

# Registered pharmacy inspection report

**Pharmacy Name:** Low Hill Pharmacy, 8 Showell Circus, Low Hill,  
WOLVERHAMPTON, West Midlands, WV10 9BA

**Pharmacy reference:** 1038623

**Type of pharmacy:** Community

**Date of inspection:** 31/07/2019

## Pharmacy context

This is a community pharmacy located amongst several other retail units, in a residential area of Wolverhampton. The pharmacy dispenses prescriptions and sells a range of over-the-counter medicines. It provides several other NHS services including Medicines Use Reviews (MURs), the New Medicine Service (NMS) and the Pharmacy First Scheme. It also supplies medicines in multi-compartment compliance aid packs to help make sure that people take their medicines correctly.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy's working practices are safe and effective. It regularly asks people for feedback and uses this to make changes and improve practice. It keeps the records it needs to by law and explains how it uses, processes and protects personal data to keep people's private information safe. Pharmacy team members understand how to raise concerns to help protect vulnerable people. They follow written procedures to help make sure they complete tasks safely and regularly audit procedures to help identify further opportunities for improvement.

### Inspector's evidence

Standard operating procedures (SOPs) covering operational tasks and activities had been updated in May 2019. The latest procedures had been received into the branch approximately two weeks prior to the inspection. Team members were working through the procedures and signing to confirm that they had read, understood and agreed to them. The locum pharmacist had not yet completed this. The procedures defined staff responsibilities and through discussion and observations team members demonstrated an understanding of their roles, including the activities which could and could not take place in the absence of a responsible pharmacist (RP). Professional indemnity insurance covering pharmacy services was provided through the National Pharmacy Association (NPA).

Audits were conducted periodically to help make sure that procedures were being appropriately implemented. A copy of the audit was displayed in the dispensary as a prompt for staff. Any issues identified during an audit were rectified using an action plan.

Near miss entries were recorded using an electronic database, some records were seen but it was unclear whether all entries were captured. A dispenser reported that the pharmacist discussed any repeated issues or near miss trends with team members. Several actions that had been taken in response to trends were highlighted, including the use of shelf edge labels to encourage care with medication selection. The details of dispensing incidents were recorded and the learning points which had been identified from a recent incident were discussed.

The pharmacy had a complaint procedure and a notice which explained the ways in which concerns could be raised was displayed on the medicine counter. Survey cards were also available and provided an internet link through which people were able to provide feedback on pharmacy services. The team discussed some feedback on waiting times which had been highlighted following the implementation of the electronic prescription service (EPS). Action had been taken to ensure that people were more aware of the service and how long EPS processing may take. A poster advising people of the usual EPS turnaround time following repeat prescription ordering was displayed at the pharmacy entrance.

The correct RP notice was displayed near to the medicine counter. The RP log was in order and checks of other records including emergency supplies, private prescriptions and specials procurement records were compliant. Controlled drugs (CD) registers kept a running balance and regular checks were carried out. Patient returned CDs were recorded and previous destructions were signed and witnessed.

An information governance policy had been reviewed in 2017. The pharmacy team had also completed additional training on the General Data Protection Regulation (GDPR). A privacy notice was displayed on the door to the consultation room which explained how the pharmacy used and processed data. The team demonstrated an understanding of confidentiality and explained how they would protect people's privacy. Completed prescriptions were stored out of view and confidential waste was appropriately segregated for disposal, which was carried out by an external contractor. The team were in possession of their own NHS smartcards and appropriate use was seen on the day.

Pharmacy team members had completed safeguarding training. The pharmacy had a safeguarding procedure and additional guidance was displayed for staff reference in the dispensary. The team discussed some of the concerns that they might identify and explained how these would be managed. The contact details of local safeguarding agencies were accessible, if required. The pharmacy also had a chaperone policy and the relevant details were advertised on the door to the consultation room.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

Pharmacy team members have the right qualifications for their roles and they use their professional judgement to make decisions in the best interest of people using the pharmacy's services. They complete ongoing training and have regular reviews to identify and address any gaps in their knowledge. And they can raise concerns and provide feedback.

