

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: 11/07/2023

Pharmacy context

This community pharmacy is located within a parade of shops on a busy main road in Wolverhampton. It dispenses prescriptions and it sells medicines over the counter. The pharmacy offers additional services including the NHS Community Urgent Eyecare Service, a minor ailments scheme and a substance misuse service. The pharmacy provides some medicines in multi compartment compliance aid packs to help make sure people take their medicines at the right time.

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

Overall, the pharmacy identifies and manages risks adequately. Its team members understand how to keep people's private information safe and raise concerns to protect the wellbeing of vulnerable people. But the pharmacy's written procedures are not up to date, which means team members may not always work effectively. And they do not always record their mistakes, so they may miss some opportunities to learn and improve. The pharmacy keeps the records it needs to by law, but information is sometimes missing or inaccurate, so team members may not always be able to show what has happened in the event of a query.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) covering operational tasks and activities. The procedures were not initially available however, they were swiftly returned to the pharmacy. The SOPs were being reviewed. Many of the procedures were outdated and contained inaccurate information which did not always reflect current practice. SOP logs had been signed by some team members to confirm their acknowledgement and understanding. Other team members explained they had started their employment at another nearby branch and had read and signed the SOPs there. Through discussion team members demonstrated an understanding of their roles. A dispenser explained the activities which could and could not take place in the absence of a responsible pharmacist (RP). The pharmacy had professional indemnity insurance and a certificate displayed was valid until the end of July 2023.

There was a near miss log in place, but the last entry had been recorded in April 2023. Entries generally stated the member of the pharmacy team, the date and the medication involved, but other information was limited. For example, one entry recorded atorvastatin 20mg and atorvastatin 40mg, but it was unclear whether this was a labelling error or picking error. The details of any contributing factors or actions taken in response were not documented. The pharmacist explained the actions that she would take in response to a dispensing incident, including completing an investigation to establish what had happened, but she was unsure where to record incidents. The pharmacy had an SOP to support error reporting.

People using pharmacy services could provide feedback verbally and also online reviews. A notice explaining how complaints could be raised was displayed near to the medicine counter and a dispenser reported that any concerns were referred to the pharmacist.

The correct RP notice was clearly displayed near to the medicine counter. The RP log was not technically compliant as it contained two missing entries. Private prescription records did not always state the details of the prescriber, and records for unlicensed specials did not provide an audit trail from source to supply. The pharmacy CD registers kept a running balance and there was a patient returns CD register, but some record keeping issues were identified.

The pharmacy had several information governance procedures, but they were overdue for review, so it was unclear if they contained the most up to date and relevant information. A dispenser explained that she had previously received some training on data protection and confidentiality, and she explained

how the pharmacy team kept people's information safe. This included segregating confidential waste which was then removed by a contractor for appropriate disposal and storing completed prescriptions out of public view. Some team members did not have their own NHS Smartcard, but paper application forms were being completed so they could obtain them.

The pharmacist had completed safeguarding training. She discussed the types of concerns that might be identified, and she could access the contact details of local safeguarding agencies if she needed to.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members feel comfortable raising concerns and providing feedback on pharmacy services, and they work in an open environment. But the pharmacy does not have a structured approach to training, so it may not always be able to show how team members keep their knowledge and skills up to date.

Inspector's evidence

The pharmacy team comprised of the regular pharmacist and four dispensers. This was the usual staffing level and the pharmacy's workload was manageable. Leave was generally planned in advance and team members from another nearby branch provided additional support as needed.

Two dispensers at the pharmacy had not been enrolled on suitable training programmes, despite having worked at the pharmacy for more than three months. Evidence was provided of both team members being enrolled on a suitable programme immediately following the inspection. There were limited ongoing learning and development opportunities in the pharmacy and team members explained that they had not received a recent development review.

Pharmacy team members discussed the sale of over-the-counter medicines. A dispenser explained the questions that she would ask to help make sure sales of medicines were safe and appropriate. The pharmacy kept some higher-risk medicines segregated to help monitor sales more carefully. The pharmacist explained that sales had previously been refused where there had been frequent requests made for the same medication.

There was an open environment in the pharmacy and team members were happy to approach the pharmacist and the manager with any feedback or concerns that they may have.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is appropriately maintained and provides a suitable environment for the delivery of healthcare services. It has a consultation room so people can speak to members of the pharmacy team in private.

