General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Ward End Pharmacy, 617 Washwood Heath Road, Ward End, BIRMINGHAM, West Midlands, B8 2HB

Pharmacy reference: 1099287

Type of pharmacy: Community

Date of inspection: 14/11/2024

Pharmacy context

This community pharmacy is situated on a major high street in the Ward End area of Birmingham. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including the NHS Pharmacy First service and seasonal flu vaccinations. The pharmacy supplies medicines in multi-compartment compliance packs to some people to help them take their medicines at the right time.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan; Statutory Enforcement

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	1.2	Standard not met	The pharmacy does not routinely record mistakes that happen, including the investigation of dispensing errors. The team are not able to show what learning they have implemented following mistakes to make services safer.
		1.6	Standard not met	The pharmacy team do not keep all of the necessary records for the responsible pharmacist, private prescriptions, unlicensed specials, and controlled drugs.
		1.7	Standard not met	The pharmacy does not adequately protect people's information. It shares NHS smartcards and does not have an effective method to destroy its confidential waste.
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 not all met	4.3	Standard not met	The pharmacy does not always store fridge medicines in a monitored fridge to ensure they are stored at the correct temperature. And some liquid medicines do not have details about when they had been opened. So the team cannot be sure if they remain fit for purpose.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance **Standards not all met**

Summary findings

The pharmacy team do not keep all of the necessary records for the responsible pharmacist, private prescriptions, unlicensed specials, and controlled drugs. So they are missing important information which is required by law and helps towards providing safe pharmacy services. The pharmacy does not adequately protect people's information. Its team members share NHS smartcards which may result in unauthorised access, and do not have an effective method to destroy its confidential waste. And members of the team are unable to demonstrate how they identify improvements following mistakes.

Inspector's evidence

The pharmacy had written standard operating procedures (SOPs) which were last reviewed in 2022. Some members of the pharmacy team had signed training sheets. But there were a number of signatures missing for newer members of the team. So the pharmacy may not be able to show all team members had read and understood the SOPs.

A paper log was available to record near miss incidents. Members of the pharmacy team explained the pharmacist highlighted any errors to the members of the team so they could correct the mistake. But the last record was made in June 2024, and the team had not recorded the details of any action they had taken. The team said they discussed any errors as part of their weekly team meeting but were unable to show what they had done to improve as a result of the meetings or show records of the discussions. Dispensing errors were also recorded onto the near miss log. There was little detail about the investigation following the error, or any action which had been taken. So the pharmacy was unable to show what action it took to improve its processes and learn from the errors.

The roles and responsibilities for members of the team were documented within SOPs. A trainee dispenser explained what their responsibilities were and was clear about the tasks that could or could not be conducted in the absence of a responsible pharmacist. The correct responsible pharmacist (RP) notice was on display. The pharmacy had a complaints procedure. Any complaints were recorded and followed up by the pharmacist manager. A current certificate of professional indemnity insurance was available.

The RP records contained a number of gaps after a recent issue where the pharmacy had run out of pre-printed RP logs. The pharmacy was in the process of correcting the RP log, but it had yet to be updated. So they may not be able to show which pharmacist was responsible at a particular point in time in the event of a query or error. Details of private prescriptions were kept electronically. But they did not always state the required details to show which prescriber had authorised the supply of the medicine. Records of unlicensed specials did not contain the required details about who the medicine was supplied to and when. These are important to provide traceability in the event of a query or concern. Controlled drug (CD) registers were kept electronically. Running balances were routinely recorded, but audits against the physical stock were inconsistent. So the pharmacy may be slow to identify if there was a discrepancy. Two CD balances were checked, and one was found to be inaccurate. And a number of patient returns were present which had not been recorded. So the pharmacy does not have an accurate record of what should be present.

Information governance procedures were available, but these had not been read by all members of the team. When questioned, team members described how confidential information was separated into a

large box so it could be destroyed using a shredder. But this activity had not taken place for some time and some of the paperwork was from 2022. Team members admitted they had fallen behind with this activity. An NHS smartcard for a pharmacist who was not present was also seen actively logged in, and in use. So the pharmacy were unable to show they had the correct measures in place to help protect people's information. A folder contained safeguarding procedures for the local area, and the contact details for the safeguarding team. The pharmacist had completed level 2 safeguarding training. Members of the team explained they would refer any concerns to the pharmacist in the first instance.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough team members to manage the workload safely. And they complete the necessary training for their role. But ongoing learning is not routinely provided, so learning needs may not always be identified or addressed.