### Inspector's evidence

On the day of the inspection a locum pharmacist was working alongside a registered pharmacy technician, who held an accuracy checking qualification (ACT), and a trained dispenser. The team were one full-time staff member below the usual staffing level, due to planned leave. The team were observed to manage the workload adequately. There was a stack of approximately 20 prescriptions from the previous day waiting to be dispensed. The prescriptions had all been labelled and the relevant stock ordered, and the team assembled these prescriptions during the morning of the inspection, as well as completing other walk-in prescriptions and EPS downloads received on the day. There were restrictions on planned leave to help make sure that a sufficient staffing level was maintained. When cover was required this was usually arranged amongst the team and some relief cover was also available in the area.

Pharmacy team members were appropriately trained for their roles. Several sales were observed during the inspection, where team members used appropriate questioning to identify whether a sale was safe and suitable. The team demonstrated an understanding of some high-risk medications which may be susceptible to abuse and also discussed how a previous refusal of a sale was managed, following a referral to the pharmacist.

The pharmacy provided some ongoing training through an e-Learning portal. Modules which had previously been completed included child oral health and additional mandatory topics such as card payment system training. The ACT reported that other modules usually focussed on over-the-counter medicines and treatments. Records of online training were maintained as an audit trail. Where possible, team members also attended regional training events and the ACT completed additional training provided by the Centre for Pharmacy Postgraduate Education (CPPE). Protected learning time was not always provided during work hours. Staff development was assessed through annual appraisals, which reviewed targets from the previous year, discussed areas where team members were performing well and highlighted further goals and objectives for future improvements.

An open dialogue was observed amongst the pharmacy team, who explained that team members were comfortable in raising concerns or providing feedback to one another and to the regular pharmacy manager. The locum pharmacist reported that he would discuss any concerns he identified with team members directly. Team members could also provide feedback through an annual staff survey and a whistleblowing policy was in place to help people raise concerns anonymously, if required.

The locum pharmacist had not been made aware of any targets for professional services. He discussed the checks that he would carry out to make sure that any service provided was suitable and appropriate

for the patient.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a suitable environment for the provision of healthcare. It has a consultation room which enables it to provide members of the public with the opportunity to have confidential conversations.

### Inspector's evidence

The pharmacy premises including the external fascia was reasonably well maintained. The patient facing areas were generally clean and tidy. There were some rear storage areas which were showing some minor maintenance issues, such as peeling plaster and this may detract from the overall appearance of the premises. Maintenance issues were directed to head office, who arranged for any necessary repair works and team members were responsible for daily cleaning duties. There was adequate lighting throughout the premises and the ambient temperature was appropriate for the storage of medicines.

The retail area stocked a range of suitable goods for sale, health promotion literature was displayed, and a seating area was available for use by people less able to stand. The pharmacy had an enclosed consultation room which provided an area for private and confidential discussions. The room was clearly signposted and was used frequently throughout the inspection.

The dispensary had limited space, which could impact on overall organisation. But it had segregated areas for dispensing and checking and the pharmacy team utilised a separate dispensing area for the assembly of multi-compartment compliance aid packs, to create additional space. A separate sink available for medicines preparation was fitted with hot and cold running water and appropriate hand sanitiser. And additional storage areas and WC facilities were available.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are accessible to people with different needs and they are suitably managed so that people receive appropriate care. The pharmacy gets medicines from reputable sources and it carries out regular checks to make sure that medicines are suitable for supply.

### Inspector's evidence

The pharmacy had step-free access and a power assisted door. Additional adjustments could be made to assist people with disabilities, such as the use of large print labels for people with visual impairment. The opening hours of the pharmacy were listed at the main entrance and the pharmacy's services were advertised in a practice leaflet. A range of health promotion literature was available, alongside a health promotion zone, which was periodically changed to reflect public health campaigns. The pharmacy kept records of campaigns that had been conducted and had previously received positive feedback relating to a recent campaign. People who required other services and further advice were directed to other healthcare providers. Resources were available to support signposting and some previous signposting records had been maintained.

