

# Registered pharmacy inspection report

**Pharmacy Name:** J. Docter, 295 Wood End Road, Wednesfield,  
WOLVERHAMPTON, West Midlands, WV11 1YQ

**Pharmacy reference:** 1038636

**Type of pharmacy:** Community

**Date of inspection:** 20/06/2019

## Pharmacy context

This is a community pharmacy in Wednesfield, in the suburbs of Wolverhampton. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. The pharmacy offers a prescription and collection service. Medicines are dispensed in multi-compartment compliance aids for a number of patients. A minor eye condition scheme (MECs) service and minor ailments are also offered. The regular pharmacist was present. The pharmacy is a pre-registration training site.

## Overall inspection outcome

✓ **Standards met**

**Required Action:** None

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## 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

Members of the pharmacy have written instructions to help them work safely and effectively. But some members of the team have not signed to show that they have read them. So they may not always know whether they are following the correct procedure. Members of the team record the mistakes that they make so that they can learn from them. The pharmacy keeps the records that are required by law.

### Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs). The SOPs specifically defined the roles and responsibilities for all the staff. Training records in the SOP folder had been signed by most members of the pharmacy team but not by one of the dispensers. So, it was unclear whether they knew what procedures they were expected to follow. A pre-registration pharmacist had recently started working in the pharmacy and was in the process of reading the SOPs.

The pharmacist said that any dispensing errors were recorded and reported to the superintendent pharmacist using a reporting form. Details of previous incidents were retained for reference. They were also reported to the National Reporting and Learning System (NRLS). A recent dispensing error involved the wrong quantity of medication being supplied. To avoid this happening again, split medicines were now clearly indicated with the packaging marked.

A near miss record was available. The pharmacist confirmed that individuals involved were always made aware when these occurred, near misses were discussed at the time they occurred and when any trends were identified. An example of a previous near miss involved an incorrect strength of citalopram. Staff explained that different strengths of this medicine had been separated in the dispensary to help avoid this happening again.

The pharmacist said that near misses and dispensing errors were reviewed on a monthly basis. Details were not documented but there was an annual safety report had been completed. This provided a summary of the incidents that had occurred over the course of the year.

A responsible pharmacist (RP) notice was displayed. When questioned, the medicines counter assistant was aware that she could not sell Pharmacy (P) medicines in the absence of the RP or hand out any dispensed medicines. A complaints procedure was in place.

There was a current professional indemnity insurance certificate available. The RP record was available and this was complete. The CD registers were in order and running balances were recorded and checked regularly. The pharmacy's other records such as those for emergency supplies, private prescriptions, unlicensed medicines and details of patient returned CDs were kept in line with requirements.

The pharmacist said that staff were provided with training about information governance when they started working in the pharmacy and when any changes occurred such as training for the General Data Protection Regulation. The team collected confidential waste separately and shredded this periodically. People's medication records were password protected and confidential information such as consent forms for Medicines Use Reviews (MURs) were stored securely. Dispensed prescriptions awaiting collection were not visible from the medicines counter. Staff had access to their own NHS Smart cards,

these were kept on their person when not in use and stored securely overnight.

The pharmacist had completed training to level 2 for safeguarding vulnerable people. Staff were given basic training by the pharmacist. The pharmacist said that she would report concerns to the local safeguarding contacts using the details that were available in the dispensary

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to safely manage its workload. Members of the the pharmacy team are appropriately qualified or are in training. They can share ideas and know how to raise concerns. But they do not get much additional training, once they have completed the basic training. This could mean that their skills and knowledge are not kept up to date.

### Inspector's evidence

The pharmacy team included a regular pharmacist pharmacy manager who worked four days a week, a pre-registration pharmacist, a trainee dispenser, a dispenser, two medicines counter assistants (MCAs), a trainee MCA who worked on Saturdays and a delivery driver. Two other pharmacists covering the remaining working hours that the pharmacy was open.

The usual staffing levels were two dispensary members of staff, the pharmacist and a MCA. The team could comfortably manage the workload during the inspection and the staffing levels appeared adequate to handle the level of business.

The pre-registration pharmacist described a set of appropriate questions asked before selling over-the-counter (OTC) medicines, this included the sale of medicines protocol (WWHAM) and she was clear about the circumstances where advice from the pharmacist would be sought.

She was aware that OTC medicines containing codeine could be abused and described asking the pharmacist to approve the sale, if she was unsure. Staff had access to some learning booklets that were received through the post, but this was not on a regular basis. The training topics were relevant to the services provided. However, training modules were not provided in a structured or consistent manner.

The dispensary team members were observed to work closely together, they described a good rapport, were able to informally make suggestions, and all staff said they felt very comfortable talking to the pharmacists about any concerns that they had. The team also had direct access to the superintendent pharmacist, who worked in the branch one day a week. Staff did not have any formal performance reviews. Progress of individuals was discussed informally. There were no performance targets set.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are an appropriate environment to provide healthcare from.

### Inspector's evidence

The pharmacy was clean and tidy. It was adequately lit and staff shared responsibility for cleaning. The retail area was of an adequate size and the size of the dispensary area was suitable for the volume of workload. There was a dispensary sink to prepare medicines and a separate sink in the toilet for hand washing, both had hot and cold running water available.

