

# Registered pharmacy inspection report

**Pharmacy Name:** Phoenix Pharmacy, Phoenix Health Centre,  
Parkfield Road, Parkfields, WOLVERHAMPTON, West Midlands, WV4  
6ED

**Pharmacy reference:** 1092476

**Type of pharmacy:** Community

**Date of inspection:** 17/09/2019

## Pharmacy context

This busy 100-hour community pharmacy is located inside a large health centre. The pharmacy mainly dispenses prescriptions and it supplies some medicines in multi-compartment compliance aid packs to help make sure that people take them at the correct time. The pharmacy sells a limited range of over-the-counter medicines and it provides several other services including Medicines Use Reviews (MURs), emergency hormonal contraception (EHC) and a local minor ailments scheme. It also offers flu vaccinations during the relevant season.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy identifies and manages risks adequately, and it keeps appropriate records. It asks for feedback and uses this to make service improvements. The pharmacy team members complete training so that they understand how to protect people's personal information, and they take steps to learn from their mistakes to help prevent them from happening again.

### Inspector's evidence

The pharmacy had a set of written standard operating procedures (SOP) covering operational tasks and activities. The procedures did not always state the responsibilities of team members, and audit trails to confirm that staff had read and acknowledged them were incomplete. Through discussion team members were able to demonstrate an understanding of their roles including describing the activities which were permissible in the absence of a responsible pharmacist (RP). The team said that members of staff from head office periodically attended at the pharmacy to carry out informal reviews of the systems in place. Professional indemnity insurance covering pharmacy services was provided through Pharmacy Guard.

Pharmacy team members recorded their near misses. Each week paper records were transcribed onto an electronic system by the pharmacist. The computer system performed a trend analysis which was discussed with team members each month. The inspector was informed that amlodipine and amitriptyline had been segregated in response to previous issues. The pharmacist also discussed the actions that had been taken in response to a previous dispensing incident. Records of incidents were completed and kept as an audit trail.

The pharmacy had a complaint procedure. This was explained in the pharmacy practice leaflet. But a copy was not available on the main retail floor, so may not always be easily accessible. A dispenser said that she would assist any person raising a concern verbally. The pharmacy kept records of previous complaints, including correspondence to demonstrate how concerns had been addressed and the pharmacist provided several examples of actions that had been taken in response to previous issues. Complaints were also referred to the company's head office. Further feedback was obtained through Community Pharmacy Patient Questionnaires (CPPQ). The results of a 2018 survey were displayed in the dispensary and these were positive.

The correct RP notice was conspicuously displayed near to the medicine counter. The RP log was in order as were specials procurement records, which provided an audit trail from source to supply. Controlled Drugs (CD) registers recorded a running balance and regular checks were carried out. Patient returned CDs were recorded and previous destructions were signed and witnessed. The pharmacy's private prescription records were in order but there were some discrepancies with the recording of emergency supplies, as some supplies made at the request of patients were incorrectly recorded as being at the request of a prescriber. Consequently, these records did not state the nature of the emergency in line with requirements. So, the pharmacy may not always be able to show what has happened in the event of a query.

The pharmacy had information governance procedures and some training had been completed on the General Data Protection Regulation (GDPR). The GDPR folder contained the company's Information Commissioner's Office (ICO) registration number and a copy of its privacy policy. A dispenser discussed some of the ways in which people's privacy would be protected in the pharmacy. Confidential waste was shredded on the premises and team members were in possession of their own NHS smartcards. Initially during the inspection, the smartcard of an absent staff member was placed in the dispensing terminal. It was removed but indicated that cards are not always appropriately secured when not in use. This was discussed with the pharmacist.

The registrants in the pharmacy had completed safeguarding training through the Centre for Pharmacy Postgraduate Education (CPPE). The pharmacist discussed some of the types of concerns that might be identified and explained how they would be managed. The pharmacy's chaperone policy was advertised on the door to the consultation room.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy team members hold the appropriate qualifications for their roles. They get some feedback on their development so that they can make improvements to their practice. But the pharmacy provides limited ongoing training, so they may not always be able to show how they keep their knowledge up to date. The team work together well and they can provide feedback on pharmacy services.

