

Registered pharmacy inspection report

Pharmacy Name: Muxton Pharmacy, 9C Fieldhouse Drive, Muxton, TELFORD, Shropshire, TF2 8JQ

Pharmacy reference: 1088121

Type of pharmacy: Community

Date of inspection: 18/04/2023

Pharmacy context

This community pharmacy is located in a small parade of shops in a residential area of Muxton, Telford. It dispenses prescriptions and sells over-the-counter medicines. The pharmacy supplies some medicines in multi-compartment compliance aid packs to help make sure people take their medicines at the right time. The pharmacy also offers several additional services including the community pharmacy consultation service, vitamin B12 injections, a pharmacy walk-in clinic, travel vaccinations and ear micro suction.

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 manages the risks associated with its services and it keeps the records it needs to by law. Pharmacy team members are clear about their roles and responsibilities. They understand how to keep people's private information safe and how to raise concerns to protect the wellbeing of vulnerable people.

Inspector's evidence

The pharmacy had some systems in place to help identify and manage risks. For example, there was a set of standard operating procedures (SOPs) which covered the services provided by the pharmacy. Team members had signed each procedure to confirm that they understood them and agreed to follow them. The procedures defined the roles of individuals and through discussion pharmacy team members demonstrated that they were clear about their responsibilities, including the activities permissible in the absence of a responsible pharmacist (RP). The pharmacy had professional indemnity insurance and a certificate displayed was valid until July 2023.

The pharmacy had a near miss log. A pharmacy team member explained that since January 2023, there had been some short-term staffing issues in the pharmacy. This had led to a slight reduction in recording, which might reduce the effectiveness of near miss reviews due to lack of information. Near misses were reviewed at the end of each month to identify trends and a pharmacy team member discussed several changes that had been made to help prevent reoccurrence. A system was in place to record and investigate dispensing incidents and the action taken following a previous incident was discussed.

People using pharmacy services were able to provide verbal feedback to team members. There was also a comments and suggestions box near to the medicine counter, but this was not used regularly. Feedback could also be provided online through the pharmacy website and Google reviews.

The correct RP notice was displayed near to the medicine counter and the RP log was in order, as were records for unlicensed specials and private prescriptions. Controlled drugs (CD) registers kept a running balance, but balance checks were not completed at the frequency defined in the SOPs. Patient returned CDs were recorded in a designated register.

Pharmacy team members understood the principles of confidentiality. A team member discussed the ways in which people's information was kept safe. Confidential waste was segregated and removed by an external contractor for suitable disposal and team members held their own NHS Smartcards. The pharmacy privacy notice was also displayed at the medicine counter.

The pharmacist and pharmacy manager had completed safeguarding training and the contact details of local safeguarding agencies were available to support the escalation of any concerns. A chaperone policy was displayed at the entrance to the consultation room.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members are suitably trained for the jobs that they do. They get feedback on their development and have access to ongoing training materials to help them learn and improve.

Inspector's evidence

The pharmacy team consisted of the regular pharmacist, who was also the owner and two dispensers, one of whom was a locum and the other held the role of pharmacy manager. The pharmacy was currently recruiting for two dispenser positions, to cover a team member who recently left and another who was due to take maternity leave. Planned leave was organised to help maintain suitable staffing levels and the team were able to suitably manage the dispensing workload.

Pharmacy team members were suitably trained for their roles, and they had access to ongoing learning modules through an e-Learning platform to help maintain their knowledge and skills. The pharmacy manager reviewed training records on an ad hoc basis. Team members also had regular appraisals with the pharmacy manager to review their development. New employees also completed additional probationary reviews.

A team member discussed the sale of over-the-counter medicines. She explained the questions that she would ask to help make sure sales were appropriate and identified some medicines which were susceptible to abuse and misuse. Pharmacy team members also kept records identifying individuals who they felt were requesting medicines too frequently. Concerns were referred to the pharmacist.

There was an open dialogue in the pharmacy and team members were happy to approach the pharmacist with any concerns and feedback. A whistleblowing policy was displayed in the dispensary.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and provides a suitable environment for the provision of healthcare. Consultation rooms are available to enable people to have a private conversation with pharmacy team members.

Inspector's evidence

The pharmacy was well maintained, clean and portrayed a professional appearance. The lighting and ambient temperature was appropriate. The retail area stocked a range of goods suitable for a healthcare-based business and there was a defined workflow in the dispensary. Team members had access to a staff WC and appropriate handwashing facilities.

