

Registered pharmacy inspection report

Pharmacy Name: Crest Pharmacy - Alfred Squire, 58 High Street,
Wednesfield, WOLVERHAMPTON, West Midlands, WV11 1SZ

Pharmacy reference: 1038601

Type of pharmacy: Community

Date of inspection: 18/03/2024

Pharmacy context

This community pharmacy is located on the main High Street in Wednesfield town centre. It dispenses prescriptions and sells medicines over the counter. The pharmacy also provides additional services including the NHS Pharmacy First service, a local minor ailments scheme and emergency hormonal contraception. A substance misuse service is also available. The pharmacy supplies some medicines in multi-compartment compliance packs to help make sure people take their medicines at the right time. The pharmacy changed ownership in October 2023.

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

Pharmacy team members generally understand their roles and responsibilities and how to keep people's private information safe. But they are not familiar with all of the procedures covering the tasks and activities they complete. So, they may not always work as effectively as they could. And they do not routinely record their mistakes, which means they may miss some learning opportunities. The pharmacy keeps the records it needs to by law, but information is sometimes missing. This means that 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) available. The procedures defined the roles and responsibilities of pharmacy team members, but they did not cover all of the tasks and activities within the pharmacy. The responsible pharmacist (RP) sourced the missing SOPs and assigned them to the online account of individual team members. He agreed to review the procedures to reflect local practices and get team members to read them as a priority. Through discussion team members were generally aware of their roles and responsibilities. But team members were not always clear about whether completed prescriptions could be collected in the absence of an RP. The RP confirmed that he did not leave the pharmacy and agreed to review the RP regulations with team members. The pharmacy had professional indemnity insurance and a certificate provided by the RP was valid until October 2024.

The RP explained that he reported and investigated dispensing incidents when they happened, and the learning points from a recent dispensing incident were discussed. This had been reported in line with the pharmacy's processes. Near misses were discussed at the time of the event. However, records of near misses were not maintained, so underlying patterns and trends might not always be detected.

People using the pharmacy's services could provide feedback verbally. Concerns and feedback were referred to the pharmacist. Team members explained the steps they planned to take in response to some recent feedback about the retail area looking sparse with low stock levels.

The incorrect RP notice was displayed. This was corrected when highlighted to the RP. A sample portion of the RP log which was reviewed had a few missing entries and there were two entries where the time RP duties ceased had not been recorded. So it may not always be possible to identify who was responsible for the safe and effective running of the pharmacy at a set point in time. The pharmacy kept records of supplies of private prescriptions, but the details of the prescriber were not always recorded. No unlicensed specials had been supplied since the pharmacy had changed ownership. Controlled drug (CD) registers kept a running balance and regular balance checks were completed.

Pharmacy team members had an awareness of confidentiality. They had their own NHS Smartcards and explained how they kept people's information safe. Confidential waste was separated and removed by an external contractor for disposal. A small number of unused bag labels were identified in a standard

waste bin. These were immediately removed and placed for suitable disposal. The pharmacist had completed safeguarding training and the contact details of local safeguarding agencies were accessible.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members manage the dispensing workload effectively and they can raise concerns and provide feedback. But training within the pharmacy is limited. So, it may not always be able to show how its team members keep their knowledge and skills up to date.

Inspector's evidence

The pharmacy team comprised of the RP, who was also the superintendent pharmacist, and two trainee dispensers. Team members absence was planned in advance to help ensure that a suitable staffing level was maintained. The team managed the current volume of dispensing effectively.

The RP confirmed that the two trainees had been enrolled on suitable training programmes. But there was no additional structured ongoing learning and development opportunities in the pharmacy and team members received limited feedback on their development. So, the pharmacy may not always be able to show how its team members keep their knowledge and skills up to date. The pharmacy team members were happy to approach the RP and the regular locum pharmacists with any concerns or feedback.

Team members discussed the sale of medicines. They identified several questions that they asked to help make sure sales were safe and appropriate. And they explained that sales for higher-risk medicines were monitored more closely to identify any repeated requests. Concerns were referred to the pharmacist and examples of this were seen during the inspection, where queries regarding potential interactions were escalated to the pharmacist.

Principle 3 - Premises ✓ Standards met

Summary findings

In general, the pharmacy provides a suitable space for the provision of pharmacy services. But there are areas where fixtures and fittings appear outdated, which detracts from the overall professional appearance. The pharmacy has a consultation room, so people can speak to members of the pharmacy team in private.

