

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: 15/01/2024

Pharmacy context

This community pharmacy is located inside a medical 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 additional services including the NHS Community Pharmacy Consultation Service, emergency hormonal contraception and flu vaccinations. 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.

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

The pharmacy identifies and manages risks adequately. Its team members are clear about their roles, and they understand how to keep people's private information safe. The pharmacy keeps the records it needs to by law, but information is sometimes missing, 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) in place which had been reviewed within the last year. Pharmacy team members signed each procedure to confirm that they acknowledged and agreed to follow them. One dispenser, who was usually based at a nearby branch confirmed that she had read and signed the procedures there. Through discussion the pharmacy team members seemed clear about their roles and responsibilities. And a pharmacy apprentice clearly explained the activities which could not take place in the absence of a responsible pharmacist (RP). The pharmacy had professional indemnity insurance and a valid certificate was displayed.

The pharmacy had a near miss log available. The regular pharmacist, who worked three days each week, recorded the details of any near misses, but she was unsure whether all incidents were recorded in her absence. An element of under recording may mean that some underlying patterns and trends were not identified when near miss records were reviewed each month, and the team might miss opportunities to take action to help prevent any reoccurrences. Dispensing incidents were recorded and investigated, and the pharmacist explained the actions that had been taken in response to a recent incident.

People using pharmacy services could provide feedback verbally to team members. The pharmacy also gathered online reviews, which were monitored by the pharmacist. The pharmacist also sought feedback from the GP surgery via the practice manager to help identify any issues that may need addressing. Feedback from these meetings had generally been positive in nature.

The incorrect RP notice was initially displayed, but this was swiftly rectified by the pharmacist. The RP log was generally in order. Private prescription records were maintained, but the records sometimes contained the incorrect details of the prescriber, or lacked prescriber details completely, which may affect the integrity of the audit trail and make queries more difficult to resolve. Records for the supply of unlicensed specials were in order. Controlled drug (CD) registers kept a running balance, but balances were not audited as frequently as they should be. Patient returned CDs were recorded in a designated register.

Pharmacy team members had an understanding of confidentiality. The pharmacist explained that she had discussed issues, such as securely storing paperwork containing personal data with team members, and other matters were covered in the SOPs. Confidential waste was segregated and removed by an external contractor for suitable disposal. One team member, who was new in post had not yet got their

own NHS Smartcard. The pharmacist had completed safeguarding training and the contact details of local safeguarding agencies were accessible if needed.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members are suitably trained for their roles, or they are enrolled on appropriate training courses. They work together effectively to manage the workload. And they feel comfortable to raise concerns and provide feedback to the pharmacy's management team.

Inspector's evidence

The pharmacy team comprised of the regular pharmacist, a qualified dispenser and a pharmacy apprentice, who had been in post for approximately one month. The pharmacy had changed ownership in May 2023. The pharmacist explained that immediately after the change of ownership, there had been a brief period where some staffing changes had occurred. This had impacted on organisation and led to a period of additional pressure. But in recent months these issues had been resolved and the new team were managing the workload effectively. Leave was planned in advance and the dispenser produced staff rotas for this and the other nearby branch approximately two months in advance, so that suitable cover could be provided.

The pharmacy apprentice had been enrolled on a suitable training programme and had recently started the online learning classes as part of the course. Training time was provided for this. The pharmacy also employed another trainee dispenser who received some allocated training time. The pharmacist explained that she had been present at a recent training review with the trainee dispenser, so that she was aware of topics that were being covered and what progress was being made.

The pharmacy apprentice discussed the sale of medication within the pharmacy. He explained that as he was so new to the role, he generally referred all sales to the pharmacist for approval. He explained questions that he would ask in advance to gather information about the condition being treated, so that this information could be passed to the pharmacist. The apprentice was aware of restrictions on certain high-risk medicines, such as the three-day use restriction on sales of co-codamol.