Prescriptions were dispensed using baskets, in order to keep them separate, prioritise the workload and reduce the risk of medicines being mixed up. Pharmacy team members signed 'dispensed' and 'checked' boxes as an audit trail. The pharmacy usually highlighted prescriptions for CDs to help make sure that supplies were made within a valid 28-day expiry date. One prescription for zopiclone was seen not to have been highlighted as it should be. The locum pharmacist discussed the actions that he would take to help make sure that people on high-risk medicines were effectively highlighted and counselled. The pharmacist was aware of the risks of the use of valproate-based medicines in people who may become pregnant and provided an appropriate response to a scenario posed to him. The pharmacy had access to the necessary safety literature on the day.

The pharmacy used a diary to track repeat prescription requests and copies of requests were kept so that any medication discrepancies could be identified and escalated. The pharmacy automatically ordered repeat prescriptions for people who received their medicines in multi-compartment compliance aid packs and several other more vulnerable patients. Patients were not contacted prior to ordering each month, which may mean that medication changes are not always identified and could lead to over ordering of some medicines. The pharmacy kept a master record of medications for any patient who received a multi-compartment compliance aid pack. The record kept an audit trail of any changes to medicines which the team were made aware of. Compliance aid packs had patient identifying labels, descriptions of individual medicines were present. But one example was seen where a description was inaccurate, so they may not always be updated as they should be. Patient leaflets were supplied. The packs were accuracy checked by the ACT after having been clinically checked by the pharmacist and dispensed by a colleague. But no audit trail was kept showing that a clinical check had taken place, which may mean that it is not always possible to identify that the prescription had received an appropriate clinical check by the pharmacist, prior to a supply being made.

A delivery application was used to manage home deliveries of medicines. A record of the days deliveries



was held electronically at the pharmacy and identified any deliveries with CDs or refrigerated medicines. This information was then available through a phone application on a designated phone used by the driver. The phone was password protected and was secured out of hours. Patients signed to confirm delivery and medicines from failed deliveries were returned to the pharmacy.

Stock medications were obtained from reputable sources and specials from a licensed manufacturer. Medications were stored in a reasonably organised manner and regular date checks were conducted. Short-dated medicines were highlighted and removed from the shelves and no out-of-date medicines were identified from random samples. Expired and returned medicines were disposed of using appropriate medicine waste bins, including a cytotoxic bin for hazardous materials. The pharmacy was in the process of implementing measures required by the European Falsified Medicines Directive (FMD). The team were aware of the requirements and the appropriate hardware and software had been installed. Procedures had been updated to include FMD processes and the team were beginning to scan relevant medicines but had experienced some difficulties with error messages and the production of some barcodes, which had been escalated to head office. Alerts for the recall of faulty medicines and medical devices were received via email. The team demonstrated how an alert received in the days prior to the inspection had been actioned and an audit trail was kept as a record of this.

CDs were stored appropriately, and random balance checks were found to be correct. Out-of-date CDs were clearly segregated from stock and CD denaturing kits were available. The pharmacy used a MethaMeasure device, which was calibrated each morning. A copy of the electronic register was printed and a balance checked was carried out each day. The pharmacy fridge had a maximum and minimum thermometer. It was within the recommended temperature range and the temperature was checked and recorded daily.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services. Its equipment is appropriately maintained and fit for purpose.

### Inspector's evidence

The pharmacy had access to several paper-based reference sources and internet access supported additional research. Its equipment was appropriately maintained, the crown-stamped and ISO approved measures were clean and separate measures were clearly marked for use with CDs. Counting triangles were available for loose tablets and a separate triangle was reserved for use with cytotoxic medicines.

Electrical equipment was in working order. Screens within the pharmacy were located out of view to help protect privacy and access to the system was password protected. A cordless phone was available to enable conversations to take place in private, if required.

### What do the summary findings for each principle mean?

Finding	Meaning
<span style="color: green;">✓</span> <b>Excellent practice</b>	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.
<span style="color: green;">✓</span> <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✓</span> <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.