There were designated areas for unpacking orders, assembling walk-in and collection prescriptions, storing multi-compartment compliance aids, and checking prescriptions for accuracy. A consultation room was available for private conversations and services. It was clearly signposted from the retail area. There were two entrances; one was from the retail area and the other from the dispensary. The retail entrance was left unlocked but there was no confidential information stored in the consultation room. There was a seating area in the retail area for people to be seated whilst waiting for their prescriptions.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy gets medicines from appropriate sources. And members of the pharmacy team carry out checks to make sure the medicines are kept in good condition. But sometimes stock medicines are not properly labelled so there may be more risk of mistakes happening. The pharmacy's services are generally well managed. But the pharmacy team may not always know when higher risk medicines are being handed out. So, they may not always make extra checks to be sure that the medicines are appropriate.

### Inspector's evidence

The entrance into the pharmacy was via two steps and through a single door. There was no ramp access. The superintendent pharmacist said he had previously requested permission to install a ramp but this was not granted by the local council. The pharmacist said that if people were unable to enter the pharmacy they could be offered a prescription collection delivery service and if necessary could speak to people by telephone.

The pharmacy offered a prescription collection and delivery service. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy. Posters and leaflets about services and health were clearly displayed in the pharmacy window, consultation room and in the retail area. The pharmacy's opening hours were displayed in the entrance. Staff could signpost people requiring services that were not available at the pharmacy. An example provided involved signposting people who required sharps to be disposed of to local health centres.

Dispensed medicines awaiting collection were stored with the prescription forms attached, placed in an alphabetical retrieval system. Stickers were used to indicate when there was a fridge line or CD present. The dispenser said that prescriptions for schedule 3 and 4 CDs were not highlighted. This meant there was a risk that they could inadvertently be handed out after the prescription had expired. High-risk medicines such as lithium were not highlighted. So, this means that routine safety checks may not be completed when the medicines are handed out.

The pharmacy team were aware of the risks associated with the use of valproate during pregnancy. The team had completed an audit to identify any people at risk that were previously supplied valproate. The pharmacist confirmed that no prescriptions had been identified, but she was aware that people needed to be appropriately counselled with every supply and educational material was available to supply. 'Dispensed' by and 'checked' by boxes were initialled on dispensing labels during the dispensing process and final accuracy-check to provide an audit trail. The team used baskets to separate prescriptions to prevent them being mixed when dispensing medicines.

Multi-compartment compliance aids were used to dispense medicines for some people who found it difficult to take their medicines on time. And these were organised into a four week system. The packs were assembled off-site at a hub pharmacy. People consented to their medicines being assembled this way. There were audit trails in place to support the process. The packs were labelled with descriptions to enable people to easily identify their medicines. Staff said that patient information leaflets (PILs) were not always supplied, unless there were new medicines. This is a legal requirement and without the leaflets patients may not have important information about their medicines.

Medicines were stored in the dispensary appropriately. They were obtained from licensed wholesalers and unlicensed medicines were obtained from a special's manufacturer. Date checks to determine expiry of medicines were conducted regularly and details were documented to verify this process. The month and year of the expiry date were written onto the end of the medication box for medicines that were approaching expiry. Some stock medicines, such as atorvastatin 20mg, risperidone 500mcg and rivaroxaban 20mg tablets, had been removed from the original manufacturer's packaging and re-packaged. The packs were labelled with descriptions of the medicine but there was no batch number or expiry date recorded. There was also a stock pack of cefalexin 250mg capsules, found to contain mixed batches and expiry dates. This does not meet statutory labelling requirements and may increase the risk of error.

When liquid medicines were opened, the date that this occurred was marked. Medicines brought back for disposal were held in appropriate containers and these were collected every quarter. The pharmacy was not yet complying with the requirements of the European Falsified Medicines Directive (FMD). Relevant equipment and software was in place but they were not yet operational. Pharmacy team members had not received any training about FMD procedures.

The two medical fridges were equipped with thermometers, the maximum and minimum temperatures were checked daily and recorded. The records showed that the temperatures were within the required range. The team stored dispensed fridge items that were awaiting collection in a separate fridge to the pharmacy's stock fridge lines. P medicines were stored behind the front medicines counter so that sales could be controlled. There were two CD cabinets in use. Expired CD stock and patient returned CDs requiring destruction were clearly separated.

Drug alerts were received via email from the Medicines and Healthcare products Regulatory Agency (MHRA). They were printed, signed by staff when they had been actioned and then filed. So, an audit trail was available to verify the process



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides.

### Inspector's evidence

A range of crown stamped conical measures were available, this included some that were only used for measuring CDs. There was a designated counting triangle present for counting methotrexate tablets and this was cleaned after each use.

Current reference resources were available such as the British National Formulary (BNF), a Children's BNF and a Drug Tariff. Staff also used electronic versions of these. A dispenser used online resources to access the electronic Medicines Compendium and the pharmacy system to produce PILs.

The pharmacy's electrical equipment appeared to be in good working order. The dispensary was clearly separated from the retail area and afforded good privacy for the dispensing operation and any associated conversations or telephone calls.

### 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.