

Registered pharmacy inspection report

Pharmacy Name: Anderson Chemist, 311 Dudley Road, Fighting Cocks, WOLVERHAMPTON, West Midlands, WV2 3JY

Pharmacy reference: 1038589

Type of pharmacy: Community

Date of inspection: 06/08/2020

Pharmacy context

This is a family-owned community pharmacy, located on a busy main road in Wolverhampton. It dispenses NHS prescriptions and sells a range of over-the-counter medicines. The pharmacy provides medicines in multi-compartment compliance aid packs, to help make sure that people take their medicines at the correct time. And it offers several other NHS services including the New Medicine Service (NMS) and a local minor ailments scheme. A substance misuse treatment service is also available. The inspection took place during the Covid-19 pandemic.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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 suitably manages the risks associated with its services. It maintains the records it needs to by law and keeps people's private information safe. Its team members are clear about their roles and responsibilities and they understand how to escalate concerns to protect the wellbeing of vulnerable people.

Inspector's evidence

Standard operating procedures (SOPs) covering operational tasks and activities were available, but these were last reviewed in early 2018, so they may not always reflect current practice. Some members of the team, including the regular locum pharmacist, had not signed the procedures to confirm their acknowledgement and understanding. But throughout the inspection, team members demonstrated a clear understanding of their roles and responsibilities. And a trainee dispenser was also able to discuss the activities which were permissible in the absence of a responsible pharmacist (RP). Following the inspection, the superintendent pharmacist confirmed that professional indemnity insurance covering pharmacy services was provided through the National Pharmacy Association (NPA) and was valid until July 2021.

The pharmacy had a near miss record which contained several entries. A dispenser discussed some shelf-edge labels which were intended to encourage additional care with stock selection. These had been put in place following a near miss review by the non-pharmacist manager. However, records of these reviews were not maintained, so the team may not always be able to show what they have learnt. The locum pharmacist discussed the information that she would capture in response to a dispensing incident, but she was not familiar with the pharmacy's incident reporting process. A procedure which explained how dispensing incidents were managed was available in the SOP folder. The pharmacist said that she had not been made aware of any dispensing incidents during her time working in the pharmacy.

The team discussed their business continuity plans in light of the ongoing Covid-19 pandemic. They were unaware of any formal plans but explained some of the procedures they would follow, including the arrangements for staffing cover in the event of unplanned absences, such as a team member being required to self-isolate. Personal protective equipment (PPE) was available to team members but it was not always worn. Team members stated that this was personal choice and they aimed to practice social distancing by having separate workstations in the dispensary. Due to the nature of dispensing activities, at times, team members worked in close proximity, for example when resolving queries. The pharmacy team had not completed individual risk assessments in line with NHS guidance, so they might not always fully understand the level of risk each team member has. The inspector advised that risk assessments be completed at the earliest opportunity in line with Public Health England (PHE) guidance.

A notice explaining the pharmacy's complaint procedure was displayed at the medicine counter. The pharmacy participated in a community pharmacy patient questionnaire (CPPQ) and also had a suggestions box. This was usually available on the medicine counter but it was not accessible on the day

due to recently introduced Covid-19 infection control measures. Team members said that previous use of the box was limited, but a note with positive feedback was found in the box on the day.

The correct RP notice was conspicuously displayed. The RP log was generally in order, but it contained two incomplete entries for 27 and 29 June; missing entries could cause ambiguity in the event of a query. Controlled drug (CD) registers kept a running balance and some balance checks were carried out. Destructions of patient returned CDs were signed and witnessed. Specials procurement records were available, but entries checked did not always contain a complete audit trail from source to supply. So the pharmacy may not always be able to explain the circumstances of these supplies. Records for private prescriptions and emergency supplies were held electronically. A complete copy of the private prescription register could not be viewed on the day, due to an IT issue, but the pharmacist agreed to make sure this was rectified.

The pharmacy had several information governance procedures. Team members discussed how they would ensure people's private information was kept safe and demonstrated an understanding of the types of information that required confidential disposal. Confidential waste was segregated and placed in a separate bin, which was taken by the driver for suitable disposal at another branch. NHS smartcards were used appropriately and these were secured when not in use. Completed prescriptions were stored out of public view.

The locum pharmacist had completed safeguarding training through the Centre for Pharmacy Postgraduate Education (CPPE), and a safeguarding procedure was in place. Team members had not received any safeguarding training, but through discussion they demonstrated an awareness of some of the types of concerning behaviours which might be identified. The pharmacist said that she would identify the contact details of local safeguarding agencies using the internet, should she need to escalate a concern.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage the workload. Team members support one another well and they complete some ongoing training to keep their knowledge up to date. But they do not always get regular, structured feedback so they may not always be able to show how they identify and address gaps in their knowledge.

Inspector's evidence

On the day of the inspection a regular locum pharmacist was working alongside two qualified dispensers and a trainee dispenser. The pharmacy also employed two additional part-time dispensers, one of whom was the non-pharmacist manager, and a regular delivery driver. The team managed the workload adequately and the non-pharmacist manager reviewed leave requests, to help maintain sufficient staffing levels.

