

Registered pharmacy inspection report

Pharmacy Name: Lower Green Pharmacy, Pharmacy Department,
Lower Green Health Centre, Tettenhall, WOLVERHAMPTON, West
Midlands, WV6 9LL

Pharmacy reference: 1038604

Type of pharmacy: Community

Date of inspection: 13/06/2023

Pharmacy context

This pharmacy is situated within Lower Green Health Centre in Tettenhall, a village in Wolverhampton. People who use the pharmacy are from the local community and a home delivery service is available. The pharmacy dispenses NHS prescriptions, and it provides some other NHS funded services. The pharmacy team dispenses medicines into multi-compartment compliance packs for people to help make sure they remember to take them. The pharmacy changed ownership in May 2023.

Overall inspection outcome

Standards not all 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 not all met	1.1	Standard not met	The pharmacy does not have any standard operating procedures. And team members are unclear about some of the pharmacy's systems and processes which means they may not always work safely.
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 not all met

Summary findings

The pharmacy does not adequately manage the risks associated with its services. It does not have written procedures to help make sure the pharmacy team works safely. Members of the team discuss their mistakes so that they can learn from them, and they make changes to stop the same sort of mistakes from happening again. The pharmacy team members understand their role in supporting vulnerable people and keeping people's information safe.

Inspector's evidence

The pharmacy had been through a period of change in the months leading to the inspection. It had been owned by a large company since November 1993 and had been bought by a smaller local company in May 2023. The team explained some of the difficulties that they had faced in the lead up to the change of ownership, including difficulties obtaining stock which had led to a reduction in prescription items due to people choosing to obtain their prescriptions elsewhere.

A pharmacist manager who was experienced in the processes and procedures of the new company was working at the pharmacy for three days each week. The systems used by the new owners were different to the previous owner, so the pharmacist manager had adopted a 'step by step' approach to changes so the pharmacy team were not overwhelmed by making too many changes at once. The first change had been the introduction of a new pharmacy computer system (PMR) and the team were becoming more confident in using it.

The pharmacy did not have any standard operating procedures (SOPs). The new company had not supplied the team with any SOPs to read and work in accordance with. The pharmacy team had continued to work to the previous company's SOPs with some changes that had been introduced 'on-the-job'. This meant that the team members did not have any written instructions explaining how they should be working. And they could not be sure that they were working in accordance with the new company's procedures or following the processes that had been designed by the current superintendent. For example, the team did not have any written instructions on how often to date check the pharmacy stock, how to identify short-dated medicines, or where to record when date checking had taken place. This meant there was a risk that date checking could be overlooked and out-of-date medicines could be supplied or sold in error.

A near miss log was available and the current book had been in use since the change of ownership. Some near misses had been recorded, however, the pharmacist manager explained that it was too soon to have undertaken a meaningful near miss review. Dispensing errors were reported to one of the company directors.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A medicines counter assistant correctly answered hypothetical questions related to high-risk medicine sales and discussed how she managed requests for codeine containing medicines and sleep aids.

People could give feedback to the pharmacy team verbally or in writing. The pharmacy team tried to

resolve issues that were within their control and would involve one of the company's directors if they could not reach a solution. The pharmacist manager had spoken with the practice manager at the health centre as the pharmacy team was aware that people often gave the surgery team informal feedback about the pharmacy. The team felt this feedback was useful so it could address any negative comments and attempt to make positive changes. The main area that they had been addressing was ensuring that repeat prescriptions were ready and complete when people came to collect them. Several members of the pharmacy team had worked at the pharmacy for many years, and they appeared to have a good rapport with people that used the pharmacy regularly.

The pharmacy had up-to-date professional indemnity insurance. The Responsible Pharmacist (RP) notice was clearly displayed, and the RP log met requirements. Controlled drug (CD) registers were in order and two random balance checks matched the balances recorded in the register. Patient returned CDs were recorded in a register. Private prescription records were seen to comply with requirements. Specials records were maintained with an audit trail from source to supply.

Confidential waste was stored separately from general waste and destroyed securely offsite. The pharmacy team had their own NHS Smartcards and confirmed that passcodes were not shared. The pharmacist manager and pharmacy technician had completed level three training on safeguarding and the details of local safeguarding bodies were available.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage the workload and the services that it provides. The team members plan absences in advance, so the pharmacy always has enough cover to provide the services. They work well together in a supportive environment, and they can raise concerns and make suggestions.

Inspector's evidence

The pharmacy team comprised of the pharmacist manager (RP at the time of inspection), a pharmacy technician, a dispensing assistant, a level two apprentice, and a medicines counter assistant. A home delivery driver was available and was shared with another of the owner's pharmacies. The process for requesting annual leave had changed with the new ownership and any pre-authorised annual leave was being honoured. Any new requests were made to the pharmacist manager in advance and staffing rotas were reviewed to ensure there was sufficient cover. A pharmacy student worked across several of the new company's pharmacies, and they were currently working at the pharmacy in the afternoons to provide additional support. The new company had started to make arrangements for the apprentice to be enrolled on a level 2 pharmacy services apprenticeship course subject to background checks such as having GCSEs in maths and English, and a successful DBS check.

