## General Pharmaceutical Council

## Registered pharmacy inspection report

# Pharmacy name: West Bromwich Pharmacy

Address: 19 Westgate Plaza, Moor Street, West Bromwich, West Midlands,

**B70 7AD** 

Pharmacy reference: 1092807

**Type of pharmacy: Community** 

Date of inspection: 01/07/2025

Pharmacy context and inspection background

This community pharmacy is located next to a large medical centre on the outskirts of West Bromwich town centre. It is open extended hours across seven days. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of NHS services including the NHS Pharmacy First service, a local minor ailments scheme, blood pressure monitoring and contraception services. Private services available include travel vaccinations and a phlebotomy service. The pharmacy supplies medicines in multi-compartment compliance packs to some people to help them take their medicines at the right time.

This was a full intelligence-led inspection of the pharmacy following information received by the GPhC. The pharmacy was last inspected in March 2019 under a previous owner and all standards were met.

Overall outcome: Standards not all met

**Required Action:** Improvement Action Plan

Follow this link to find out what the inspections possible outcomes mean

## Standards not met

#### Standard 1.1

• The pharmacy does not suitably identify and manage the risks associated with its services. It cannot demonstrate that its team members always follow the written procedures available. So, they do not always work effectively and there is evidence that things have gone wrong which increases the risk of patient safety.

### Standard 1.2

• The pharmacy team does not routinely assess the safety and quality of services provided. Team members do not record the details of patient safety incidents, so they cannot demonstrate that they effectively review or learn when things go wrong. This means they miss opportunities to implement changes and make improvements.

#### Standard 1.6

 Pharmacy records for assuring the safety of services, including the responsible pharmacist and fridge temperature records are incomplete or unclear. And there is no record of private prescriptions previously supplied via a third-party online prescribing service. So, the pharmacy cannot demonstrate what supplies were made and to whom.

#### Standard 1.7

The pharmacy cannot demonstrate that its team members understand the principles of how
patient identifiable information should be handled. There is evidence that confidential waste is
not being adequately separated and securely destroyed which could lead to a breach of patient
confidentiality.

## Standard 4.2

• The pharmacy does not effectively manage its services to make sure that they are provided safely. Services, including dispensing and the supply of compliance aid packs are not delivered in line with the pharmacy's procedures which increases the risk of things going wrong and patient harm.

### Standard 4.3

• The pharmacy cannot demonstrate that its medicines are suitably stored and fit for purpose. Medicines are not always stored within their original container and some higher risk pharmacy restricted medicines, are not always properly secured. The pharmacy also cannot show that medicines requiring refrigeration are stored in appropriate conditions. And team members do not always follow the correct procedures when managing patient returned medicines, which increases the risk of them being inappropriately supplied to patients.

## Standards that were met with areas for improvement

## Standard 2.2

• Pharmacy team members are trained for the roles in which they are working, but ongoing learning and development opportunities are limited, so the pharmacy may not always be able to show how team members maintain the knowledge and skills needed for their role. And the pharmacy does not have a consistent approach for training work experience students. This increases the risk that students may be asked to carry out tasks that are unsuitable for their skill level.

## Standard 4.4

• The pharmacy receives alerts for the recall of faulty medicines and medical devices, but it does not keep a record to show the action that has been taken in response. So, it may not always be able to demonstrate that recall alerts have been actioned in a suitable manner.

