

Registered pharmacy inspection report

Pharmacy Name: J Docter Ltd, 73 Stubby Lane, Wednesfield,
WOLVERHAMPTON, West Midlands, WV11 3NE

Pharmacy reference: 1038628

Type of pharmacy: Community

Date of inspection: 12/02/2024

Pharmacy context

This community pharmacy is located within a small parade of shops, in a residential area of Wednesfield. Most people who use the pharmacy are from the local area. It dispenses prescriptions and sells some medicines over the counter. The pharmacy offers additional services including Pharmacy First, blood pressure testing and flu vaccinations. A substance misuse service is also available. The pharmacy supplies some medicines in multi compartment compliance aid packs to help make sure people take their medicines at the right time.

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 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 not all met	4.3	Standard not met	The pharmacy cannot always demonstrate that it stores and manages medicines, including fridge lines and CDs, appropriately.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy keeps people's private information safe. Its team members follow procedures to help make sure they work safely. But some of the procedures have not been reviewed for more than two years, so they may not contain the most up to date information. And team members do not always record their mistakes, so some opportunities for learning may be missed. The pharmacy keeps the records it needs to by law, but information is sometimes missing or unclear 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) available. The procedures had last been reviewed in 2018 and some of the information contained in them was not the most up to date information available. The procedures defined the responsibilities of pharmacy team members and training sheets had been signed by some team members confirming their acknowledgement and understanding. A dispenser clearly explained the activities which could and could not be completed in the absence of a responsible pharmacist (RP). The pharmacy had professional indemnity insurance and a certificate seen was valid until January 2025.

Near misses were discussed with team members at the point they were identified. But records of near misses had not been maintained in recent months, so some underlying patterns and trends may not be detected. The RP explained the actions he would take if a dispensing incident was reported to the pharmacy. This included an apology and rectifying the incident. The RP reported that he would note the details of the incident on the patient medication record (PMR) system, but he was not aware of any recent incidents.

People using the pharmacy's services were able to provide feedback verbally and concerns were escalated to the pharmacist in charge or the superintendent pharmacist. The pharmacy had a formal complaint procedure in place.

An RP notice was displayed near to the medicine counter. The RP log contained a couple of recent entries where the time RP duties had ceased had not been recorded. So, it was not technically compliant. Records for supplies of private prescriptions were held electronically, but details the prescriber were not always recorded correctly. Records for the supply of unlicensed specials were in order. Controlled drug (CD) registers were generally in order, and they included a running balance.

Pharmacy team members had previously completed some training of data protection and confidentiality and they explained how people's information was kept safe in the pharmacy. Confidential waste was segregated and collected by an external contractor for suitable disposal. Most of the pharmacy's team members held their own NHS Smartcards, but a couple of team members were waiting for them to be allocated to the pharmacy. The team agreed to follow-up on this.

The RP had completed safeguarding training and the contact details of local safeguarding agencies were accessible. The pharmacy had a chaperone policy which was displayed at the entrance to the consultation room.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members are suitably trained for the jobs they do. And they feel comfortable raising concerns and providing feedback. The workload in the pharmacy is busy, which creates some pressure, and means that team members don't always have enough time to complete less urgent tasks. Team members get some feedback on their development, but ongoing learning opportunities are limited. So, the pharmacy may not always be able to show how it keeps team members' knowledge and skills up to date.

Inspector's evidence

The pharmacy team comprised of the RP who was the regular pharmacist, a second pharmacist who worked two days each week and three dispensers. The pharmacy was operating with three team members less than usual on the day, due to leave and unplanned sickness. Double pharmacist cover was usually provided on four days each week. The workload in the pharmacy was busy and it had increased in the last few months. The team were generally managing to stay up to date with dispensing, but the volume of dispensing meant that they found it harder to find time to complete some other less urgent tasks. Leave within the pharmacy was usually planned in advance. There were a few other local branches, who in exceptional circumstances could sometimes provide additional support.

Pharmacy team members were trained for their roles. They had previously completed some ongoing training through modules that had been provided by a pharmacy support organisation, as well as some courses required as part of an NHS Quality Payments Scheme. But no additional training had been completed recently. Appraisals were completed annually with the regular RP, but records of this were held off site at another branch.

A team member discussed the sale of medication from the pharmacy. She explained the questions that she would ask to help make sure sales were safe and appropriate. And she discussed some higher-risk medicines which may be subject to abuse and misuse. Concerns and queries were referred to the pharmacist and examples of this were witnessed during the inspection.

There was an open dialogue amongst the team. Team members were happy to approach the RP with any concerns or queries and the superintendent pharmacist was also contactable.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is generally in a suitable state of repair, but some of the interior fixtures and fittings in staff areas are worn and dated, which detracts from the overall appearance. There is a consultation room available so people can speak to pharmacy team members in private.