Team members were trained using NPA accredited courses and their certificates were displayed in the dispensary. The trainee dispenser, who had begun employment at the beginning of the pandemic had not yet been enrolled on an appropriate training course in line with GPhC guidance. Following the inspection, the superintendent pharmacist confirmed that the trainee had been employed on a temporary basis to assist with the workload pressures experienced during the pandemic. He said that the trainee worked under supervision of the responsible pharmacist and he confirmed that the trainee would very shortly be leaving his role, to continue his further education. During the inspection, the team members present were reminded that team members should be enrolled on training courses within the required timeframe. Team members completed ongoing training on an ad hoc basis to help keep their skills up to date. Some examples of previous ongoing training included the completion of a 'Dry January' e-Learning module. Certificates for this module, along with any others completed were filed in a training folder. No formal development reviews took place, but team members were comfortable to discuss any ongoing learning needs with management. Pharmacy team members were observed to work within their competence and a dispenser discussed the questions she would ask to help make sure that sales of medication were safe and appropriate. She identified several medications which may be susceptible to abuse and explained how frequent requests for these medications would be managed, which included a referral to the pharmacist.

The team supported one another well to effectively manage the workload. They were happy to raise concerns and provide feedback to the pharmacy owner and the non-pharmacist manager and held team meetings to discuss any changes, as required. The pharmacist was not aware of any formal targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and tidy and provides a suitable environment for the delivery of healthcare services. It has a consultation room to enable it to provide members of the public with access to an area for private and confidential discussions.

Inspector's evidence

The pharmacy was generally clean and tidy and in a good state of repair. There was adequate lighting throughout, and air conditioning maintained a temperature appropriate for medicine storage. The pharmacy team completed cleaning duties on an ad hoc basis throughout the day and the pharmacy owner arranged for any necessary repair work.

The retail area stocked a suitable range of goods and the floor space was free from obstructions. At the time of the inspection, due to the Covid-19 pandemic, access to the retail area was limited to two people at a time. Further Covid-19 information was displayed at the pharmacy entrance including a request for all patients to wear a face covering. The pharmacy had a consultation room which was clearly signposted and appropriately maintained. A blind was fitted to the glass front to afford additional privacy to those using the room.

The dispensary was adequately sized for the current workload and work benches were free from unnecessary clutter. There was a separate sink for medicines preparation and additional storage areas were also suitably maintained

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are generally accessible and suitably managed, so people receive appropriate care. The pharmacy sources and stores its medicines appropriately and team members carry out some checks to help make sure they are fit for supply.

Inspector's evidence

The pharmacy entrance had a single step and an automatic door had recently been installed to assist with entry. A ramp facility was not available, but a bell was fitted to the front entrance and could be used by people who required additional assistance. The PMR system could also produce large-print labels to aid people with visual impairment. Several members of the pharmacy team were bilingual and were heard to regularly use these skills to converse with patients and help provide effective counselling and resolve queries. The pharmacy opening hours were listed at the front entrance and there was limited advertisement of pharmacy services. A practice leaflet was not available on the day. Some health promotion literature was displayed in the retail area and further information to support signposting was available in a folder in the dispensary.

Prescriptions were dispensed using baskets to keep them separate and reduce the risk of medicines being mixed up. An audit trail for dispensing was recorded on dispensing labels. Pharmacy team members used a stamp to mark prescriptions for CDs to help ensure that supplies were made within a valid 28-day expiry date. But prescriptions for other high-risk medicines were not always identified. So, some people may not always get all the information they need about their medicines. The pharmacist discussed the supply of valproate-based medicines to people who may become pregnant. Resources including alert cards and patient guides were available and the pharmacist understood when these should be supplied.

The pharmacy kept records of repeat prescription requests that were sent off and received back from the GP surgery. Additional records were also maintained for people who received their medicines in multi-compartment compliance aid packs. A master list of medications was held for each patient, and this was updated with the details of any changes to medicines. Medications were picked against the prescription and were checked by the pharmacist, who placed a card in the basket, to indicate that the compliance aid pack could be assembled. The pharmacist then provided a further check once the compliance aid pack had been dispensed. Completed compliance packs contained patient identifying details and descriptions of individual medicines. Patient leaflets were also supplied. The delivery process had been amended during the Covid-19 pandemic so that delivery drivers signed to confirm the delivery of medication. Medications from failed deliveries were returned to the pharmacy.

Stock medicines were sourced from reputable wholesalers and specials from a licensed manufacturer. Stock medications were organised, and the team kept date checking records and highlighted short dated stock. No out-of-date stock was identified from random samples on the day. Obsolete medicines were placed in pharmaceutical waste bins. The pharmacy was not compliant with requirements as part of the European Falsified Medicines Directive (FMD). Alerts for the recall of faulty medicines and

medical devices were received electronically. An audit trail of alerts was maintained, but in the recent absence of a regular team member, this had not been kept up to date. The email system indicated that some recent alerts had not yet been read. The team agreed to review this at the conclusion of the inspection and action any relevant alerts. A recently received class two (action within 48 hours) alert for Clexane 40mg syringes, although not read, was still within the 48-hour timeframe for action at the time of the inspection.

The pharmacy fridge had a maximum and minimum thermometer. The temperature was checked and recorded daily and was within the recommended temperature range. CDs were appropriately secured and out of date and returned CDs were segregated from stock. Random balance checks were found to be correct and a CD denaturing kit was available.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy had access to paper-based reference materials and internet access supported additional research. Several crown-stamped glass measures were available, with separate measures marked for use with CDs. The counting triangles were clean and a separate one was clearly marked and segregated for use with cytotoxic medicines.

Electrical equipment was suitably maintained, and all computer systems were password protected. Computer screens were positioned out of public view and a cordless phone was available to enable conversations to take place in private, if required. The pharmacy had recently installed a Perspex screen at the medicine counter as an additional infection control measure in response to the Covid-19 pandemic. The team also had access to PPE equipment including face masks and visors.

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.