

Registered pharmacy inspection report

Pharmacy Name: Medical Centre Pharmacy, 40 Gomer Street, Croft Street Medical Centre, WILLENHALL, West Midlands, WV13 2NS

Pharmacy reference: 1085994

Type of pharmacy: Community

Date of inspection: 25/07/2023

Pharmacy context

This is a busy community pharmacy located alongside local services in Willenhall, West Midlands. People using the pharmacy are from the local community and a home delivery service is available. The pharmacy dispenses NHS prescriptions, and it provides some other NHS funded services including treatments for minor ailments.

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 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. And the team members understand their role in protecting vulnerable people and they keep people's personal information safe.

Inspector's evidence

The superintendent (SI) had started working in the role in October 2022 and had made various changes to the way that the pharmacy team worked. They had concentrated on improving the culture of ongoing learning and improvement by encouraging the open discussion of mistakes and incidents.

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 when members of the team had read the SOPs. Some training was outstanding, and the SI was aware of this. Roles and responsibilities were highlighted within the SOPs. The SI had indicated that the SOPs had been reviewed earlier in the year as she had signed and dated each one. The SOPs were due for a more thorough review as there were some outdated information in them. For example, there were references to 'the PCT' which were organisations that had ended in 2013.

A near miss log was available and near misses were routinely recorded. Near misses were discussed with the dispenser involved to ensure they learnt from the mistake, and learning was shared with the team. A newer member of the team described some of the near misses that she had been told about and explained how she had used this information to try not to make the same mistakes again. Stickers were placed next to certain medicines in the dispensary as a visual reminder to take extra care when picking stock for a prescription. The SI had carried out a patient safety report for the NHS Pharmacy Quality Scheme (PQS) submission. It identified some ongoing patterns and trends that had been shared with the team. But the pharmacy did not complete regular near miss reviews so the team may miss further opportunities to improve.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A medicines counter assistant correctly answered hypothetical questions related to high-risk medicine sales and discussed how she managed requests for codeine containing medicines.

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 SI if they could not reach a solution. The SI had been reviewing the pharmacy's systems since October and had updated the way that the pharmacy ordered prescriptions for people and had discussions with the team members to make sure they answered the telephone rather than leaving it for someone else. These changes were as a direct result of feedback from people that used the pharmacy.

The pharmacy had up-to-date professional indemnity insurance. The responsible pharmacist (RP) notice

was clearly displayed, and the RP log met requirements. Controlled drug (CD) registers were in order and two random balance checks matched the balances recorded in the register. Patient returned CDs were recorded in a register. Private prescription records were seen to comply with requirements. Specials records were maintained with an audit trail from source to supply.

Confidential waste was stored separately from general waste and destroyed securely. The pharmacy team members had their own NHS Smartcards and they confirmed that passcodes were not shared. The SI had completed level three training on safeguarding and the rest of the team had completed an e-learning module. The pharmacy team understood what safeguarding meant. A medicine counter assistant gave examples of types of concerns that she may come across and described what action she would take.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage the workload and the services that it provides. The 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 SI (RP at the time of the inspection), three dispensing assistants, a trainee dispensing assistant, two medicines counter assistants and a trainee medicines counter assistant. Home deliveries were done by a delivery driver that was shared with a sister pharmacy. Annual leave was requested in advance and the team had agreed that a maximum of one dispensing assistant and one medicines counter assistant could be off at any one time. Changes to the rota were made in advance when people were on holiday. Two members were absent during the inspection and the team members were seen to manage their workload as they had prioritised the day's work at the start of the day. The pharmacy was linked to three other pharmacies within the town, and they shared pharmacy staff between them as required.

Pharmacy team members had completed some ongoing training and training needs were identified to align with the NHS PQS submission. The team members enrolled on accredited training courses were working through their training materials and were on track to complete the course requirements within the time frame specified by the course provider. The team discussed any pharmacy issues as they arose and held regular huddles within the dispensary during quieter times.

