

# Registered pharmacy inspection report

**Pharmacy Name:** Hills Pharmacy, 15 Hill Top Road, OLDBURY, West Midlands, B68 9DU

**Pharmacy reference:** 1093041

**Type of pharmacy:** Community

**Date of inspection:** 19/12/2023

## Pharmacy context

This community pharmacy is located next to a medical centre in a residential area of Oldbury, West Midlands. It is open extended hours over seven days and most people who use the pharmacy are from the local area. The pharmacy dispenses NHS prescriptions and it sells over-the-counter medicines. It offers a home delivery service, and it supplies medicines in multi-compartment compliance aids for some people to help them take their medicines at the right time. The pharmacy also provides a substance misuse service.

## Overall inspection outcome

**Standards not all met**

**Required Action:** Improvement Action Plan

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 not all met	1.6	Standard not met	The pharmacy's responsible pharmacist log is often incomplete or contains inaccuracies. This means the pharmacy cannot demonstrate who was responsible for the safe and effective running of the pharmacy at a set point in time.
<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 not all met

### Summary findings

The pharmacy keeps the records it needs to by law, but its responsible pharmacist log is often incomplete or contains inaccuracies. This means, the pharmacy cannot always demonstrate who was responsible for the safe and effective running of the pharmacy at a set point in time. The pharmacy keeps people's private information safe. But its procedures contain outdated information, so team members may not always work as effectively as they could.

### Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) covering operational tasks and activities. But some of the procedures had not been updated in some time and they contained outdated or inaccurate information. There were also several guidance documents in the SOP folder, including some from organisations which no longer exist. This means that team members might not always have access to the most up to date information they need to work effectively. Through discussion team members demonstrated an understanding of their roles and responsibilities and a team member clearly explained the activities which could and could not be completed in the absence of a responsible pharmacist (RP). The pharmacy had professional indemnity insurance and a certificate provided by the superintendent pharmacist (SI) was valid until June 2024.

The pharmacy had a near miss log, but no recent entries had been recorded. The pharmacist believed that recording had lapsed but that discussions about near misses took place at the time of the event. And he understood that near miss recording was good practice and agreed to try and reimplement this into daily practice. Dispensing incidents were recorded on paper forms. Documentation regarding two recent incidents were reviewed and team members explained how shelf edge labels were used to try and highlight 'look alike, sound alike' medicines, to help reduce the risk of picking errors.

People using the pharmacy's services could provide feedback verbally. Any issues which could not be resolved in the pharmacy were escalated to the SI pharmacist. Online reviews were also captured.

The correct RP notice was clearly displayed near to the medicine counter. The pharmacy had an RP log, but it was not compliant as there were multiple missing entries. Controlled drug (CD) registers kept a running balance, and some balance checks were completed, but some other record keeping issues were identified. A sample of records for the supply of unlicensed specials were in order, but some private prescription records did not accurately record the details of the prescriber, so it may not always be clear what has happened in the event of a query.

A member of the pharmacy team explained that they had completed some training on confidentiality and data protection as part of their initial training course. She explained how confidential information was kept safe in the pharmacy. Team members held their own NHS Smartcards. They segregated and shredded confidential waste.

The pharmacist discussed a previous safeguarding concern that he had identified when working elsewhere. He explained the types of concerning behaviours that he might be watching for and said he

would initially speak to the SI pharmacist regarding any concerns. The pharmacist was in the process of completing some up-to-date safeguarding training. The pharmacy had a chaperone policy. The details of which were displayed next to 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 work well together in a busy environment. Team members feel comfortable raising concerns and providing feedback. But there are limited opportunities for ongoing learning and development. So, the pharmacy may not always be able to demonstrate how team members keep their knowledge and skills up to date.

### Inspector's evidence

The pharmacy team comprised of a locum pharmacist and two dispensing assistants. Two additional dispensers arrived midway through the inspection. This was confirmed as the usual staffing level and overall, the team managed the dispensing workload on the day. There was no backlog in dispensing, but team members commented that as the pharmacy was also busy with queries and telephone calls, some less urgent housekeeping tasks were sometimes more difficult to complete. The pharmacy opened extended hours over seven days and was currently reliant on locum pharmacists. There were several pharmacists who worked regular shifts at the pharmacy to create some continuity.

Pharmacy team members were trained for their roles, but there was limited ongoing learning and development opportunities available to them. Team members had not had any recent development reviews, but they said that they could speak to the SI pharmacist about training.

A dispenser discussed the questions that she would ask when selling medicines over the counter to help make sure that sales were safe and appropriate. She identified several medicines which may be subject to abuse and misuse and concerns were referred to the pharmacist. Team members were heard to regularly refer queries to the pharmacist throughout the inspection.