Inspector's evidence

The pharmacy team included a pharmacy technician, three dispensers, two of whom were in training, two medicine counter assistants (MCA), and a delivery driver. All members of the pharmacy team were appropriately trained, or in training. The superintendent pharmacist occasionally worked at the pharmacy alongside locum pharmacists to provide professional cover. The workload appeared to be manageable. Staffing levels were maintained by a staggered holiday system.

Members of the team had completed some additional training. For example, they had previously completed a training package about antibiotic stewardship. But ongoing training was not provided in a consistent manner, which would help to ensure learning needs were met. An MCA provided examples of selling a pharmacy only medicine using the WWHAM questioning technique, refusing sales which they felt were not appropriate, and referring people to the pharmacist when needed.

Members of the team felt well supported by each other. They were seen working well together and assisted each other with any queries they had. Team members were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the SI. There were no targets for professional based services.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are generally suitable for the services provided. A consultation room is available for people to have a private conversation with a member of the team.

Inspector's evidence

The premises were generally clean and tidy. But there were some maintenance issues, such as loose carpet tiles, which needed addressing to prevent becoming a tripping hazard to members of the team. A fire exit was also blocked with boxes and clutter, which was promptly cleared when highlighted to members of the team. Access to the dispensary was restricted by a gate. The temperature was controlled using electric heaters and fans. Team members had access to a kettle, fridge area and toilet facilities.

A consultation room was available. It appeared cluttered with boxes, and the seats were stained, which detracted from the professional image expected of a healthcare setting.

Principle 4 - Services **Standards not all met**

Summary findings

The pharmacy does not always store fridge medicines in a monitored fridge to ensure they are stored at the correct temperature. And some liquid medicines do not have details about when they had been opened. So the team cannot be sure if they remain fit for purpose. The pharmacy team do not always know when they are handing out higher-risk medicines. So they might not always be able to check that the medicines are still suitable, or give people advice about taking them.

Inspector's evidence

The pharmacy and consultation room were accessible by those with additional mobility needs. But there was little information on display about the services offered or about the pharmacy's opening hours. So people may not know about the available services which the pharmacy can provide.

Members of the team initialled 'dispensed-by' and 'checked-by' boxes on dispensing labels to provide an audit trail for medicines dispensed in the pharmacy. They used baskets to separate individual patients' prescriptions to avoid items being mixed up. Dispensed medicines awaiting collection were kept on collection shelves. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Members of the team were seen confirming the patient's name and address when medicines were handed out. Medicines containing schedule 3 and 4 CDs were kept in a separate location to remind team members to check the expiry date of the prescription. The pharmacist spoke to people regarding their medicines when they identified a clinical need during the final accuracy check. But there was no process to routinely provide counselling advice to people who took higher-risk medicines (such as warfarin, lithium, and methotrexate), which was a missed opportunity. Members of the team were aware of the risks associated with the use of valproate-containing medicines and topiramate-containing medicines and were providing counselling advice when the medicines were supplied.

Some medicines were dispensed into multi-compartment compliance packs. An electronic record was kept for each patient, containing details about their current medication. Any medication changes were confirmed with the GP surgery before the record was updated. Hospital discharge information was sought and kept for future reference. The compliance packs were supplied with patient information leaflets (PILs) and labelled with medication descriptions.

The pharmacy had a delivery service, and electronic delivery records were kept. Unsuccessful deliveries were returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. The expiry dates of medicines were usually checked once every three months. But this was last completed in June 2024, and the team had fallen behind with the checks. A spot check did not find any out-of-date medicines. But some liquid medicines did not have the date of opening written on. So members of the team may not know whether the medicine remained suitable for use. Controlled drugs were stored in the CD cabinets, with separation between current stock, patient returns and out of date stock.

There were three fridges. Two of which were equipped with a thermometer and the minimum and maximum temperatures were being recorded each day. A third fridge, containing medicines, was in use, which did not have a thermometer or any fridge temperature records. So the team cannot demonstrate the medicines were being stored at the correct temperature. Patient returned medication was disposed of in designated bins. Drug alerts were received on electronic software. Details about how the pharmacy had responded to these alerts were kept.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

Members of the pharmacy team have access to the equipment they need for the services they provide. And they keep the equipment clean in a manner expected of a healthcare setting.

Inspector's evidence

Team members accessed the internet for general information. This included access to the British National Formulary (BNF), BNFc and Drug Tariff resources. All electrical equipment appeared to be in working order. There was a selection of liquid measures with British Standard and Crown marks. Separate measures were used for methadone to prevent cross contamination. The pharmacy also had counting triangles for counting loose tablets. Equipment appeared clean.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed team members to move to a private area if the phone call warranted privacy.

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.