Inspector's evidence

The pharmacy was generally in a suitable state of repair, but some of the interior fixtures and fittings in the dispensary areas were showing signs of wear and tear, which detracted from the overall professional appearance. There was adequate lighting throughout the premises and the ambient temperature was appropriately maintained. Team members had access to WC facilities and suitable handwashing materials.

There was a retail area with several chairs available for use by people waiting for their medicines. A range of suitable goods was available for sale and pharmacy restricted medicines were secured behind the medicine counter. One pharmacy restricted lidocaine based teething gel was found in the retail area, this was immediately secured behind the medicine counter once identified. Off the retail area was a small consultation room, which contained a desk and seating to facilitate private and confidential discussions.

There were two rear areas used for dispensing. The space was adequate given the busy workload and the limited work bench space available. The team members managed to keep separate designated areas for dispensing and checking. Archived records had recently been sent to another branch for storage to try and create more space.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy cannot always demonstrate that it stores and manages medicines appropriately. In general, its pharmacy services are suitably managed. But it does not always identify people on high-risk medicines, so team members may miss some opportunities to provide further counselling and advice.

Inspector's evidence

The pharmacy was accessed via a small step from the street. There was a notice on the door asking people to call or knock if they required any assistance with entry and entrance door was clearly visible from the medicines counter, so anybody needing help could easily be identified. There was some advertisement of the pharmacy's services and other health promotion materials were displayed.

Prescriptions were dispensed using baskets, in order to keep them separate and reduce the risk of medicines being mixed up. Team members signed 'dispensed' and 'checked' boxes as an audit trail for dispensing. The pharmacy did not routinely identify prescriptions for high-risk medicines. Team members explained that if a person on a high-risk medicine such as warfarin called the pharmacy to request a prescription, then they would ask about monitoring, such as current INR levels at that point. The RP was aware of new guidance surrounding the supply of valproate-based medicines and said that this information had been cascaded to other team members. Prescriptions for CDs were highlighted to help ensure that supplies were made within the valid 28-day expiry date.

The pharmacy ordered some repeat prescriptions on behalf of patients. A module on the PMR system was used as an audit trail to help identify any unreturned requests. These were then followed-up by pharmacy team members with the relevant GP surgery. Medications for people who received their medicines in compliance aid packs were requested in the same way. And each patient had a master record of medications which was updated with the details of any changes. Prescriptions were labelled on the PMR system, and the information was then checked by the pharmacist and sent electronically to an off-site hub for dispensing. Completed compliance aid packs were returned to the pharmacy for supply to patients. Compliance aid packs contained patient details to the front, descriptions of medications and a QR code which linked to a website providing patient leaflets.

The pharmacist had completed training for the provision of the Pharmacy First service. A copy of each patient group directive (PGD) and clinical pathway was available for reference and records of supplies had been maintained. Team members had been trained for blood pressure testing and any concerns with readings were referred to the pharmacist.

Training had also been completed for the administration of vaccinations. The second pharmacist explained that this had been run as an appointment-based service. And a flu kit including adrenaline and a sharps bin was available.

The pharmacy sourced its stock from a variety of wholesalers and unlicensed specials from a specials manufacturer. Stock medicines were stored in the original packaging provided by the manufacturer, but there were some areas in the pharmacy where the shelves were unorganised with different strengths of medications being intermixed. This could increase the risk of a picking error. Pharmacy team members

explained that they completed some date checking and tried to highlight short-dated medicines, but no recent records of date checking had been maintained. Three expired medicines were identified during random checks of the dispensary. These were removed from the shelves and placed in medicines waste bins. Alerts for the recall of faulty medicines and medical devices were received via email. The system was checked daily but a class four alert from 30 January 2024 did not appear to have been read. And the pharmacy did not keep an audit trail as a record of the action taken in response to alerts that were received. The team agreed to review this moving forward and actioned the alert identified as being unread.

The pharmacy had three refrigerators, which were each fitted with a thermometer, and all were within the recommended temperature range. Temperature records for the refrigerators had not been kept since November 2023. CDs were stored securely but two CD balance discrepancies were identified. These were resolved by the pharmacist 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. Team members suitably maintain the equipment. And they use it in a way that protects people's privacy.

Inspector's evidence

The pharmacy had access to various reference materials and internet access to support additional research. There was a range of approved glass liquid measures, with separate measures clearly marked for use with different liquids. Tablet counters were also available with a separate counter marked for use with cytotoxic medications. The equipment appeared clean and suitably maintained.

Electrical equipment was in working order. Screens were located out of public view and the PMR system was password protected. Cordless phones were 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.