## Principle 1: The governance arrangements safeguard the health, safety and wellbeing of patients and the public

**Summary outcome: Standards not all met** 

Table 1: Inspection outcomes for standards under principle 1

Standard	Outcome of individual standard	Area for improvement/ Area of good or excellent practice
1.1 - The risks associated with providing pharmacy services are identified and managed	Not met	
1.2 - The safety and quality of pharmacy services are regularly reviewed and monitored	Not met	
1.3 - Pharmacy services are provided by staff with clearly defined roles and clear lines of accountability	Met	
1.4 - Feedback and concerns about the pharmacy, services and staff can be raised by individuals and organisations, and these are taken into account and action taken where appropriate	Met	
1.5 - Appropriate indemnity or insurance arrangements are in place for the pharmacy services provided	Met	
1.6 - All necessary records for the safe provision of pharmacy services are kept and maintained	Not met	
1.7 - Information is managed to protect the privacy, dignity and confidentiality of patients and the public who receive pharmacy services	Not met	
1.8 - Children and vulnerable adults are safeguarded	Met	

## Principle 2: Staff are empowered and competent to safeguard the health, safety and wellbeing of patients and the public

**Summary outcome: Standards met** 

Table 2: Inspection outcomes for standards under principle 2

Standard	Outcome of individual standard	Area for improvement/ Area of good or excellent practice
2.1 - There are enough staff, suitably qualified and skilled, for the safe and effective provision of the pharmacy services provided	Met	
2.2 - Staff have the appropriate skills, qualifications and competence for their role and the tasks they carry out, or are working under the supervision of another person while they are in training	Met	Area for improvement
2.3 - Staff can comply with their own professional and legal obligations and are empowered to exercise their professional judgement in the best interests of patients and the public	Met	
2.4 - There is a culture of openness, honesty and learning	Met	
2.5 - Staff are empowered to provide feedback and raise concerns about meeting these standards and other aspects of pharmacy services	Met	
2.6 - Incentives or targets do not compromise the health, safety or wellbeing of patients and the public, or the professional judgement of staff	Met	

# Principle 3: The environment and condition of the premises from which pharmacy services are provided, and any associated premises, safeguard the health, safety and wellbeing of patients and the public

**Summary outcome: Standards met** 

Table 3: Inspection outcomes for standards under principle 3

Standard	Outcome of individual standard	Area for improvement/ Area of good or excellent practice
3.1 - Premises are safe, clean, properly maintained and suitable for the pharmacy services provided	Met	
3.2 - Premises protect the privacy, dignity and confidentiality of patients and the public who receive pharmacy services	Met	
3.3 - Premises are maintained to a level of hygiene appropriate to the pharmacy services provided	Met	
3.4 - Premises are secure and safeguarded from unauthorized access	Met	
3.5 - Pharmacy services are provided in an environment that is appropriate for the provision of healthcare	Met	

# Principle 4: The way in which pharmacy services, including management of medicines and medical devices, are delivered safeguards the health, safety and wellbeing of patients and the public

Summary outcome: Standards not all met

Table 4: Inspection outcomes for standards under principle 4

Standard	Outcome of individual standard	Area for improvement/ Area of good or excellent practice
4.1 - The pharmacy services provided are accessible to patients and the public	Met	
4.2 - Pharmacy services are managed and delivered safely and effectively	Not met	
4.3 - Medicines and medical devices are: obtained from a reputable source; safe and fit for purpose; stored securely; safeguarded from unauthorized access; supplied to the patient safely; and disposed of safely and securely	Not met	
4.4 - Concerns are raised when medicines or medical devices are not fit for purpose	Met	Area for improvement

# Principle 5: The equipment and facilities used in the provision of pharmacy services safeguard the health, safety and wellbeing of patients and the public

**Summary outcome: Standards met** 

Table 5: Inspection outcomes for standards under principle 5

Standard	Outcome of individual standard	Area for improvement/ Area of good or excellent practice
5.1 - Equipment and facilities needed to provide pharmacy services are readily available	Met	
5.2 - Equipment and facilities are: obtained from a reputable source; safe and fit for purpose; stored securely; safeguarded from unauthorized access; and appropriately maintained	Met	
5.3 - Equipment and facilities are used in a way that protects the privacy and dignity of the patients and the public who receive pharmacy services	Met	

## What do the summary outcomes for each principle mean?

Finding	Meaning
<b>✓</b> 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.