There was an open dialogue amongst pharmacy team members. Team members were happy to raise concerns and provide feedback and there was a WhatsApp group with the SI pharmacist where any concerns could be discussed. The SI pharmacist could also be contacted by team members to speak to on a one-on-one basis, if needed.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy generally provides a suitable space for people to receive healthcare services. It has a consultation room to allow people to speak to team members in private. But some of the interior fixtures and fittings are dated, which detracts from the overall professional appearance.

### Inspector's evidence

The pharmacy had a small retail space which was equipped with a seating area for use by people waiting for prescriptions. Goods for sale were generally appropriate for a healthcare-based business and pharmacy only medicines were secured behind the medicine counter.

The dispensary was compact, but separate areas were maintained for dispensing and checking. Although in a suitable state of repair, some of the interior fixtures and fittings within the pharmacy appeared dated. This detracted from the overall professional appearance. The lighting and ambient temperature were both appropriate. Team members had access to a staff WC and handwashing facilities, but these facilities required some housekeeping maintenance.

The pharmacy had a small consultation room, which was signposted from the retail area. The room had a desk and seating to allow for private conversations.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy generally supplies medicines safely. It sources its medicines from reputable suppliers and team members complete some checks to help make sure that medicines are suitable for supply. But team members do not always record these checks. So, the pharmacy may not always be able to demonstrate that medicines are appropriately stored. And the team does not always identify people on high-risk medications so opportunities to provide further counselling may be missed.

### Inspector's evidence

The pharmacy had step free access from the both the car park and the adjacent GP surgery. There was a manual door which was visible from the medicine counter, so people who needed assistance could be identified. The opening hours were clearly displayed at the pharmacy entrance. There were a limited number of services available from the pharmacy and some health promotion materials were displayed in the retail area.

Prescriptions were dispensed in colour coded baskets, to help keep them separate and to prioritise the workload. Team members did not always sign 'dispensed' and 'checked' boxes on dispensing labels, so it may not always be possible to identify individuals involved in the dispensing process. The pharmacy had stickers which could be used to identify prescriptions where additional counselling was needed, but prescriptions for high-risk medicines were not always routinely identified. The pharmacist was aware of new guidance regarding the supply of valproate-based medicines. But other team members were not. The pharmacist agreed to review this with them after the inspection. Prescriptions for CDs were identified to help ensure that a supply was made within the valid 28-day expiry date.

People usually contacted the pharmacy to request repeat prescriptions. Requests were sent via email, or using paper requests for the adjacent surgery, but they were not proactively followed-up to help identify unreturned requests. Prescriptions for people who received their medicines in multi-compartment compliance aid packs were requested by pharmacy team members. An audit trail was in place which tracked the ordering and dispensing process. Completed compliance aid packs had a patient identifying label to the front, descriptions were present to enable individual medicines to be identified and patient leaflets were supplied.

Delivery records were not available, but team members reported that the driver obtained signatures to confirm the delivery of medicines. Medications from failed deliveries were returned to the pharmacy.

The pharmacy obtained medicines from a range of reputable wholesalers and unlicensed specials from a specials manufacturer. Stock medicines were stored in the original packaging in large drawers and shelving units. Team members completed some date checking, but they explained that they were behind on some checks. A diary was being used to record any short-dated medicines. One expired medicine was identified during random checks of the dispensary shelves. This was placed in a medicines waste bin. Returned and obsolete medicines were being stored in an unorganised manner. Alerts for the recall of faulty medicines and medical devices were received via email and from wholesalers. The team explained the action taken in response to a recent alert, but audit trails for this were not routinely maintained. So, the pharmacy may not always be able to show what has happened in the event of a query.

The pharmacy refrigerator was within the recommended temperature range. A temperature log was available. But there were a couple of inaccurate entries where the dispensary temperature had been inadvertently recorded and the record also contained numerous gaps. This meant, the pharmacy may not always be able to demonstrate that medicines are being stored appropriately. CDs were stored securely, and two random balance checks were found to be correct.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to provide its services. Team members use the equipment in a way that protects people's privacy.

### Inspector's evidence

The pharmacy had general internet access where resources including the British National Formulary were available. There were approved glass liquid measures which were marked for use with different liquids, including CDs. Counting triangles for tablets were also available. The equipment seen was clean and suitably maintained.

Electronic equipment appeared to be in working order. Computer systems were password protected and screens faced away from public view. The pharmacy had cordless telephones, so conversations could take place in private, as 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.