

Registered pharmacy inspection report

Pharmacy Name: Brutons Pharmacy (Oakeswell), Oakeswell Health Centre, Brunswick Park Road, Wednesbury, West Midlands, WS10 9HP

Pharmacy reference: 1085118

Type of pharmacy: Community

Date of inspection: 22/08/2024

Pharmacy context

This community pharmacy is inside a medical centre. It is situated in a residential area near to the town centre of Wednesbury, West Midlands. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including the NHS Pharmacy First service. The pharmacy recently changed ownership.

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 team follows written procedures, and this helps them to provide services safely and effectively. The pharmacy keeps the records it needs to by law. And members of the team are given training so that they know how to keep private information safe. They discuss things that go wrong but they do not record them. So they are not able to complete a review of the mistakes to look for trends which means they may miss some learning opportunities.

Inspector's evidence

The new owner had provided an updated set of standard operating procedures (SOPs). These were available on electronic software. Members of the pharmacy team had begun to work through, read, and electronically acknowledge the new SOPs.

Part of the electronic software had an ability to record mistakes, such as when a dispensing error had taken place. The software enabled an investigation to be recorded, and any details of learning or action taken. Near miss incidents could also be recorded on the software, but the team were not using this facility. In the meantime, team members explained they had been discussing any mistakes which had taken place. There had been a number of changes to how the pharmacy's stock was ordered, and they had been adjusting the position of the stock on the shelves. As part of the stock management process, they were tidying the shelves to reduce clutter, and help prevent picking errors.

The roles and responsibilities for members of the pharmacy team were described in individual SOPs. A dispenser was able to explain what their responsibilities were and was clear about the tasks that could or could not be conducted during the absence of a pharmacist. Team members wore standard uniforms. The correct responsible pharmacist (RP) had their notice on display. The pharmacy had a complaints procedure. Complaints could be raised with members of the team, which would be recorded and followed up by the manager or head office. A current certificate of professional indemnity insurance was on display.

Records for the RP, private prescriptions and unlicensed specials appeared to be in order. Controlled drugs (CDs) registers were recorded on electronic software. Running balances were recorded and checked frequently. Two random balances were checked, and both found to be accurate. Patient returned CDs were recorded in a separate register.

An information governance (IG) policy was available. When questioned, team members explained they would separate confidential information to be removed by a waste carrier. Safeguarding procedures were included in the SOPs. The pharmacist had completed level 2 safeguarding training. Members of the team were able to demonstrate they could find the contact details for the local safeguarding team. A dispenser said they would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough members of the team to manage the pharmacy's workload and they are appropriately trained for the jobs they do. Additional training is available for team members to help keep their knowledge up to date.

Inspector's evidence

The pharmacy team included a pharmacist manager, a pharmacy technician who was trained to accuracy check, six dispensing assistants and a delivery driver. All members of the pharmacy team were appropriately trained. The pharmacy was busy with regular footfall coming from the GP surgery next door, but the team appeared to be on top of their work. Staffing levels were maintained by part-time staff and a staggered holiday system. Relief team members from nearby branches could provide cover during absences.

The company provided e-learning training packages. For example, some members of the team had worked for the company for some time and had completed mandatory training using the NHS e-learning for health learning platform. Newer members of the team who had joined the company as part of the change of ownership had yet to begin e-learning packages. Training records were kept by team members to show what training they had completed.

A dispenser gave examples of how they would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales of medicines they felt were inappropriate, and refer people to the pharmacist if needed. The pharmacist felt able to exercise their professional judgement and this was respected by members of the team and the company.

The team were seen working well with each other and assisting with any queries they had. They reported a good level of support had been provided by the new company, and they felt the head office team were approachable. The team discussed their work, including when there were errors or complaints. And they were aware of the whistleblowing policy. A dispenser explained how they would report any concerns to the head office. There were no targets set for professional services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available to enable private conversations with members of the team.

Inspector's evidence

The pharmacy was clean and tidy, and appeared adequately maintained. The size of the dispensary was limited. Team members explained they used a staggered workflow to manage the available space effectively, and to limit the volume of dispensing to prevent overcrowding. People were not able to view any patient sensitive information due to the position of the dispensary. The temperature was controlled using air conditioning units and lighting was sufficient. Members of the team had access to a kettle, canteen, and WC facilities.

A consultation room was available. It contained a computer, desk, seating, and adequate lighting. The patient entrance to the consultation room was clearly signposted and showed if the room was engaged or available.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy to access. And it manages and provides them safely. It gets its medicines from licensed sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. Additional checks are carried out when higher-risk medicines are supplied to ensure they are being used appropriately.

Inspector's evidence

Access to the pharmacy was level via a single door and was suitable to those with additional mobility needs. Various posters and leaflets provided information about the services offered and various healthcare topics. The pharmacy opening hours were displayed.

The pharmacy team initialled 'dispensed-by' and 'checked-by' boxes on dispensing labels to provide an audit trail. They used baskets to separate individual patients' prescriptions to avoid items being mixed up. The pharmacist performed a clinical check of all prescriptions and then signed the prescription form to indicate this had been completed. When this had been done an accuracy checker was able to perform the final accuracy check in line with the SOPs. Owing slips were used to provide an audit trail if the full quantity could not be immediately supplied.

Dispensed medicines awaiting collection were kept on a shelf using an alphanumerical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Team members were seen confirming the patient's name and address when medicines were handed out. Schedule 3 and 4 CDs were highlighted so that team members could check prescription validity at the time of supply. Higher-risk medicines (such as warfarin, lithium and methotrexate) were also highlighted and patients who were counselled on their latest results, but this had not been recorded on the PMR system. So this may impact the continuity of people's care. Members of the team were aware of the risks associated with the use of valproate-containing medicines during pregnancy. The team only supplied original packs, and educational material was included with the medicines. The pharmacy team said they were not aware of any current patients who met the risk criteria.

The pharmacy had a medicine delivery service and records of deliveries were kept. Unsuccessful deliveries were returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. Electronic records were kept which demonstrated when team members had checked the expiry dates of stock medicines. This process had recently been completed and was due to be completed again in three months' time. Short-dated stock was highlighted using a sticker and liquid medication had the date of opening written on.

Controlled drugs were stored appropriately in the CD cabinet, with clear separation between current stock, patient returns and out of date stock. There was a clean medicines fridge with a thermometer. The minimum and maximum temperature was being recorded daily and records showed they had remained in the required range for the last two months. Patient returned medication was disposed of in

designated bins. Drug alerts were received by email from the MHRA. Alerts were printed and the action taken was written on them, initialled and signed before being filed in a folder.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have access to the equipment they need for the services they provide. And they use the equipment in a way to protect people's private information.

Inspector's evidence

Team members had access to the internet for general information. This included access to the British National Formulary (BNF), BNFc and Drug Tariff resources. All electrical equipment appeared to be in working order. There was a selection of liquid measures with British Standard and Crown marks. The pharmacy also had equipment for counting loose tablets and capsules, including tablet triangles, a capsule counter and a designated tablet counting triangle for cytotoxic medication. Equipment was kept clean.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed team members to 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.