There were three directors of the company that owned the pharmacy, and one director visited at least once per week to see how the team were managing. The pharmacy team members were happy to approach the directors and the pharmacist with any concerns or feedback that they had. There were no targets in place for professional services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is well maintained and provides an appropriate environment for the provision 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 well maintained, clean and tidy. There was appropriate lighting throughout and the ambient temperature was suitably maintained. There was a small retail space, and the pharmacy sold a limited range of goods which were suitable for a healthcare-based business. Pharmacy restricted medicines were secured in locked cabinets to help prevent self-selection.

Off the retail area was a consultation room. The room was compact but fitted with a desk and two chairs to enable private and confidential discussions. The dispensary had adequate space for the current dispensing workload. With separate areas used for dispensing and checking. Additional spaces included office space, a small storage area and a staff tearoom. Team members shared WC facilities with the medical centre. There were appropriate handwashing facilities available in the dispensary and tearoom areas.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are generally accessible and suitably managed so that people receive appropriate care. Pharmacy team members identify prescriptions for high-risk medicines to help make sure people receive additional counselling. The pharmacy gets its medicines from reputable sources and team members complete checks to help make sure medicine are fit for supply.

Inspector's evidence

The pharmacy was accessed via the waiting room in the medical centre. It was clearly signposted and the access to the building was step-free. There was a limited advertisement of services and health promotion materials were available. The pharmacist explained that since the change of ownership the primary focus had initially been organising the dispensing processes.

Prescriptions were dispensed using baskets, to help keep them separate and reduce the risk of medicines being mixed up. Baskets were colour coded to help prioritise the workload. Prescriptions for CDs were usually marked to help ensure that they were supplied within the valid 28-day expiry date, but an example was seen where this had not been done. This may increase the risk a supply could be made beyond the valid prescription expiry date. Stickers were available to identify prescriptions for high-risk medicines and the pharmacist explained the checks that she would make around supplies of medicines including warfarin and methotrexate. She was also aware of the updated guidance around the supply of valproate-based medicines.

The pharmacy ordered repeat medicines for people who received their medicines in compliance aid packs. A four-week schedule was in place and audit trails were maintained to help identify unreturned prescriptions. When returned, prescriptions were labelled and checked by the pharmacist, information regarding medicines that were supplied in the compliance aid pack were then input into an eMAR function and sent electronically to a dispensing hub, for the pack to be assembled. Patients had been advised that packs were being assembled at another branch of the pharmacy when the service changed and consent for this had been sought. Completed packs had the patient's name recorded on the front and descriptions of individual medicines were recorded. Each pack contained a QR code link to the electronic medicines' compendium, so that patient leaflets could be accessed.

The pharmacist had access to the relevant patient group directive (PGDs) for the supply of emergency hormonal contraception and a service which enabled the treatment of uncomplicated urinary tract infections (UTI). Protective equipment for handling samples including gloves was available, as were urine dipsticks. The pharmacist had also completed training for the administration of flu vaccinations. A certificate of training was seen and access to the PGD was available, along with a flu kit containing adrenaline and a sharps bin.

The pharmacy sourced its stock from a range of reputable wholesalers and unlicensed specials from a specials manufacturer. Stock was organised in drawers and on shelving units and was kept in the original packaging provided by the manufacturer. Team members completed date checking and a

recent check had been documented on a date checking matrix. Short-dated medicines were highlighted, and no expired medicines were identified during random checks of the dispensary shelves. Suitable medicines waste bins were available. Alerts for the recall of faulty medicines and medical devices were received via email. An audit trail was not routinely maintained, so the pharmacy may not always be able to demonstrate the action taken in response to alerts.

The pharmacy fridge was fitted with a maximum and minimum thermometer. The temperature was checked and recorded each day and it was within the recommended temperature range. CDs were suitably stored, and two random balance checks were found to be correct. CD denaturing kits were available.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment for the services it provides. The equipment is suitably maintained, and team members use it in a way that protects people's privacy.

Inspector's evidence

The pharmacy had access to reference materials including the British National Formulary (BNF). Internet access was also available for further research. There was a range of approved glass measures available, and the measures were clearly marked for use with different liquids including CDs. Tablet counters were also available, and the equipment seen appeared clean and suitably maintained.

Electrical equipment was in working order. Computer systems were password protected and screens faced away from public view. 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.