

Registered pharmacy inspection report

Pharmacy Name: Priory Community Pharmacy, 95-97 Priory Road,
DUDLEY, West Midlands, DY1 4EH

Pharmacy reference: 1094122

Type of pharmacy: Community

Date of inspection: 26/06/2023

Pharmacy context

This community pharmacy is located on a housing estate just outside of Dudley town centre. Most people who use the pharmacy are from the local area. It dispenses prescriptions and sells medicines over the counter. The pharmacy offers additional services including the NHS Community Pharmacy Consultation Service and emergency contraception. A substance misuse service and a needle exchange programme are also available. The pharmacy supplies some medicines in multi-compartment compliance aid packs to help make sure people take their medicines at the right time.

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 identifies and manages risks adequately. Its team members understand how to keep people's private information safe and raise concerns to protect the health and wellbeing of vulnerable people. The pharmacy keeps the records it needs to by law, but some information is missing. So the pharmacy may not always be able to show what has happened. And some new team members have not read all of the pharmacy's procedures, so they may not always work as effectively as they could.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) based on templates produced by a pharmacy buying group. The procedures were available electronically but there was no indication that they had recently been reviewed or tailored to the pharmacy's working practices. The pharmacist, who had been in post for a few weeks explained that he was in the process of printing the procedures to make them easier for team members to access and read. Most team members in the pharmacy were new and had not yet read the procedures, so they may not always work effectively. Through discussion, team members were able to explain their general roles and responsibilities. And a medicine counter assistant (MCA) understood which activities could and could not take place in the absence of a responsible pharmacist (RP). The pharmacy held professional indemnity insurance and a certificate displayed was valid until August 2023.

The pharmacy had a near miss log, entries had been recorded for the last three weeks, but prior to this there had been a gap in recording for several months. The pharmacist had not reviewed the log to identify any trends. He was aware of the process for reporting incidents in the pharmacy and discussed how a handout error made the week prior to the inspection had been rectified. A report relating to this incident had not yet been completed and the pharmacist agreed to prioritise this after the inspection.

People were able to provide feedback on pharmacy services in a variety of ways, including verbally and via a suggestions box in the retail area. Online reviews could also be left. The pharmacy had a complaint procedure to manage any formal concerns.

Upon arrival the incorrect RP notice was displayed, but this was swiftly rectified by the pharmacist. The RP log contained several entries where the time RP duties ceased had not been recorded. The RP was in the process of moving to a paper log to help with these issues, but this had not been fully implemented. Records for unlicensed specials did not always contain a full audit trail from source to supply. But records for private prescriptions were in order. Controlled drugs (CD) registers kept a running balance and regular balance checks were completed. A patient returns CD register was also in use.

The RP was undertaking a review of information governance procedures and risk assessments. Pharmacy team members demonstrated a clear understanding of confidentiality and several of them had completed some recent training. A team members explained how people's private information was kept safe, including separating confidential waste which was then removed and taken for appropriate disposal. Each team member had their own NHS smartcard and individual password access to the pharmacy computer system.

The pharmacist had completed safeguarding training. And a dispenser explained some of the types of concerns that might be identified. An example of a concern previously raised by the pharmacy was discussed and the contact details of local safeguarding agencies were available. The pharmacy had a chaperone policy which was displayed near to the entrance of the pharmacy.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members work well together and feel comfortable to raise concerns and provide feedback to the pharmacist or management. Team members are trained for the jobs that they do. But there is a lack of ongoing learning and development so, the pharmacy may not always be able to show how team members keep their knowledge and skills up to date.

Inspector's evidence

Most members of the pharmacy team were new in post and the pharmacy had been reliant on locum pharmacist cover for around one year. The RP, who was also taking over as superintendent pharmacist had been working at the pharmacy for a few weeks, as had the medicine counter assistant and two dispensers, one of whom was a locum. The pharmacy also employed a third dispenser, who held an NVQ3 qualification and two pharmacy students were providing additional support whilst on a break from university. The RP was looking to recruit a dispenser to provide further support and interviews for this role were ongoing. Leave was generally planned in advance and was restricted to help ensure a suitable level of staffing was maintained. The team worked well together and there was no backlog in the workload.

Pharmacy team members were trained for the roles in which they were working. But there was a lack of ongoing training and team members explained that, in the absence of a regular manager, there had not been any development reviews to help them learn and improve.

There was an open culture in the pharmacy. The team held informal meetings each morning to discuss the tasks to be completed each day and they were comfortable to provide feedback and raise concerns to the RP and to the directors of the pharmacy who were contactable by phone. The RP confirmed that there were no targets in place for services at the pharmacy.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is suitably maintained and provides a professional space suitable for the delivery of healthcare services. It has multiple rooms and spaces that can be used to provide people with access to private and confidential discussions.