Pharmacy team members had completed some ongoing training and training needs were identified to align with seasonal events and the NHS Pharmacy Quality Scheme (PQS). The team members had received regular appraisals, but they were unsure of the process for ongoing training and performance reviews with the new company. The team discussed any pharmacy issues as they arose and held regular huddles within the dispensary during quieter times.

The pharmacy team worked well together during the inspection and team members were observed helping each other with tasks. The team members said that they could raise any concerns or suggestions with the pharmacist manager who they felt was responsive to feedback. Team members said that they had the contact details for the company directors and felt that they could contact them directly if they had any concerns. They said that they could contact the GPhC if they ever felt unable to raise an issue within the pharmacy. The pharmacist manager was observed making herself available throughout the inspection to discuss queries with people and giving advice when she handed out prescriptions, or with people on the telephone.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe and secure environment for people to receive healthcare services. The pharmacy team has access to a consultation room for services such as vaccinations, and if people want to have a conversation in private.

Inspector's evidence

The premises were smart in appearance and appeared to be well maintained. Any maintenance issues were reported to one of the directors. The dispensary was clean and tidy with no slip or trip hazards evident. The pharmacy was cleaned by pharmacy staff. Hot and cold running water, hand towels and hand soap were available.

The dispensary was an adequate size for the services provided and an efficient workflow was seen to be in place. Dispensing and checking activities took place on separate areas of the worktops.

There was a private soundproof consultation room which was clearly signposted. The consultation room was professional in appearance. The pharmacy had an air conditioning system which heated and cooled the pharmacy. The system regulated the air temperature to ensure it was within a suitable and comfortable range.

Cleaning was carried out by the pharmacy team. Prepared medicines were held securely within the pharmacy premises and pharmacy medicines were stored behind glass doors marked with 'ask for assistance' to prevent unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a range of healthcare services which are easy for people to access. It generally operates and supplies medicines safely. The pharmacy obtains its medicines from licensed suppliers, and it stores them securely. People receive appropriate advice about their medicines when collecting their prescriptions.

Inspector's evidence

The pharmacy was located within the health centre and there was step free access. A home delivery service was offered to people who could not easily access the pharmacy. The pharmacy staff referred people to local services when necessary. They used local knowledge and the internet to support signposting.

The pharmacy manager was accredited to offer a range of NHS commissioned services such as an extended minor ailment scheme that included the treatment of impetigo and urinary tract infections. She had been to a meeting with the practice manager at the health centre to explain the services and how people could be referred to the pharmacy if they requested an appointment at the surgery for one of the included conditions.

Items were dispensed into baskets to ensure prescriptions were not mixed up together. Staff signed the dispensed and checked boxes on medicine labels, so there was a dispensing audit trail for prescriptions. Notes and stickers were attached to medication when there was additional counselling required or extra items to be added to the bag. The team was aware of the risks associated with the use of valproate during pregnancy, and the need for additional counselling. Patient cards and some counselling materials was available.

Multi-compartment compliance packs were supplied to people in the community. Prescriptions were requested from the surgeries around two weeks in advance to allow for any missing items to be queried with the surgery ahead of the intended date of collection or delivery. A sample of dispensed compliance pack prescriptions were labelled with descriptions of medication. Prescription forms were submitted once the prescription had been dispensed and accuracy checked, rather than at the point of supply, which may not be appropriate if the prescriber made any further changes before the medication was supplied. There was a process in place for managing mid-cycle change requests which had been agreed with the health centre and the health centre provided a written change request to the pharmacy. The change request included the details of change, and the urgency. The change request forms, and various other notes were retained in the person's file for future reference. Comprehensive notes were made in each person's file to support a thorough and complete clinical check and patient history. Suitability assessment forms were available for new compliance pack requests; however, they were not used in practice and if people were referred from the surgery the pharmacy team supplied the packs without completing an assessment.

No out-of-date medication was found amongst stock during the inspection. The team were unsure of the new company's process for date checking or what records they were required to keep. A prescription only medicine (POM) was found in the shop area that had a price sticker attached, this was

removed during the inspection. Medicines were stored in an organised manner on the dispensary shelves. All medicines were observed being stored in their original packaging. Split liquid medicines with limited stability once they were opened were marked with a date of opening. Medicines were obtained from a range of licenced wholesalers. Patient returned medicines were stored separately from stock medicines in a designated area. Medicines were obtained from a range of licenced wholesalers. Drug recalls were received electronically.

The CD cabinet was secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. Fridge temperature records were maintained, and records showed that the pharmacy fridge was working within the required temperature range of 2° and 8° Celsius.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. And the team uses it in a way that keeps people's information safe.

Inspector's evidence

The pharmacy had access to a range of up-to-date reference sources, including the BNF and the children's BNF. Internet access was available. Patient records were stored electronically and there were enough terminals for the workload currently undertaken. A range of clean, crown stamped measures were available. Counting triangles were available. Computer screens were not visible to the public as members of the public were excluded from the dispensary. Cordless telephones were in use and staff were observed taking phone calls in the back part of the dispensary to prevent people using the pharmacy from overhearing.

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.