

Registered pharmacy inspection report

Pharmacy Name: Medisure Pharmacy, The Surgery, Little London, Caldmore, WALSALL, West Midlands, WS1 3EP

Pharmacy reference: 1086841

Type of pharmacy: Community

Date of inspection: 05/08/2024

Pharmacy context

This community pharmacy is located next to a GP practice in Caldmore, Walsall. People who use the pharmacy are from the local community and a home delivery service is available. The pharmacy dispenses NHS prescriptions, and it provides 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

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. 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. The SOPs were reviewed and updated at regular intervals by the superintendent pharmacist (SI) and dated to show when this had last been completed. The SOPs were overdue an update and there were some out of date references, such as an SOP for the Falsified Medicines Directive which finished in 2021. The responsible pharmacist (RP) said that the SI was planning to upload new SOPs onto the pharmacy's electronic system but there had been a slight delay. Signature sheets were used to record staff training and roles and responsibilities were highlighted within the SOPs. Staff re-read and signed the SOPs at two yearly intervals to ensure they were still working in accordance with them.

Many of the pharmacy's processes and records were managed electronically which meant that records were easily accessible, and the computer system had alerts to remind the pharmacy team to do certain tasks. Near miss records were held on this system and a 'dashboard' summarised the number of near misses recorded. Near misses were recorded on a paper log and transferred to the electronic system so that a report could be generated. The pharmacy team gave some examples of different types of mistakes and demonstrated some examples of how processes had been adapted to try and avoid the same mistake happening again. The near miss log was reviewed by the pharmacist manager monthly and the learnings were recorded so they could be referred to afterwards. The outcome of the review was recorded electronically and used to create an annual patient safety review. Dispensing errors were recorded, reviewed, and reported to SI. The SI reviewed the error and contacted the pharmacist manager if anything else was required.

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 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, in writing or by contacting the SI. 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 pharmacy had up-to-date professional indemnity insurance. The RP notice was clearly displayed, and the RP log met requirements. Controlled drug (CD) registers were in order and a random balance check matched the balance recorded in the register. Private prescription records were seen to comply with requirements. Specials records were maintained with an audit trail from source to supply. The

delivery drivers used an electronic system for recording home deliveries, and the recipient signed as proof of delivery.

Confidential waste was stored separately from general waste and destroyed securely by a specialist company. The pharmacy team members had their own NHS Smartcards and they confirmed that passcodes were not shared. The pharmacist manager had completed level three safeguarding training, and the rest of the team had completed basic online safeguarding training. The pharmacy team had a clear understanding of what safeguarding meant and what to do if they had a concern.

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 pharmacist manager, an accuracy checking pharmacy technician (ACPT), and three trained dispensing assistants. One of the dispensing assistants was enrolled on a level three training course and was nearing the end of the course. Holiday requests were discussed with the pharmacist manager and authorised by the SI. Cover was provided by other staff members as required, or by staff from the company's other pharmacy in the local area. The pharmacy had two delivery drivers and they were shared with the other pharmacy.

Pharmacy team members completed some ongoing training and training needs were identified to align with pharmacy changes, and the NHS Pharmacy Quality Scheme requirements. There were limited opportunities during the working day for team members to complete ongoing learning and they were expected to complete their training at home. The pharmacy team were observed working well together and team members 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.

Pharmacy team members said that they could raise any concerns or suggestions with the SI and felt that he was approachable and 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 pharmacist manager was observed making himself available throughout the inspection to discuss queries with people and giving advice when he handed out prescriptions. Some targets for professional services were set by the SI. The pharmacist manager felt that the targets were realistic and achievable.

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 smart in appearance and appeared to be well maintained. Any maintenance issues were reported to the SI. 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. Toilet facilities were available in the surgery and were cleaned by the surgery cleaner.

The pharmacy had an air conditioning unit and the temperature in the dispensary felt comfortable. Lighting was adequate for the services provided. The dispensary was compact but an adequate size for the services provided. An efficient workflow was seen to be in place and space was being carefully utilised due to storage limitations. Dispensing and checking activities took place on separate areas of the worktops and there was space to store completed prescriptions.

There was a private soundproof consultation room which was signposted. The consultation room was professional in appearance. It was being used to store pharmacy consumables during the inspection, but this was only temporarily, as they were due to be moved stored onto shelving in the dispensary once the daily medicines order had been unpacked. 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 a range of 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 and steps from the street. A home delivery service was available for people who could not easily access the pharmacy. Health promotion posters were displayed in the waiting area. The pharmacy team could speak to people in English, Urdu, Mirpuri, and Punjabi. Pharmacy staff referred people to other services using local knowledge and the internet to support signposting. The pharmacy offered the NHS Pharmacy First service. The NHS PGDs (patient group directions) and supporting documentation were available for reference. The pharmacy team had been working with the surgery team to promote the NHS Pharmacy First service. The pharmacy had provided training and reference guides for the receptionists so that they knew to refer people to the pharmacy if they had one of the qualifying conditions, or for the locally commissioned minor ailment scheme.

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 pharmacists added a tick to prescriptions that had been clinically screened for the ACPT to accuracy check. But the prescription did not identify the pharmacist who had carried out the clinical check which could make queries more difficult to resolve. Some compliance pack prescriptions that had been accuracy checked by the ACPT had not been initialled by the dispenser, so it was not clear which members of the team had been involved in the assembly process in the event of an error. The team had a clear understanding of the risks associated with the use of valproate containing medicines during pregnancy, and the need for additional counselling. They knew to supply valproate containing medicines in original containers and had undertaken an audit of people supplied valproate and recorded the outcome on the persons medication record.

Medicines were supplied in multi-compartment compliance packs for some patients, to help them take the doses at the right time. Prescriptions were ordered in advance to allow for any missing items to be queried with the surgery ahead of the intended date of supply. This was a popular service and the pharmacy had reached capacity due to the amount of space that it had. New requests for compliance packs were referred to the company's other pharmacy in the same area which had a larger dispensary. A sample of dispensed compliance packs seen to have been labelled with a brief description of medication, however, these were handwritten and not always clear, and patient information leaflets (PILs) were not always included with each monthly supply. This means people may not have all the information that they needed about their medicines. The RP agreed to review this with the pharmacy team. There was a process in place for managing changes to medicines after packs had been supplied to

people.

A random sample of dispensary stock was checked, and all the medicines were found to be in date. Date checking records were maintained for both the dispensary and the shop, and medication was proactively removed prior to its expiry date. 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 licenced wholesalers. Drug recalls were received electronically and marked when they were actioned. The controlled drug cabinet was 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.

Equipment for clinical consultations had been suitably procured and was stored appropriately. Some of the equipment was single use, and ample consumables were available. Computer screens were not visible to members of the public. Cordless telephones were in use 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.