team member was aware of the risks associated with 'look alike, sound alike' (LASA) medicines and said that these had previously been highlighted with stickers. But some stock had subsequently been moved in the dispensary, so LASA medicines were not always highlighted on the shelves to prevent potential picking errors. The locum pharmacist explained how she would manage a dispensing incident, including making the necessary incident report. The pharmacy had professional indemnity insurance arrangements in place and a displayed certificate was valid until December 2023.

The pharmacy sought feedback through a Community Pharmacy Patient Questionnaire (CPPQ), and they also got verbal feedback from patients. A team member explained how they monitored online reviews of the pharmacy and the pharmacy team encouraged people to provide feedback in this way.

The correct responsible pharmacist (RP) notice was displayed near to the medicine counter and the RP log was in order, as were records for unlicensed specials. Controlled drugs (CD) registers kept running balances were regularly audited. The pharmacy also kept records of private prescriptions which appeared in order.

Pharmacy team members understood how to keep people's private information safe and confidential information was kept out of public view. A poster in the retail area explained how the pharmacy used and processed people's data and the pharmacy was registered with the Information Commissioners Office (ICO). Confidential waste was clearly segregated and it was removed by an external contractor for appropriate disposal. And team members held their own NHS Smartcards.

Members of the pharmacy team had completed some safeguarding training and the company director explained how several safeguarding concerns had previously been raised by the pharmacy to help protect vulnerable people. The pharmacy also had a chaperone policy displayed in the consultation room.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members are suitably trained for the jobs that they do, and they complete some ongoing training to keep their knowledge up to date. Team members work well together, and they feel comfortable raising concerns and providing feedback within the pharmacy.

Inspector's evidence

The pharmacy team included the RP, who was a locum pharmacist and three NVQ2 dispensers, one of whom was completing an NVQ3 pharmacy technician training programme. The pharmacy also employed another NVQ2 dispenser and a pharmacy apprentice who was completing a training course through a local college. The regular pharmacist had left the business the month prior to the inspection and the locum pharmacist was working several regular shifts throughout the month, to provide continuity while a replacement was recruited. The pharmacy was busy, but team members managed the workload effectively and worked well together. They were up to date on all dispensing and working ahead on some repeat dispensing. Planned leave was usually staggered to help ensure that appropriate staffing levels were maintained. The pharmacy was one of three pharmacies in the local area under the same ownership. Cover for absences was arranged within the team, or with team members from the two other local branches. The directors of the company who own the pharmacy were both pharmacists. They did not usually work as the RP in the pharmacies so that they could provide additional support if needed. One of the directors also explained that they were trying to recruit another dispenser, to provide further flexibility within the business.

Pharmacy team members had completed some training modules as part of the pharmacy quality payments system. Access to some additional training provided through a pharmacy contractor support organisation was also available and team members completed this on an ad hoc basis. Training certificates were retained for any modules that had been completed. Team members said that time was sometimes provided within working hours to complete training and the trainee pharmacy technician also received some protected training time. Pharmacy team members received feedback on an ongoing basis and had the opportunity to speak with the company directors about their development on an ongoing basis. However, records of this were no longer kept, so the pharmacy may not always be able to show how team members learn and improve their knowledge and skills.

There was an open culture in the pharmacy and members of the team worked well together and were happy to approach the pharmacist and company directors with any concerns. The pharmacy also had a whistleblowing policy. The company director confirmed that there were no targets in place for professional services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. It has a private consultation room so the pharmacy team members can offer people the opportunity to have a confidential conversation.

Inspector's evidence

The pharmacy was generally well maintained, appropriately sized and clean. It had defined workstations to assist with the workflow and the temperature and lighting were appropriately controlled. Team members had access to a WC with appropriate handwashing facilities.

The pharmacy had a consultation room which was clearly signposted. The room was generally suitably maintained and had a desk and seating to allow for private and confidential discussions.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy suitably manages its services, so people receive appropriate care. It gets its medicines from licensed suppliers and team members complete checks to make sure medicines are in suitable condition for supply. But these checks are not always recorded so the pharmacy may not always be able to demonstrate that medicines are being suitably stored. And it could take greater care when making checks on private prescriptions.

Inspector's evidence

The pharmacy had step free access from the main street. It had a manual door, but this was visible from the medicine counter, so people who needed assistance could be identified. The pharmacy's opening hours were displayed at the entrance, as was a copy of the pharmacy practice leaflet. Some of the pharmacy's team members were also bilingual, speaking languages including Punjabi, which was a common first language for some patients in the local area.

Prescriptions were separated into baskets, to help prevent them from being mixed up. And team members signed dispensed by and checked by boxes on dispensing labels as an audit trail. The pharmacy used stickers to identify prescriptions for high-risk medicines which required additional monitoring. But they did not keep records of monitoring parameters as an audit trail. The pharmacist explained the concerns around prescriptions for valproate-based medicines for people who may become pregnant. The pharmacist was aware of the prescribing issues and explained how affected patients would be identified and counselled. The pharmacy also had access to the relevant warning and education materials. Stickers were also used to identify prescriptions for controlled drugs to help make sure that supplies were made within the valid expiry date.

Pharmacy team records kept audit trails for repeat prescription requests and people prescribed bulk and 'when required' medicines were encouraged to contact the pharmacy to help prevent over ordering. A separate audit trail was also maintained for prescriptions which were on repeat dispensing. The pharmacy used an online platform to manage the delivery service. Signatures confirming delivery were obtained for CDs, but not for standard deliveries, so an audit trail may not always be available in the event of a query.

The pharmacy had recently supplied a small number of medicines against some private prescriptions issued by a GP who was providing a private weight loss clinic. It was unclear whether the signature on the prescription form met the requirements within the Human Medicines Regulations 2012. A company director agreed to review this with the GP and rectify it moving forward.

The pharmacy offered a minor ailments scheme and team members had completed training on this. Information was available confirming the medications which could be supplied as part of the service and stock medicines were segregated in a dedicated area.

Medicines were obtained from licensed wholesalers and unlicensed medicines were sourced from a

specials manufacturer. Team members completed date checks of stock medicines. They highlighted short, dated medicines, which were also recorded and removed from the shelves prior to their expiry date. No expired medicines were identified during random checks of the dispensary shelves. Liquid medicines also recorded the date of first opening. Expired and returned medicines were stored in suitable medicines waste bins.

CDs were stored appropriately, and random balance checks were found to be correct. The pharmacy had two refrigerators which were fitted with maximum and minimum thermometers. Each were within the recommended temperature range, but there were multiple gaps in fridge temperature records, so the pharmacy may not always be able to show that medicines are being suitably stored. The pharmacy received alerts for the recall of faulty medicines and medical devices via email, but an audit trail was not maintained confirming the action taken in response.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Pharmacy team members have access to the equipment they need for the services they provide. And they maintain the equipment so that it is safe to use.

Inspector's evidence

Pharmacy team members had access to reference materials including the British National Formulary (BNF) and the Drug Tariff. Internet access was also available for additional resources. There was a selection of clean and well-maintained British Standard and Crown marked measure. Separate measures were marked for use with CDs. Counting triangles for tablets were also available.

Electrical equipment appeared to be in working order. Computers were password protected, and all screens were placed out of view, to help protect people's privacy. Cordless phones were also available to enable conversations to be taken 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.