The pharmacy team worked well together during the inspection and team members were observed helping each other with tasks. The team members said that they could raise any concerns or suggestions with the SI who they felt was responsive to feedback. They said that they could contact the GPhC if they ever felt unable to raise an issue within the pharmacy or with the pharmacists working at the linked pharmacies. The SI was observed making herself available throughout the inspection to discuss queries with people and giving advice when she handed out prescriptions, or with people on the telephone. No formal targets were 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 pharmacist in private when needed.

Inspector's evidence

The premises were smart in appearance and appeared to be well maintained. Any maintenance issues were reported to head office. 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 during the inspection. 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. There was a small stock room to the back of the dispensary.

There was a private soundproof consultation room which was signposted. The consultation room was basic but still professional in appearance. Prepared medicines were held securely within the pharmacy premises and pharmacy medicines were stored behind the medicines counter. There was one pharmacy medicine 'P' in the shop area for self-selection and this was removed during the inspection.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a range of healthcare services which are easy for people to access. 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.

Inspector's evidence

The pharmacy had step free access and there was a large, free car park outside. A home delivery service was available for people who could not access the pharmacy. The pharmacy was within a complex that housed three GP surgeries and Willenhall CHART which was a community centre offering a range of services and activities. The pharmacy matched their opening times to the surgeries and stayed open for 30-minutes after the surgery's last appointment so that it allowed time for people to get to the pharmacy after their appointment.

The pharmacy team used their local knowledge and the internet to support signposting. The pharmacy had links with three other pharmacies within walking distance and signposted to them for other services. For example, any requests for multi-compartment compliance packs were signposted to one pharmacy and requests for supervised consumption were referred to another pharmacy

An NHS Minor Ailment Scheme (MAS) called Pharmacy First was available and it covered conditions such as sore throats, head lice, pain and fever. The local surgeries had been informed of what conditions that were included so that people who were requesting a GP appointment could be referred to the pharmacy through the NHS GPCPCS referral pathway and were often seen quicker than if they had been offered a surgery appointment. The pharmacy team said that this was a busy service and people were appreciative of the service and this was mainly due the current financial climate.

Items were dispensed into baskets to ensure prescriptions were not mixed up together. Staff signed the dispensed and checked boxes on medicine labels, so there was a dispensing audit trail for prescriptions. The pharmacy team had incorporated a third check into the dispensing process, and this was at the stock selection stage. The dispensing assistant initialled the dispensing box to take ownership of the stock selection and so the dispenser that completed the next stage could inform them if they had made a mistake. The quantity dispensed for any CD prescriptions had another additional check (4-checks in total) and the quantity was written on the box and initialled to show that it had gone through multiple checks to ensure the quantity was correct. This had been introduced as a result of an allegation of a quantity error. The team explained that the additional checks were in place to encourage the pharmacy team to not rush when they were dispensing as they felt this was the main cause of near misses within the pharmacy. They were encouraged to dispense accurately rather than quickly and to take ownership for their own work.

Notes and stickers were attached to medication when there was additional counselling required or extra items to be added to the bag. Stickers were attached to prescriptions that contained CDs to remind the pharmacy team of the 28-day expiry date. CD prescriptions were filed separately and handed to the pharmacist so that they could be reviewed at the end of the day. The original prescription for any items owing and an owing docket was kept until hand out to allow for any

counselling to be given. The team was aware of the risks associated with the use of valproate during pregnancy, and the need for additional counselling. The SI had carried out a valproate audit and recorded the findings. Patient cards and some counselling materials were available.

No out-of-date medication was found during the inspection. Short dated medicines were clearly marked. Medicines were stored in an organised manner on the dispensary shelves. All 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 a designated area. Medicines were obtained from a range of licensed wholesalers.

Drug recalls were received electronically and marked when they were actioned. The CD cabinets were secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. Fridge temperature records were maintained, and records showed that the pharmacy fridge was working within the required temperature range of 2°C and 8°Celsius. There was a process for alerting the RP and head office if the fridge temperature was outside of the required range. This process had been recently triggered and the discrepancy investigated by head office.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. And the team uses it 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 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 as they were excluded from the dispensary. 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.