Inspector's evidence

The pharmacy was in a reasonable state of repair, but there were some interior fixtures and fittings which appeared outdated and were showing signs of wear and tear. This detracted from the overall appearance. There was adequate lighting throughout and the ambient room temperature was suitably maintained. Pharmacy team members had access to WC facilities and there were appropriate handwashing materials available.

There was a retail area which stocked a small range of goods which were suitable for a healthcare-based business. Pharmacy medicines were secured behind the medicine counter. Off the retail area was a consultation room, which had a desk and seating to enable private and confidential discussions.

The dispensary was suitably sized for the current volume of dispensing and there were separate areas for dispensing and checking. To the rear of the dispensary was additional storage space and a separate dispensing area where multi-compartment compliance packs were assembled.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy gets its medicines from licensed wholesalers. And team members complete some checks to help make sure that medicines are fit for supply. But they do not always keep proper records of checks for refrigerated medicines and so they may not always be able to demonstrate that they are suitably stored. The pharmacy's services are generally organised, but it does not always provide people who receive their medicines in multi-compartment compliance packs with all the information they need to take their medicines safely.

Inspector's evidence

The pharmacy had a step free entrance from the main High Street and to the rear from the local GP surgery. There was a limited number of promotional materials which advertised the services available from the pharmacy. Additional health promotion materials were also displayed.

Prescriptions were dispensed using baskets to keep them separate and reduce the risk of medicines being mixed up. Baskets were colour coded to help prioritise the workload. Team members signed 'dispensed by' and 'checked by' boxes as an audit trail for dispensing. Prescriptions for higher-risk medicines were not routinely identified, so team members might miss opportunities to provide additional counselling to help make sure medicines are taken safely. Prescriptions for CDs were not always highlighted to help ensure that supplies were made within the valid 28-day expiry date, and three expired CD prescriptions were identified. These were removed from the shelves when highlighted.

The pharmacy ordered repeat medications for people who had their medicines in multi-compartment compliance packs and a diary was used to track the progress of prescriptions. Completed compliance packs did not have patient identifying labels on the front and backing sheets were not firmly affixed to the compliance pack, so they may be easily lost. Descriptions of individual medicines were not recorded, and no patient leaflets were supplied. So, some people may not be able to identify their medicines or have access to all the information they need about them. The pharmacy provided some compliance packs to a local nursing home. Team members at the nursing home provided pharmacy team members with a record of medicines which had been requested. Medicines were supplied in compliance packs, which were clearly labelled with patient details and the details of individual medicines. The delivery driver obtained signatures as confirmation of delivery. Names and addresses of other individuals were sometimes visible on the delivery sheet. The risk of this was discussed with the RP.

The RP had completed training for the NHS Pharmacy First service, and he had access to the patient group directives and clinical pathways for each of the conditions. A formulary was available to support the provision of a minor ailments service and team members were aware of the restrictions on how many times the service could be used within a calendar year.

The pharmacy sourced its medicines from licensed wholesalers and unlicensed specials from a specials

manufacturer. Medicines were stored on large shelving units in the original packaging provided by the manufacturer. Team members had completed some recent date checking and a record of short-dated medicines for the next few months had been recorded. One expired medicine was identified during random checks of the dispensary shelves. This was removed and placed in a suitable medicines waste bin. Alerts for the recall of faulty medicines and medical devices were received electronically, but an audit trail confirming the action taken in response to alerts was not being recorded. The pharmacist agreed to review this moving forward.

The pharmacy had two refrigerators which were both within the recommended temperature range. But records of fridge temperatures were not routinely being maintained. The RP implemented fridge temperature logs during the inspection so that an audit trail could be maintained moving forward.

CDs were stored securely. Patient returned CDs were separated from stock and recorded in a log. A discrepancy was identified during two random balance checks. The RP confirmed that this was resolved immediately after the inspection.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy had access to a variety of reference materials and the internet was used to support further research. There was a range of approved glass liquid measures, with separate measures marked for use with CDs. Tablet counters were also available. Equipment required for the NHS Pharmacy First service such as an otoscope was also available. All the equipment seen was in a suitable state of repair.

Electrical equipment was in working order. Computer systems were all password protected and screens were positioned out of view. The pharmacy had a cordless phone 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.