The pharmacy had two consultation rooms. Both of which were equipped with a desk and seating to facilitate private and confidential conversations. The rooms were suitably maintained and displayed a range of certificates for training undertaken by team members.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are generally accessible and suitably managed. But the pharmacy does not always complete risk assessments and audits of new services to ensure that new services are being delivered effectively and in line with current guidance. The pharmacy gets its medicines from licensed wholesalers and team members complete checks to help make sure medicines are stored safely and fit for supply.

Inspector's evidence

The pharmacy was accessed via a single step from the main street and had a manual door. The entrance was visible from the medicine counter, so people who needed assistance could be identified. There was signage in the entrance window and leaflets and posters throughout the retail area advertising services available from the pharmacy. The pharmacy also had contact details for local organisations to assist with signposting.

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 by and checked by boxes to identify who was involved in the dispensing process and owing slips were given to people when the full quantity of medicines could not be supplied. The pharmacy used a stamp to highlight prescriptions for controlled drugs, to help make sure that supplies were made within the valid expiry date of the prescription. The pharmacy team members were aware of the risks of using valproate-based medicines in people who may become pregnant. They explained the steps that had been taken to counsel a patient within the at-risk criteria and they had the appropriate education literature to issue with supplies. But the pharmacy did not currently highlight other prescriptions for high-risk medicines, so some opportunities for counselling may be missed.

The pharmacy supplied some medicines in multi-compartment compliance aids to help make sure people take them at the right time. Team members maintained a master record of each person's medication which was updated with the details of any changes. Completed compliance aid packs had a patient identifying label to the front, descriptions of individual medicines were recorded, and patient leaflets were supplied. But some trays did not always contain a complete audit trail so team members involved in dispensing could not always be identified.

The pharmacy offered a walk-in clinic, which had been set up through a pharmacy buying group, which they were part of. The prescribing service was run by a pharmacist independent prescriber and was based in London. The walk-in service was available to people experiencing particular symptoms associated with common conditions, such as chest infections and UTIs, as well as skin rashes. The pharmacist had attended a training event in clinical assessment skills and completed an assessment of any applicable person who presented to the pharmacy. A guide for the service was also available for reference and support and it highlighted any red flag symptoms which required referral, as well as some prescribing guidance for the conditions covered. The details of the consultation including the history of presenting complaint, past medical history, relevant clinical symptoms and drug history were

input into an online system. This information was then sent to the pharmacist independent prescriber who issued a private prescription for the patient, if appropriate. The details of any consultation and prescriptions were sent to the patient's regular healthcare provider and the service was not completed without consent for this being provided. Prescriptions for the service to date had been issued by one pharmacist independent prescriber. The pharmacist was unable to confirm the area in which the independent prescriber had completed his initial prescribing qualification in, or how he had expanded his cope of competence to cover the other conditions which were treated. The prescribing service provider did not appear to be registered with any other regulatory body and no prescribing audits had been completed. The pharmacist had not yet read the GPhC guidance for pharmacies providing services at a distance.

Training had been completed for the ear micro suction service and the relevant equipment was available. The pharmacist had also completed training for the administration of vaccinations. A suite of patient group directives was available for the travel vaccination service. People using the service completed a health questionnaire to identify the vaccinations required and signed as consent for the service. Certificates were issued once the vaccine had been administered. The pharmacy had access to the necessary equipment to aid the administration of vaccinations, including adrenaline and a sharps bin.

Stock medicines were stored in the original packaging provided by the manufacturer and were stored in an organised manner. Liquids were marked with the date of opening. Pharmacy team members completed regular date checking. Medicines which were due to expire were highlighted and recorded, so that they could be proactively removed at the beginning of each month. Expired and returned medicines were stored in medicines waste bins.

The pharmacy fridge was equipped with a maximum and minimum thermometer. The temperature was checked and recorded each day and the fridge was within the recommended temperature range. CDs were stored appropriately with returned medicines segregated from stock.

Alerts for the recall of faulty medicines and medical devices were received electronically. Once actioned, alerts were retained as an audit trail.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides. And pharmacy team members suitably maintain equipment so that it is fit for use.

Inspector's evidence

The pharmacy had access to an up-to-date British National Formulary and internet access was available to enable further research. There was a range of clean Crown stamped liquid measures and counting triangles for tablets were also available. The pharmacy had additional equipment including a blood pressure monitor, thermometer and ear micro suction device to support the delivery of other services. Equipment was clean and suitably maintained.

Electrical equipment was in working order. Computer screens faced away from public view and were password protected to help prevent unauthorised access. Cordless phones were available to enable conversations to take place in private.

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.