General Pharmaceutical Council

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: 01/08/2024

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.

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
1. Governance	Standards not all met	1.1	Standard not met	The pharmacy's SOPs have not been reviewed since 2020 and they contain out of date references. Staff read the SOPs when they start working at the pharmacy, but they do not re-read them at regular intervals, and they do not always work in accordance with them.
		1.2	Standard not met	Team members do not effectively review or record their mistakes. And important learning points which are identified following errors are not always shared with the rest of the pharmacy team. This means they miss out on opportunities to learn and improve the way they work.
		1.6	Standard not met	The pharmacy does not keep complete and accurate records. This includes the responsible pharmacist record, fridge temperature records, private prescription records, controlled drug registers, and specials records.
2. Staff	Standards not all met	2.2	Standard not met	The pharmacy does not always support its team members to complete essential training for the roles in which they are working.
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 not all met**

Summary findings

The pharmacy does not always adequately identify the risks associated with the services that it provides. It has written procedures to help make sure its services operate safely. But procedures have not been thoroughly reviewed for several years so may not reflect current practice. Its team members do not take appropriate action when things go wrong and so they may miss opportunities to learn from their mistakes. The pharmacy keeps and maintains most of the records it needs to by law, but there are some instances of records being incomplete. Members of the team generally take the correct steps to protect people's private information and they know how to safeguard vulnerable people.

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 since 2020, and they contained outdated or inaccurate information. This included references to organisations that had ceased to exist several years ago, or legislation that been replaced. This means that team members might not always have access to the most up to date information they need to work effectively. The pharmacy used signature sheets to record staff training on the SOPs, but it was unclear whether the SOPs had been re-read by team members after amendments had been made. Some hand-written amendments had been made to the SOP documents, but the change had not been annotated to show who had made the change or when. An example of an SOP not being followed was that 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 a near miss log, but these were not routinely recorded as just one near miss had been recorded during 2024. The pharmacy team recalled that this had been highlighted at the previous inspection in December 2023, but the pharmacy did not have a permanent manager, so no-one was responsible for overseeing processes such as this. A dispensing assistant gave examples of medicines that had been separated and explained how shelf edge labels were used to try and highlight 'look alike, sound alike' medicines, to help reduce the risk of picking errors. Dispensing incidents were recorded on paper forms. Documentation regarding a recent incident was reviewed and team members, including the responsible pharmacist (RP), were aware of the error. But they said they had not been made aware of the actions that had been identified by the investigating pharmacist to prevent a similar incident happening in the future despite the actions being for dispensers and pharmacists.

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 requests for codeine containing medicines were handled.

People could give feedback to the pharmacy team verbally or in writing. The pharmacy team members tried to resolve issues that were within their control and involved the RP or the superintendent (SI) if they could not reach a solution. The team checked the pharmacy's Google reviews and responded as necessary.

The pharmacy had current professional indemnity insurance in place. The correct RP notice was clearly displayed in the shop area. The pharmacy kept the records required by law, but several record keeping issues were identified. The RP log was not compliant as there were missing entries. This meant that the pharmacy could not always demonstrate who was responsible for the safe and effective running of the pharmacy at a set point in time. Controlled drug (CD) registers had some page headings had not been completed. Two random CD balances were checked, and one matched the balance recorded in the register, but the other did not. This was investigated by the RP after the inspection and resolved. A sample of records for the supply of unlicensed specials were generally in order, although one was missing the details of the patient that it had been supplied with the unlicensed medicines. Private prescription records did not always accurately record the details of the prescriber, so it may not always be clear what has happened in the event of a query. A fridge temperature log was available. But there were some gaps in the temperature log. This meant the pharmacy may not always be able to demonstrate that fridge medicines are being stored appropriately. Records of home deliveries were kept, and a separate form was used to record when a controlled drug had been delivered. The pharmacy had reviewed its delivery service as the result of feedback from some delivery patients, and it was re-introducing the requirement for the delivery driver to obtain a signature for deliveries so there was a more robust audit trail. ent for the delivery driver to obtain a signature for deliveries.

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. Confidential waste was stored separately from general waste and destroyed securely. The pharmacy's shredder had broken so confidential waste was being taken to another pharmacy to be destroyed whilst they waited for a new shredder to be delivered. There was confidential information on boxes on the floor in the consultation room and the door was left unlocked. The team agreed to either keep the door locked or remove the information. The pharmacy team members had their own NHS Smartcards. The RP had completed level three training on safeguarding, and the pharmacy team understood what safeguarding meant and what to do if they had a concern.

