

Registered pharmacy inspection report

Pharmacy Name: Cape Hill Pharmacy, Cape Hill Medical Centre,
Raglan Road, SMETHWICK, West Midlands, B66 3NR

Pharmacy reference: 1085356

Type of pharmacy: Community

Date of inspection: 03/09/2024

Pharmacy context

This is a traditional community pharmacy is located on next to a medical centre in a residential area of Smethwick in the West Midlands. People who use the pharmacy are from the local community and they usually collect their prescriptions from the pharmacy. The pharmacy focuses on dispensing NHS prescriptions, and it has recently started to offer a limited range of NHS funded services such as the Pharmacy First service and blood pressure testing. The pharmacy team dispenses some medicines into multi-compartment compliance packs for people to help make sure they remember to take them.

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
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 has made recent improvement and manages the risks associated with its services to make sure people receive appropriate care. Members of the pharmacy team follow written procedures to make sure they work safely, and they complete tasks in the right way. They discuss their mistakes so that they can learn from them. Team members understand their role in protecting vulnerable people and they keep people's personal information safe.

Inspector's evidence

A range of standard operating procedures (SOPs) were in place which covered the activities of the pharmacy and the services provided. Signature sheets were used to record staff training, and roles and responsibilities of team members were highlighted within the SOPs. Most of the pharmacy team had read and signed the SOPs that were relevant to their job role, and there was a plan in place for team members to read any outstanding SOPs with reasonable promptness.

A near miss log was available and the records for the past month were available. The responsible pharmacist (RP) explained that the pharmacy had near miss records for the previous months, but a team member had filed them away and they could not locate the file. Near misses were discussed with the dispenser involved to ensure they learnt from their mistake, and any immediate learnings were shared verbally with the team. The team gave examples of near misses that had happened and how they had used them as a learning opportunity. For example, a trainee dispenser said that he always checked the strength of a medicine as some were available in different strengths and this was a mistake he had previously made. The pharmacy didn't routinely review near miss records, but the RP agreed to undertake a review of the near miss log for patterns and trends at the end of each month and share any learning opportunities with the pharmacy team. The RP had a clear understanding of the process for reporting and investigating a dispensing incident. He was not aware of any recent errors and explained that he would complete a root cause analysis (RCA) to aid the review process and identify actions to prevent a similar mistake occurring in the future. He would also report the error to the NHS Learning from Patient Safety Events online portal and to the superintendent (SI).

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A dispensing assistant correctly answered hypothetical questions related to high-risk medicine sales and discussed how requests for codeine containing medicines were handled to make sure people were given the right advice. The team had a clear understanding of what tasks could and could not be carried out in the absence of the RP.

The pharmacy's complaints process was explained in the SOPs. People could give feedback to the pharmacy team verbally or in writing. The pharmacy team members tried to resolve issues that were within their control and involved the RP or supervisor as required. The RP explained that there had been complaints from various sources about people's nominations being changed without their consent shortly after the pharmacy had changed ownership in August 2023. The RP said that he had identified that the root cause was a local surgery sending a text message to their patients which said that the

pharmacy was closing, and people should nominate a different pharmacy for their prescriptions to be sent to. This had led to confusion and people had changed their nomination to a different pharmacy, but the pharmacy had continued to order repeat medicines on their behalf as the previous owners had done and this issue had since been resolved.

The pharmacy had up-to-date professional indemnity insurance. The RP notice had fallen off the wall so was not visible from the customer area, but this was quickly rectified. The electronic RP log met requirements. Controlled drug (CD) registers were in order and a random balance checked matched the balance recorded in the register. The patient returned CDs register could not be located, and the RP agreed to look for this and replace it if it could not be found. Private prescription records were seen to comply with requirements. Confidential waste was stored separately from general waste and destroyed securely. The pharmacy team members had their own NHS Smartcards and a newer member of the team had applied for one from the local NHS team. There were various posters displayed in the shop area that had references to the previous owner, including their data protection policy. This was misleading, and the RP agreed to organise for posters to be removed if they had the previous owners branding and contact details on, rather than being generic information.

The RP had completed the Centre for Pharmacy Postgraduate Education Training (CPPE) on safeguarding, and the pharmacy team had a clear understanding of what safeguarding meant and what to do if they had a concern. A dispensing assistant was aware of the Ask for Ani scheme from a previous pharmacy she had worked in and shared this information with the team during the inspection.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage the workload and the services that it provides. Its team members plan absences in advance, so the pharmacy has enough cover to provide the services. They work well together in a supportive environment, and they can raise concerns and make suggestions.

Inspector's evidence

The pharmacy team comprised of the RP, a supervisor (trained dispensing assistant), a pharmacy technician, a trained dispensing assistant, a trainee dispensing assistant and an apprentice. The apprentice went to college one day a week during term time. The trainee dispensing assistant had recently enrolled on a level two dispensing assistant course and was on a waiting list for the Overseas Pharmacists' Assessment Programme (OSPAP). Holiday requests were discussed with the supervisor and cover was provided by other staff members as required.

