

# Registered pharmacy inspection report

**Pharmacy Name:** D R Dalvair Pharmacy, 479 Bearwood Road,  
Smethwick, WARLEY, West Midlands, B66 4DH

**Pharmacy reference:** 1038645

**Type of pharmacy:** Community

**Date of inspection:** 30/04/2024

## Pharmacy context

This community pharmacy is located on a main road in the centre of town. Most people who use the pharmacy are from the local area. The pharmacy dispenses NHS prescriptions, and it sells a range of over-the-counter medicines. And it provides a seasonal flu vaccination service and some other NHS funded services including the Pharmacy First Service.

## 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 adequately manages risks to make sure its services are safe, and it completes all the records that it needs to by law. Pharmacy team members generally work to professional standards. But the pharmacy doesn't regularly review its written procedures, so there is a risk that team members may not always work effectively. Pharmacy team members keep people's private information safe and understand how they can help to protect the welfare of vulnerable people.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs) for the services it provided, with signatures showing that members of the pharmacy team had read and accepted them. The delivery SOP had been reviewed during the covid pandemic, but some of the SOPs had not been read or reviewed for over five years, so there was a risk that the SOPs might not be up-to-date and team members might not fully understand the pharmacy's procedures. Roles and responsibilities were set out in SOPs and the pharmacy team members were generally performing duties which were in line with their roles. Team members did not wear anything to indicate their roles, so this might not be clear to visitors to the pharmacy. The pharmacist superintendent (SI) was working as the responsible pharmacist (RP) and his name was displayed as required by the RP regulations.

The pharmacy team recorded near miss errors on a log. A dispenser explained that they were discussed at the time they were discovered, and actions were taken to avoid re-occurrences. She demonstrated that ramipril tablets had been separated from ramipril capsules and some look-alike and sound-alike drugs (LASAs) had been highlighted so extra care would be taken when selecting these.

There was an SOP for dealing with complaints. There was a notice on display in the retail area of the pharmacy with the complaint procedure and the details of who to complain to. The dispenser described how she would deal with a customer complaint and attempt to resolve the situation herself, but she involved the pharmacist if required. Professional indemnity insurance arrangements were in place. A current certificate of professional indemnity insurance was on display in the pharmacy.

Private prescription records and the RP record were appropriately maintained. The controlled drug (CD) registers were generally in order although headers were missing from the tops of some of the pages, so there was a risk that an entry might be made in the wrong register. Records of CD running balances were kept and these were audited. Three CD balances were checked and found to be correct. Small adjustments to methadone balances were seen and had been attributed to manufacturer's overage. The SI confirmed that if the adjustment was outside of a reasonable range, he would investigate it. He knew to report any CD discrepancies which could not be resolved to the CD accountable officer (CDAO). Newsletters from the CDAO has been read and signed by team members and were available for reference. Patient returned CDs were recorded and disposed of appropriately.

The pharmacy team had read and signed information governance (IG) SOPs which included information about confidentiality. Assembled prescriptions and paperwork containing patient confidential information were stored appropriately so that people's details could not be seen by members of the

public.

The dispenser confirmed that she had completed training on safeguarding and there was a safeguarding SOP. She said she would voice any concerns regarding children and vulnerable adults to the pharmacist working at the time. The pharmacy had a chaperone policy, and this was highlighted to people. The pharmacy was registered as a 'Safe Space' for victims of domestic abuse.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload and team members complete the essential training they need to do their jobs. But the pharmacy doesn't support all team members to complete additional pharmacy training, so they are limited in their roles. Team members are generally comfortable providing feedback to their manager and they receive informal feedback about their own performance.