Inspector's evidence

The pharmacy was in a suitable state of repair. There was adequate lighting throughout the premises and the ambient temperature was appropriately maintained using air conditioning. Team members had access to tearoom facilities and a WC which was equipped with appropriate handwashing materials. Any maintenance issues were escalated to the pharmacy manager.

The retail area was generally tidy and stocked a range of goods which were appropriate for a healthcare-based business. The pharmacy had a consultation room which was clearly signposted. A blind was fitted to the glass door to afford additional privacy and a desk and seating were available to enable consultations to take place in private. There were several tote boxes being stored in the room during the inspection. The pharmacist explained that these would be removed should the room need to be used.

The dispensary was suitably sized for the current volume of work. There were large workbenches and separate designated areas for dispensing and checking. Storage areas upstairs in the premises were disorganised and the large number of boxes being stored created a potential trip hazard.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are suitably managed so that people receive appropriate care. But it does not always identify people taking higher risk medicines, so the team may miss opportunities to provide them with further counselling and advice. The pharmacy gets its medicines from licensed suppliers and team members complete some checks to help make sure that medicines are in suitable condition and fit for supply.

Inspector's evidence

The pharmacy was accessed by a single step from the main street. The main entrance was visible from the medicine counter so people who needed assistance could be identified, and automatic doors were fitted. The pharmacy advertised some of its services and a limited range of health promotion materials were displayed in the retail area. The pharmacy had a signposting SOP to help support people who needed to access other services.

Prescriptions were dispensed using baskets in order to keep them separate and reduce the risk of medicines being mixed up. Team members signed dispensed by and checked by boxes as an audit trail to identify those involved in the dispensing process. A team member explained the procedure for medication, which was owing, when the full quantity could not be immediately provided to a patient. This included the supply of an owing slip to the patient, which was presented when collecting the remaining amount. The pharmacy highlighted and separated prescriptions for CDs to help make sure that supplies were made within the valid 28-day expiry date. But prescriptions for high-risk medicines were not routinely highlighted. The pharmacist was aware of the risks of using valproate-based medicines in people who may become pregnant. She explained the steps she would take to ensure a supply was appropriate. And the pharmacy had additional patient alert cards and guides to provide with any supplies made. Team members were unable to locate the warning stickers used to over label the medicine container when valproate was packed down out of its original container and they agreed to obtain these.

The pharmacy supplied some medicines in multi compartment compliance aid packs. A four-week assembly cycle was in operation and a clear audit trail was maintained for each part of the process. Each patient had a master record of their medicines, which was updated to reflect any changes. The pharmacist clinically checked prescriptions and that the correct stock had been selected before the compliance packs were assembled. Assembled packs were then checked by a second dispenser and the pharmacist. Dispensing labels were signed as an audit trail. Completed packs had a patient identifying label, descriptions were included to enable individual medicines to be identified and patient leaflets were supplied. However, the backing sheet did not always print the necessary medication warning labels, so people may not always have all the information they need to take their medicines appropriately. The delivery driver kept a record of who accepted the delivery of any medicines, and any unsuccessful deliveries were returned to the pharmacy.

The pharmacy sourced its medicines from licensed wholesalers and specials from a licensed manufacturer. Medicines were stored in an organised manner, in the original packaging provided by the manufacturer. The pharmacy team members completed date checking and examples were seen where

short-dated medicines had been highlighted. Two expired medicines were identified during random checks of the dispensary shelves. These were placed in suitable medicines waste bins. The pharmacy received and actioned alerts for the recall of faulty medicines and medical devices.

The pharmacy had a fridge which was fitted with a maximum and minimum thermometer. The fridge was within the recommended temperature range, but there were occasional gaps in the temperature record log, so the pharmacy may not always be able to demonstrate that medicines were being suitably stored. CDs were stored appropriately.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy had access to the British National Formulary (BNF) and BNF for children. Internet access was also available to support further research. There was a range of clean glass Crown stamped liquid measures, with separate measures reserved for use with methadone. Counting triangles for tablets were also available.

Electrical equipment appeared to be in working order. The pharmacy computer systems were password protected and screens faced away from public view to help protect privacy. 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.