There were two work experience students at the pharmacy. They were both in year 11 at a local secondary school and undertaking a week of work experience as part of their studies. They were not involved in the dispensing process and were undertaking tasks such as date checking and tidying in the shop, handing out prescriptions under the supervision of a dispenser.

The pharmacy team were observed working well together and helped each other by moving from their main duties to help with more urgent tasks when required. The team discussed any pharmacy issues as they arose and held regular huddles within the dispensary during quieter times. The pharmacy team were relatively new to their roles and their training had been focused on reading the SOPs and completing their accredited training courses. Team members had regular one-to-one discussions with their line manager during their first few months working at the pharmacy to discuss their performance and development needs.

The pharmacy team members said that they could raise any concerns or suggestions with the RP or supervisor and felt that they were responsive to feedback. Team members said that they would speak to other members of the team, or the GPhC if they ever felt unable to raise an issue internally. The RP was observed making himself available to discuss queries with people and giving advice when he handed out prescriptions. Targets for professional services were not set.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and tidy, and it provides a suitable environment for the delivery of healthcare services. It has a consultation room, so that people can speak to the pharmacy team in private when needed.

Inspector's evidence

The premises were generally smart in appearance and appeared to be well maintained. Any maintenance issues were reported to the RP or supervisor. There was an electrical fault with the light in the staff room and a builder had been asked to come and fix it. The dispensary was clean and tidy. The pharmacy was cleaned by pharmacy staff. Hot and cold running water, hand towels and hand soap were available.

The pharmacy had air conditioning and the temperature in the dispensary felt comfortable. Lighting was adequate for the services provided. The dispensary was an adequate size for the services provided and an efficient workflow was seen to be in place. Dispensing and checking activities took place on separate areas of the worktops and there was ample space to store completed prescriptions. Some black bin bags of rubbish were stored temporarily in the storeroom and staff bathroom. This was unsightly, but a collection had been arranged and they did not pose a trip hazard or obstruct the staff using the bathroom.

There was a private soundproof consultation room which was signposted. The consultation room was professional in appearance. Prepared medicines were held securely within the pharmacy premises and pharmacy medicines were stored behind the medicines counter.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers healthcare services which are accessible. It manages its services and supplies medicines safely. The pharmacy obtains its medicines from licensed suppliers, and stores them securely and at the correct temperature, so they are safe to use. People receive appropriate advice about their medicines when collecting their prescriptions.

Inspector's evidence

The pharmacy had step free access from the surgery car park. A limited home delivery service was available for people who could not access the pharmacy. The pharmacy team could speak to people in English, Urdu, Bengali, and Punjabi. Pharmacy staff referred people to other services using local knowledge and the internet to support signposting. The pharmacy was in the process of starting to offer the NHS Pharmacy First service and the NHS Hypertension Case finder Service.

Medicines were dispensed into baskets to help make sure they were not mixed up together. Different coloured baskets were used to prioritise prescriptions. Team members signed the 'dispensed-by' and 'checked-by' boxes on medicine labels, so there was a dispensing audit trail for prescriptions. The team had a clear understanding of the risks associated with the use of valproate containing medicines, and the need for additional counselling. They knew to supply valproate containing medicines in original containers.

Multi-compartment compliance packs were used to supply medicines for some people. Prescriptions were ordered in advance to allow for any missing items or changes to be queried with the surgery or patient ahead of the intended date of supply. Each person had a record on the PMR to show what medication they were taking and how it should be packed. Notes about prescription changes and queries were kept on the patient medication record. Descriptions of medicines were routinely recorded on the dispensing labels and patient information leaflets were supplied every month.

Medicines were obtained from a range of licenced wholesalers and stored in an organised manner on the dispensary shelves. A random sample of dispensary stock was checked, and all the medicines were found to be in date. Short-dated medicines were highlighted, and they were pro-actively removed prior to their expiry date. Medicines were observed being stored in their original packaging. Split liquid medicines with limited stability once they were opened were marked with a date of opening. Patient returned medicines were stored separately from stock medicines in designated bins. Drug recalls were received electronically and managed appropriately.

The controlled drug cabinets were secure and a suitable size for the amount of stock that was held. Medicines were stored in an organised manner inside. Fridge temperature records were maintained, and records showed that the pharmacy fridges were working within the required temperature range of 2°C and 8°Celsius.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide services safely. The pharmacy team stores and uses the equipment in a way that keeps people's information safe.

Inspector's evidence

The pharmacy had access to a range of up-to-date reference sources, including the British National Formulary (BNF) and the children's BNF. Internet access was available. Patient records were stored electronically and there were enough computer terminals for the workload currently undertaken. A range of clean, crown stamped measures and counting triangles were available.

Computer screens were not visible to members of the public. Cordless telephones were in use and staff were observed taking phone calls in the back part of the dispensary to prevent people using the pharmacy from overhearing.

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.