### Inspector's evidence

The SI, an NVQ3 qualified dispenser, an assistant declared competent under the grandparenting clause, and an unqualified assistant were on duty at the time of the inspection. The staffing level was adequate for the volume of work during the inspection and the team members were observed working collaboratively with each other and people who visited the pharmacy. The unqualified assistant had worked at the pharmacy for over a year and had not completed any accredited training. She carried out general duties such as cleaning and filling up stock in the retail area. She sometimes worked on the medicine counter, but said she always asked the pharmacist if a customer requested a medicine. The assistant who had been declared competent under the grandparenting clause had not completed any recent dispensing training and said she no longer worked as a dispenser. The SI described her as a supervisor. She carried out mainly administrative duties in the pharmacy, such as the cashing up. The SI said he sometimes was required to dispense and self-check. He gave himself a mental break between the two activities to help manage this risk. An apprentice dispenser had been recently recruited to help strengthen the pharmacy team. They were not present at the inspection. Team members generally covered each other's absences and planned absences were organised so that not more than one person was away at a time.

The pharmacy team had access to online training. The dispenser demonstrated the training she had recently completed. This included modules on impetigo and insect bites in preparation for the NHS Pharmacy First service. She completed training at home as she wasn't given protected training time at work. The SI confirmed that he was competent to provide the NHS Pharmacy First service and had completed face to face training on ear examination and the use of an otoscope. The pharmacy team received feedback informally from the SI and professional issues were discussed within the team as they arose. A member of the pharmacy team confirmed there was an open culture in the pharmacy and said she would feel comfortable talking to the SI about any concerns she might have. There was a whistleblowing policy. The SI was empowered to exercise his professional judgement and could comply with his professional and legal obligations. For example, refusing to sell a pharmacy medicine containing codeine, because he felt it was inappropriate.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy generally provides a suitable environment for people to receive healthcare services. It has a private consultation room so people can have confidential conversations with team members if needed.

### Inspector's evidence

The pharmacy premises, including the shop front and fascia, were reasonably clean and in an adequate state of repair. The retail area was well maintained and professional in appearance. The temperature and lighting were adequately controlled, and the lighting in the retail area had been recently upgraded. There were stock rooms and some staff facilities on the first and second floor on the building. These parts of the premises were less well maintained, and the flooring was damaged in some areas. Staff facilities included a small kitchen area, and a WC, with a wash hand basin and hand wash. There was a separate dispensary sink for medicines preparation with hot and cold running water.

The consultation room was equipped with a sink. The room was small and cluttered which detracted from its professional image. The availability of the room was highlighted by a sign on the door. This room was used when carrying out services such as the NHS Pharmacy First service and when customers needed a private area to talk. The consultation room was locked when not in use.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy offers healthcare services which are generally well managed, and people receive appropriate care. It gets its medicines from licensed suppliers and the team carries out some checks to ensure medicines are in suitable condition to supply. But the pharmacy could improve the way it stores and manage some of its medicines.

### Inspector's evidence

The pharmacy was accessible to everyone, including people with mobility difficulties and wheelchair users. A list of the services provided by the pharmacy was displayed in the window, along with the opening hours. The pharmacy offered several additional services including blood pressure testing and diabetes screening. The SI explained that he informed people's GPs of the results of these screening tests, when people consented to this, and there was a template letter which he used for this purpose. Demand for the NHS Pharmacy First service had been low. The SI had planned a meeting with the local GP practice, to help promote the service. There was a range of healthcare leaflets on display.

The pharmacy offered a delivery service to a small number of housebound people. A phone call was made before a delivery was attempted to ensure somebody was in to receive it, but if nobody was in the medicines were returned to the pharmacy. There was a limited audit trail for deliveries. Records were not made to show the date or time of the delivery, or who had received the delivery, which could cause confusion in the event of a problem or query. And this was not in line with the pharmacy's delivery SOP.

Space was quite limited in the dispensary, but the workflow was organised into separate areas with a designated checking area. The dispensary shelves and drawers were reasonably well organised, neat and tidy. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Baskets were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up. The baskets were stacked to make more bench space available.

Stickers were put on assembled prescription bags to indicate when a fridge line or CD was prescribed. Notes were added to highlight when counselling was required and high-risk medicines such as lithium and valproate were targeted for extra checks and counselling. The team were aware of the requirements for a Pregnancy Prevention Programme to be in place for people who were prescribed valproate and that they should have annual reviews with a specialist. The SI said that the pharmacy did not currently have any patients in the at-risk group. He knew that people should always be supplied with valproate containing medicines in original packs to ensure people in the at-risk group were given the appropriate information and counselling.