Principle 2 - Staffing **Standards not all met**

Summary findings

The pharmacy does not always support its team members to complete essential training for the roles in which they are working. This means team members might not always have the knowledge and skills to provide the services safely. The pharmacy has enough team members to manage the day-to-day workload and the services that it provides but it is lacking leadership. This means that some of the expected standards are overlooked as no-one is responsible for them. Team members plan absences in advance, so the pharmacy has enough cover to provide the services. They work well together, and they can raise concerns and make suggestions.

Inspector's evidence

The pharmacy team comprised of a locum pharmacist, two trained dispensing assistants and an untrained staff member. This was confirmed as the usual staffing level and overall, the team managed the dispensing workload on the day. The pharmacy was open for extended hours and there were an additional three locum pharmacists, four dispensers and a home delivery driver working at the pharmacy to cover the opening hours. There was no backlog in dispensing. A dispensing assistant co-ordinated requests from other team members for annual leave and she updated the rota so that the opening hours were covered.

Not all pharmacy team members were suitably trained for their roles. One part-time member of the team had worked at the pharmacy for two years and had not been enrolled on an accredited training course. There was limited ongoing learning and development opportunities available to the team members and they had not had any recent development reviews.

The pharmacy had four regular locum pharmacists working there, but there was not a manager or a supervisor. A dispensing assistant had unofficially assumed some management type responsibilities in the absence of a pharmacy manager; however, her role was limited, and the pharmacy did not have anyone with responsibility for the ongoing monitoring of compliance with legal requirements or GPhC standards. This meant that some tasks such as near miss reviews or sharing the learning from dispensing errors were overlooked, and areas from improvement from the past two GPhC inspections had not been addressed.

The pharmacy team were observed working well together and 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. They held regular huddles within the dispensary during quieter times and used a messaging app to share messages.

There was an open dialogue amongst pharmacy team members. Team members were happy to raise concerns and provide feedback with the SI pharmacist where any concerns could be discussed. The team said that they had contact details for the SI and he was in their electronic messaging app group, but they could not recall the last time he visited the pharmacy.

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 well maintained. Any maintenance issues were reported to the SI. The dispensary was compact, but separate areas were maintained for dispensing and checking. And there was ample space to store completed prescriptions. The pharmacy had a website www.hillspharmacy365.co.uk and it gave people information about the pharmacy, such as the services that were available and the pharmacy's contact details. The opening hours were advertised on the website, but they were incorrect. A dispensing assistant explained that she had informed the SI of this some time ago, and they had not been changed.

The pharmacy was clean and tidy. The pharmacy was cleaned by pharmacy staff. Hot and cold running water, hand towels and hand soap were available. The pharmacy had air conditioning and the temperature in the dispensary felt comfortable. Lighting was adequate for the services provided.

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. The staff toilet was accessed through the consultation room. The door to the toilet was not always kept closed which may compromise the professional image of the consultation room.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy offers a range of healthcare services which are accessible. It generally manages its services and supplies medicines safely. The pharmacy obtains its medicines from licensed suppliers, and stores them securely, 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 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. The pharmacy had stickers which could be used to identify prescriptions where additional counselling was needed. 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. Prescriptions for CDs were identified to help ensure that a supply was made within the valid 28-day expiry date.

The pharmacy offered the NHS Pharmacy First service. The pharmacist had undergone training and had read training materials. They had quick reference guides and the NHS PGDs (patient group directions) and supporting documentation were available for reference.

Medicines were supplied in multi-compartment compliance packs for some people. People were contacted in advance of their next prescription being ordered to check whether they required any medicines that were not dispensed into the compliance pack, and whether there had been any prescription changes since their last supply. Prescriptions were ordered in advance to allow for any missing items to be queried with the surgery ahead of the intended date of supply. Each patient had a record sheet showing the dosage time and which external items they required. These sheets had recently been updated so that they were clearer for the team to follow, and up to date. A dispensing assistant had contacted every patient or patient representative to ensure the information that they had about the person’s medicines was correct. A sample of dispensed compliance packs were seen to have been labelled with descriptions of medication and an audit trail identifying who had been involved in the dispensing and checking process. Patient information leaflets (PILs) were included with each monthly supply. The pharmacy planned its workload so that it made effective use of the time during the evenings and at weekends when it was usually quieter. This time was used to dispense and check compliance packs which took the pressure away from the pharmacy team members working during the busier parts of the day.

A random sample of dispensary stock was checked, and all medicines were found to be in date. There

were date checking records maintained and short dated medicines were listed and removed before it expired. 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 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, the pharmacy did not have a system to show if they had been actioned. The CD cabinets were secure and a suitable size for the amount of stock held, and the keys were stored securely. Medicines were stored in an organised manner inside. The pharmacy refrigerator was within the recommended temperature range.

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 and staff were observed taking phone calls in the back part of the dispensary 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.