

Registered pharmacy inspection report

Pharmacy Name: Dunstones Chemists, 62 Mallin Street, Smethwick,
WARLEY, West Midlands, B66 1QZ

Pharmacy reference: 1038675

Type of pharmacy: Community

Date of inspection: 19/12/2023

Pharmacy context

This community pharmacy is located in a residential area of Smethwick, West Midlands. It dispenses prescriptions and sells medicines over the counter. The pharmacy offers additional services including the NHS New Medicine Service, blood pressure testing and flu' vaccinations. The pharmacy supplies some medicines in compliance aid 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 suitably identifies and manages risks. It maintains the records it needs to by law and keeps people's private information safe. Pharmacy team members record their mistakes to help them learn and improve. And they understand how to raise concerns to protect the wellbeing of vulnerable people.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) covering operational tasks and activities. The SOPs had been reviewed by the pharmacist, who was also the superintendent pharmacist (SI), in June 2023. The procedures did not explicitly state the individual roles and responsibilities of pharmacy team members, but through discussion, team members were clear about their roles. And a trainee 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 displayed was valid until November 2024.

There was a near miss log in use, but some of the information captured lacked sufficient detail. For example, information including contributing factors and the actions taken in response to near misses was often not recorded. The pharmacist reviewed the records at the end of each month, but without this additional detail, the review may not be as thorough as it could be. The pharmacy had an incident reporting procedure. A recent dispensing incident was discussed with the pharmacist. He explained that the incident had been reported and he outlined several appropriate steps that had been taken in response to help prevent a similar incident from reoccurring.

People using pharmacy services could provide feedback verbally. Any complaints were reviewed by the pharmacist. People were also able to leave online reviews.

The correct RP notice was displayed near to the medicine counter. The RP log was in order as were records for the supply of unlicensed specials and private prescriptions. Controlled drug (CD) registers kept a running balance and some recent balance checks had been completed.

Pharmacy team members had received some information governance training as part of their accredited training course. Most team members had their own NHS Smartcards and cards had been requested for two other trainees. Pharmacy team members segregated confidential waste which was shredded on the premises. The pharmacy had a privacy notice which was displayed in the retail area. This listed a previous data protection officer, but the pharmacist agreed to review this. The pharmacist had completed safeguarding training and the contact details of local safeguarding agencies were accessible.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members are receiving suitable training for their roles, and they effectively manage the dispensing workload. Team members are comfortable to raise concerns and provide feedback.

Inspector's evidence

The pharmacy team comprised of the regular pharmacist and a trainee dispenser. Three additional trainee dispensers arrived midway through the inspection. This was the usual staffing level in the pharmacy and the team efficiently managed the dispensing workload. Leave was planned in advance and pharmacy team members worked additional hours to provide any cover that was necessary.

The pharmacy team members were all fairly new to their roles and were still completing accredited training programmes. Most work for this was completed at home. But any questions that the team members had were raised with the pharmacist, who was monitoring their progress to ensure completion of the course.

A dispenser explained the questions that she would ask to help make sure sales of medication were safe and appropriate. She identified co-codamol as a medication which may be subject to abuse and misuse. Any concerns were referred to the pharmacist.

There was an open dialogue amongst the pharmacy team and team members were happy to raise concerns and provide feedback to the pharmacist.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is suitably maintained, and it provides an appropriate space for the delivery of healthcare services. It has a consultation room, so people can speak to pharmacy team members in private.

Inspector's evidence

The pharmacy premises were suitably maintained. The pharmacist arranged for any required maintenance work to be completed. And the lighting and ambient temperature were appropriate.

There was a retail area, with several chairs available for use by people waiting for their medicines. A consultation room was accessible from the retail area and it was clearly signposted. The room was equipped with a desk and seating to enable private and confidential discussions.

Pharmacy restricted medicines were kept behind the medicines counter, along with a small range of retail goods which were suitable for a healthcare-based business. The dispensary was located off the medicine counter, and it had adequate space for the current volume of work. There were separate areas used for dispensing and checking and medicines were stored on large shelving units. Team members had access to WC facilities, which were fitted with appropriate handwashing materials.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are generally accessible and suitably managed. But the pharmacy does not always identify prescriptions for high-risk medicines, so team members may miss some opportunities to provide further counselling. The pharmacy sources and stores its medicines appropriately and team members complete some checks to help make sure that medicines are fit for purpose.

Inspector's evidence

The pharmacy was accessible from the main street and the manual door was visible from the medicine counter, so people who needed assistance could be identified. There was some advertisement of the pharmacy's services such as flu vaccinations on a notice board in the retail area. Additional health promotion literature was also displayed in this area.

Prescriptions were dispensed using baskets in order to keep them separate and reduce the risk of medicines being mixed up. Pharmacy team members signed 'dispensed' and 'checked' boxes as an audit trail for dispensing. The pharmacy did not routinely identify all prescriptions for high-risk medicines. The pharmacist said that he would enquire regarding counselling for medicines such as warfarin if he was involved in the handout, but otherwise additional counselling would not usually be provided. The pharmacist was aware of recent changes regarding the supply of valproate-based medicines and had briefed pharmacy team members. Stickers were used to identify prescriptions for CDs and a note was in the collection area reminding team members which medicines were classified as CDs so that additional checks could be made.

The pharmacy ordered some repeat prescription medicines for patients including people who received their medicines in multi-compartment compliance aid packs. A four-week system was in place and repeat requests were sent via email. There were no completed compliance aid packs available to view, some packs which were in the process of being dispensed were seen to contain individual descriptions of medicines. But the team reported that patient leaflets were not always supplied, unless at patient's request. This could mean people may not always have easy access to all the information they need about their medicines. The pharmacy provided medicines to one nursing home. Team members at the nursing home completed repeat prescription request forms. A record of orders was maintained by the pharmacy, before the repeat requests were taken to the local surgery.

The pharmacist had completed training for the administration of flu vaccinations. The patient group directive (PGD) and service specification were available for reference. The service was run as a walk-in and the workload was said to be manageable. A flu kit including a sharps bin, adrenaline, face mask and swabs was available.

PGDs for other services including the supply of chloramphenicol for the treatment of minor eye infections were available, but limited numbers of these services were carried out. There was a blood pressure machine, and the reference details of normal blood pressure readings were available for reference to support decisions to refer.

The pharmacy sourced its medicines from several reputable wholesalers and unlicensed specials from a

specials manufacturer. Pharmacy team members completed date checking and a spreadsheet was used to track medicines which were due to expire. Three expired inhalers were identified during random checks of the dispensary shelves. These were immediately removed and placed in a medicines waste bin. Alerts for the recall of faulty medicines and medical devices were received via email, which was checked daily. An audit trail was only maintained where action was required to be taken in response to an alert, which could make it harder for the pharmacy to show that all alerts were routinely checked and reviewed.

There were two refrigerators which had thermometers and were within the recommended temperature range. A daily log of fridge temperature records was maintained. CDs were stored appropriately, and two random balance checks were found to be correct.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services. 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 various reference materials and internet access was available to enable further research. There was a range of approved, clean glass measures for measuring liquids. Measures were marked for use with different preparation such as CDs. Counting triangles for tablets were also available. The equipment 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 enabled conversations to take place in private, if required.

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.