A small number of people received their medicines in multi-compartment compliance aid packs. These were generally well managed with an audit trail for communications with GPs and changes to medication. Medicine descriptions were usually added to the packaging to enable identification of the individual medicines and packaging leaflets were included. Cautionary and advisory warnings were missing from labelling sheets, so people might not know how to take their medicines safely and

effectively. The SI had not realised these were missing and confirmed that he would ensure that these were added to the labelling sheets going forward. Disposable equipment was used.

Team members knew what questions to ask when making a medicine sale and when to refer the person to a pharmacist. They were clear which medicines could be sold in the presence and absence of a pharmacist and understood what action to take if they suspected a customer might be misusing medicines. Team members were monitoring the sale of codeine containing medicines in a book. They had sold codeine linctus on four occasions since the start of March 2024, despite its change in classification from pharmacy (P) medicine to prescription only medicine (POM). The SI said he had not been unaware that there had been a change in classification, but he would ensure the team stopped selling it immediately and that all team members were made aware it was now a POM. The SI was aware of someone purchasing it for an indication that was not licensed, and he said he would address that with the person and signpost them to their GP.

CDs were stored in a CD cabinet which was securely fixed to the wall. The keys were under the control of the RP during the day and stored securely overnight. Date expired, and patient returned CDs were segregated and stored securely. Patient returned CDs were destroyed using denaturing kits. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled. Recognised licensed wholesalers were used to obtain stock medicines and appropriate records were maintained for medicines ordered from 'Specials.'

Medicines were stored in their original containers at an appropriate temperature. Date checking was carried out, but this was not always documented, so there was a risk that some date-expired stock might be missed. The dispenser confirmed that she always checked the expiry date when putting stock away, and as part of the dispensing process. Dates had been added to opened liquids with limited stability. Expired and unwanted medicines were segregated and placed in designated bins. There were two medical fridges used for storing medicines. The main fridge was in the dispensary. The minimum and maximum temperatures were being recorded regularly for the main fridge, and it had been within range throughout the month. There was a second fridge in the consultation room which was used to stock flu vaccines during the flu season. It also contained some assembled prescriptions with medicines requiring cold storage. The minimum and maximum temperatures of this fridge were not recorded. The SI confirmed that he checked these temperatures every day and said he would start to record them. All electrical equipment appeared to be in good working order. There was some pharmaceutical ingredients and chemicals in the stockrooms, some of which might fall under the amended Poisons Act 1972 and the introduced Control of Poisons and Explosives Pre-cursors Regulations 2015. The SI confirmed that he would check the regulations and arrange for the removal, safe storage, or safe disposal of any if necessary.

Alerts and recalls were received via email messages from the NHS's Central Alerting Systems (CAS) and the Medicines & Healthcare products Regulatory Agency (MHRA). These were read and acted on by a member of the pharmacy team. A record of any action taken was usually made so the team were able to respond to queries and provide assurance that the appropriate action had been taken.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide. They maintain the equipment so that it is safe, and they use it in a way that protects privacy.

### Inspector's evidence

The pharmacist could access the internet for the most up-to-date reference sources. For example, the electronic British National Formulary (BNF) and BNF for children. An otoscope was available for use in the Pharmacy First service. The pharmacy had blood pressure testing equipment including ambulatory equipment and blood glucose testing equipment. There was a selection of clean glass liquid measures with British standard and crown marks. Separate measures were marked and used for methadone solution. There were a couple of plastic measures, which did not look clean and did not have accuracy marks. Team members said they were not used for medicines. Most medicine containers were appropriately capped to prevent contamination. Computer screens were positioned so that they weren't visible from the public areas of the pharmacy. Patient medication records (PMRs) were password protected. Cordless phones were available in the pharmacy, so staff could move to a private area if the phone call warranted privacy.

### 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.