### Inspector's evidence

On the day of the inspection, the regular pharmacist was working alongside a registered accuracy checking pharmacy technician (ACT) and three qualified dispensers. The pharmacy also employed a pre-registration pharmacist, a pharmacy technician, a dispenser and three medicine counter assistants, none of whom were present. The team were one member of staff below their usual staffing level as an MCA was on planned leave. Leave was restricted in the pharmacy to one team member at a time, to help maintain adequate levels of staff for service provision. Part-time staff increased their hours to provide cover as required. There was no sole working in the pharmacy at any time. During the inspection the team were observed to manage the workload adequately, there was no backlog in dispensing and supplies were being made to patients on time.

Team members held the appropriate qualifications for their roles. Copies of their training certificates were held for reference. The pharmacist advised that an MCA who was not present was enrolled on a training course through Buttercups. There was limited structured ongoing training for staff. Team members kept themselves up to date by reading trade press magazines which were received through the post. The pharmacist said that previously Counter Skills training books had also been completed. Team members were unable to recall any recent topics that had been covered. The pharmacist had set up a training folder for each member of staff, but records were not routinely being maintained. He explained that annual development reviews were completed with each team member. Interim issues were addressed with one-to-one conversations, which were recorded in the team member's personal file. The team were observed to work within their competence and refer to the pharmacist when unsure. Some appropriate sales were observed during the inspection, but on occasion questioning was limited to examples such as 'have you had these before?'. This may lead to some information being missed. The issue was discussed with the pharmacist who agreed to review it accordingly.

The team worked together well in an open environment. They were happy to approach the pharmacist in charge with any concerns. But they were not always aware of how a concern could be raised anonymously, if required. He pharmacist agreed to find out if a whistleblowing policy was in place and make this available to staff. He confirmed that the company did not set any targets relating to professional services.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a secure and clean environment for pharmacy services. But the lack of space impacts on general organisation, and some areas are untidy which detracts from the overall professional appearance.

### Inspector's evidence

The pharmacy was in a good state of repair. It had adequate lighting and the temperature was appropriate for the storage of medicines. Any maintenance concerns were directed to the health centre management. Daily cleaning duties were completed by the pharmacy team members and the premises were generally clean on the day.

From the main entrance was a retail area, which stocked a range of items which were suitable for a healthcare-based business. There were some chairs available for use by people who were less able to stand. And further seating was available in the adjacent health centre. Pharmacy restricted medicines were store behind the medicine counter to help prevent self-selection. Off the retail area were two enclosed areas used to help protect people's privacy. One was a standing area, which had a Perspex supervision hatch, used to supervise substance misuse patients. The second was fitted with a desk and seating used to provide access to private and confidential discussions. Both rooms were unorganised and cluttered with pharmacy consumables such as bags and medicine bottles, as well as surplus stock from the retail area. This detracts from the professional appearance from the pharmacy and also significantly limited access to both rooms. The pharmacist said that he was aware it was not appropriate and would get the issue resolved as a matter of urgency.

The dispensary was limited for space given the item numbers dispensed. Behind the main front counter was an island set work bench. One side was fitted with a dispensing terminal. Prescriptions were then passed to the other side of the bench for checking. A further work bench was used to place stock orders away and provided additional dispensing space for compliance aid packs. The dispensary also had a sink for the preparation of medicines, which was equipped with appropriate hand sanitiser. There were several items being stored on the floor including prescription baskets. This could increase the risk of medications being mixed up and could cause a trip hazard for pharmacy team members.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy sources and stores medicines appropriately, and it carries out some checks to help make sure that they are fit for supply. Its services are generally accessible and suitably managed. But it could do more to assist people on high-risk medicines and those using compliance aid packs, to make sure they receive all of the information they need to take their medicines properly.

### Inspector's evidence

The pharmacy was clearly signposted from the outside of the premises. It had step-free access to the front and from the adjacent waiting area of the health centre. The manual door remained propped open during the inspection. Team members were heard to converse with patients dual-lingually to help provide counselling and offer assistance.