Inspector's evidence

The pharmacy was well maintained, clean and generally tidy. There was a retail space, with a chair for use by people waiting for their prescriptions. The pharmacy stocked a range of goods which were suitable for a healthcare-based business and pharmacy restricted medicines were secured in locked cabinets. The dispensary was suitably sized for the volume of dispensing. The lighting and ambient temperature were suitably maintained.

The pharmacy had several additional rooms and spaces available for the provision of healthcare services. There were two main consultation rooms on the ground floor of the premises, which were both equipped with a desk and seating to enable private and confidential discussions. Further consultation areas were available on the first floor, as well as a meeting room. These rooms had previously been used for other external services, but they were not currently in use, and they were largely filled with paperwork and additional items which required storage. To the rear of the pharmacy was a garden space which had previously been used as part of a community garden initiative.

There were staff WC and tearoom facilities available which had suitable handwashing facilities.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible, and it generally supplies medicines safely, so that people receive appropriate care. The pharmacy gets its medicines from licensed suppliers and team members carry out some checks to help make sure that medicines are fit for supply. But records of this are not always properly maintained, so the pharmacy may not always be able to demonstrate that medicines are stored appropriately.

Inspector's evidence

The pharmacy had step free access from the main street. A manual door was fitted, but this was visible from the medicine counter, so people who needed assistance could be identified. The retail area had a few health promotion and service leaflets displayed and pharmacy team members had access to signposting information for other services in the local area.

Prescriptions were dispensed using baskets, to help keep them separate and reduce the risk of medicines being mixed up. Dispensed by and checked by boxes were signed on dispensing labels as an audit trail and the pharmacy used owing slips when the full quantity of medicines could not be supplied. Stickers were used to identify prescriptions for high-risk medicines which required additional counselling. The RP was aware of the risks of valproate-based medicines being supplied to people who may become pregnant. The spare valproate warning cards held by the pharmacy were old versions, which the RP agreed to replace following the inspection. Prescriptions for CDs which did not require safe custody were not always identified. This may increase the risk that a supply could be made after a prescription had expired.

The pharmacy ordered some repeat medicines for people and an audit trail was kept through the pharmacy patient medication record (PMR) system. Requests were sent securely by NHS mail. Some people received their medicines in multi-compartment compliance aid packs. The service was organised using a four-week system and a master record of medication was held for each patient, which documented any changes made to their medicines. Completed compliance aid packs had patient details to the front and descriptions were present to enable medicines to be identified. But patient leaflets were not supplied, so people may not always have access to important information about their medicines.

The pharmacy had provided a COVID-19 vaccination service. The pharmacist had reviewed the procedures and training in place for service delivery. But this service was due to finish in line with the vaccine programme at the end of the month.

The pharmacy received some referrals as part of the Community Pharmacy Consultation Service. The pharmacist reviewed the system for referrals throughout the day and the details of any advice or supplies was recorded using PharmOutcomes.

The pharmacy had recently started to offering an ear micro suction service. This was generally on an appointment basis and the pharmacist had completed relevant training. Equipment was stored securely and was cleaned between each use.

Equipment to facilitate the needle exchange programme was available, this included pre-packed kits and a sharps bin. Records of supplies were kept in line with service requirements and were submitted at the end of each month. Referrals for further support services were provided to people accessing the service who wished for further engagement with substance misuse services.

The pharmacy sourced its medicines from licensed suppliers and unlicensed specials were obtained from a licensed manufacturer. Stock medicines were stored in an organised manner, in the original packaging provided. Pharmacy team members completed regular date checking and short dated medicines were highlighted and removed. No expired medicines were identified during random checks of the dispensary shelves. Returned and expired medicines were stored in suitable medicines waste bins. Alerts for the recall of medicines and medical devices were received via email. Alerts were actioned as appropriate, and an audit trail was maintained.

The pharmacy had a medical fridge which was equipped with a maximum and minimum thermometer. The fridge was within the recommended temperature range on the day, but there were several gaps on the temperature log sheet, so the pharmacy may not always be able to show that medicines are suitably stored. CDs were stored appropriately, 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 access to reference materials including the British National Formulary (BNF) and internet access was available to facilitate further research. There was a range of clean glass ISO approved and Crown stamped liquid measures. Separate measures were clearly marked for use with methadone. Counting triangles for tablets were also available.

Electrical equipment was in working order. Computer screen faced away from public view and systems were password protected. A cordless phone was 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.