There was some advertisement of pharmacy services on the entrance window. But the information was sometimes inaccurate and incorrectly stated that the pharmacy offered a smoking cessation service. The team had access to lists of other local healthcare providers, so that people who required other services could be appropriately signposted. But records of this were not routinely maintained.

Prescriptions were separated using baskets to help reduce the risk of medicines being mixed up. An audit trail for dispensing was kept using 'dispensed' and 'checked' boxes. The ACT primarily checked compliance aid packs and a quadrant stamp was used to confirm that prescriptions had received a clinical check, prior to the final check being completed. The pharmacy identified prescriptions for CDs and marked them with an expiry date to help make sure that supplies were made within the valid 28-day period. But they did not routinely highlight prescriptions for high-risk medications to help make sure that people received appropriate counselling. The supply of valproate-based medicines to people who may become pregnant was discussed. The pharmacist was not confident on the requirements detailed in guidance from the Medicines and Healthcare products Regulatory Agency (MHRA) and the necessary warning literature could be located on the day. The pharmacist did not believe that there were any patients within the age criteria receiving supplies from the pharmacy. But he agreed to review the guidance and make sure all team members were aware. The inspector advised on how copies of warning materials could be obtained.

Patients contacted the pharmacy to request repeat medications. Requests were sent to the surgery, but the pharmacy did not keep a record to identify unreturned requests. Signatures were obtained confirming deliveries made to patients, and medications from failed deliveries were returned to the pharmacy.

The pharmacy used a four-week system to manage compliance aid packs. A dispenser kept a record of prescriptions requested and received back. Team members were in the process of re-writing master record sheets which provided a list of each patient's medication and was used to record any changes. The pharmacist discussed the conversation that he would have prior to a new patient being initiated onto a compliance aid pack, to help make sure that this was appropriate. But records of this were not

kept. No high-risk medicines were placed into compliance aid packs. Packs recorded patient details but did not always identify those involved in the dispensing process or record the descriptions of individual medicines. Patient leaflets were not always supplied. So, people may find it harder to identify individual medicines contained within the packs.

The pharmacist had completed training for the supply of EHC and copies of the services specification for the minor ailments folder was available for reference. The pharmacist discussed some of the types of concerns that he would be monitoring for and supplies were recorded through PharmOutcomes.

Stock medicines were sourced through reputable wholesalers and specials from a licensed manufacturer. Stock was reasonably organised and kept in its original packaging. One bottle of methadone, which had a shortened expiry following opening was not marked with a date of first use. Date checking was carried out each quarter and short dated medicines were highlighted. There were some instances where checks extended beyond the quarterly expectation, this had been identified by the pharmacist and a list of urgent checks to be completed was recorded on a communications board for staff to complete. No out of date medicines were identified from random samples. Expired and returned medicines were placed into medicine waste bins. A cytotoxic waste bin was not available for the segregation of hazardous materials. The pharmacy received alerts for the recall of faulty medicines and medical devices. They actioned alerts and kept an audit trail. They had the necessary hardware and software to enable compliance with the European Falsified Medicines Directive (FMD). The ACT was reviewing the systems prior to them being fully implemented.

CDs were stored appropriately with expired and patient returned medicines segregated from stock. Random balance checks were found to be correct and CD denaturing kits were available. The pharmacy fridge was fitted with a maximum and minimum thermometer. The temperature was checked and recorded each day to make sure it was within the required range.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the facilities and equipment it needs to provide its services. The team uses the equipment in a way that protects privacy.

### Inspector's evidence

The pharmacy had paper-based reference materials and internet access supported further research. Glass measures were crown-stamped and separate measures were marked for use with CDs. Counting triangles were available and a separate triangle was kept for use with cytotoxic medicines. Its equipment was suitably maintained and clean.

Electrical equipment was in working order. PAT test stickers stated a next test date of October 2018. The pharmacist was unsure whether a check had taken place since this date but did not report any problems with equipment. Computer systems were password protected and screens were located out of public view. Cordless phones were available to enable conversations to take place in private, if required.

### 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.