

Registered pharmacy inspection report

Pharmacy Name: Manor Pharmacy, 59 Forrester Street, WALSALL,
West Midlands, WS2 9PL

Pharmacy reference: 1099353

Type of pharmacy: Community

Date of inspection: 20/09/2022

Pharmacy context

This community pharmacy is situated in a residential area of Walsall, in the West Midlands. There is a health centre nearby. It dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including a minor ailment service. The pharmacy supplies medicines in multi-compartment compliance aids for some people to help them 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 has written procedures to help maintain the safety of its services. But the procedures have passed their stated review date, so they may not always reflect current practice. Members of the pharmacy team understand their roles, and they discuss things that go wrong so they can learn from them. But they do not record their mistakes, so some learning opportunities may be missed.

Inspector's evidence

There was a set of standard operating procedures (SOPs) which included an intended review date of February 2020. But the review had not yet been carried out. Members of the pharmacy team had signed the SOPs to show they had read and accepted them.

A paper record was available to record any near miss incidents, but none had been recorded since 2020. The superintendent (SI) said if he came across an error, he would discuss it with the member of the team and ask them to rectify the error. He said the team had moved stock apart to help prevent picking errors for medicines which sound a-like. But an example of this could not be found in the dispensary. A standard form was used to record any dispensing errors. The SI said he was not aware of any errors which had occurred.

Roles and responsibilities of the pharmacy team were described in individual SOPs. The dispenser was able to explain what his responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. The responsible pharmacist (RP) had their notice on display in the retail area. The pharmacy had a complaints procedure. A notice in the retail area advised people they could discuss any concerns or feedback with the pharmacy team. Any complaints were followed up by the SI. A certificate of professional indemnity insurance was on display, but it had expired on 30th June 2022. Following the inspection, the SI provided a new insurance certificate with a start date of 10th October 2022. He admitted that the insurance had lapsed at the end of June which meant the pharmacy had not been covered for a period of time. He said this was due to an oversight on his part.

Controlled drugs (CDs) registers were maintained with running balances recorded and generally checked every month. Two random balances were checked. One was found to be accurate whilst the other did not reconcile against the records. Following the inspection, the SI confirmed that the erroneous balance had been rectified. Patient returned CDs were recorded in a separate register. Records for the RP, private prescriptions and unlicensed specials appeared to be in order.

An information governance (IG) policy was available. When questioned, the dispenser understood the need to protect confidentiality and described how confidential waste was separated and shredded. A poster in the retail area provided information about how people's information was handled by the pharmacy. But the dispenser had not read the policy or completed any IG training, so they may not fully understand their responsibilities. Safeguarding procedures were included in the SOPs. The pharmacist had completed level 2 safeguarding training. Contact details for the local safeguarding board were on display within the dispensary. A dispenser said he would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a small team, but it is normally able to comfortably manage the workload. There are no contingency plans in case of absence so there could be difficulties if the dispenser needed to take leave.

Inspector's evidence

The pharmacy team consisted of a pharmacist, who was also the SI, and a trained dispenser. Another member of the team had recently left so the pharmacy was currently advertising a part-time position for a replacement. There was a low footfall into the pharmacy and the pharmacy team appeared to be coping with the volume of work. There was no contingency plan in the event of an absence, and the SI was relying on the dispenser to not need any time off.

The dispenser had completed appropriate training for his role. The SI said he would discuss current issues with the dispenser during the day, such as articles from pharmacy magazines. But there was no formal training provided, and no records of what had been discussed. So ongoing learning needs may not always be fully addressed. The dispenser explained how he would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales of medicines he felt were inappropriate, and refer people to the pharmacist if needed. He said he felt a good level of support and would receive feedback about his work from the SI on a regular basis. The dispenser understood the whistleblowing policy and said he would be comfortable reporting any concerns to the SI.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available, but it is cluttered and being used for storage. This may make it more difficult for the pharmacy to provide a private space for confidential conversations.

Inspector's evidence

The pharmacy was adequately maintained but appeared tired and dated. There was enough space in the pharmacy. But some dispensing baskets were being stored on the floor, which may increase the risk of damage to medicines by members of the team tripping and standing on baskets. Customers were not able to view any patient sensitive information due to the position of the dispensary. The temperature was controlled by the use of electric heaters. Lighting was sufficient. The staff had access to a kettle and WC facilities.

A consultation room was available, but it appeared cluttered and was used as additional space for storage rather than as a consultation room.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy to access. And it manages and provides them safely. It gets its medicines from recognised sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. But members of the pharmacy team may not always know when they are handing out controlled drugs. So they might not check that the medicines are still suitable, or that the prescription is still in date.

Inspector's evidence

Access to the pharmacy was level via a single door and was suitable for wheelchair users. Various posters gave information about the services offered and information was also available on the website. The pharmacy opening hours were displayed and a range of leaflets provided information about various healthcare topics.

The pharmacy had a delivery service. A delivery sheet was used to record each delivery to provide an audit trail. Unsuccessful deliveries were returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery. CDs were recorded on a separate delivery sheet for individual patients and a signature was obtained to confirm receipt.

The pharmacist and dispenser initialled dispensed by and checked by boxes on dispensing labels to provide an audit trail. They used dispensing baskets to separate individual patients' prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing.

Dispensed medicines awaiting collection were kept on a shelf using an alphabetical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Staff were seen to confirm the patient's name and address when medicines were handed out. But schedule 3 and 4 CDs were not highlighted. The pharmacist said he would speak to patients who were taking high-risk medicines (such as warfarin, lithium and methotrexate) and ask for their latest blood test results, and record this on their PMR. The staff were aware of the risks associated with the use of valproate during pregnancy. Educational material was available to hand out when the medicines were supplied. The SI said he would speak to patients who might be at risk to check the supply was suitable, but that there were currently no patients meeting the risk criteria.

Some medicines were dispensed in multi-compartment compliance aids. Before a person was started on a compliance aid, the pharmacy team would ask questions to assess their suitability, but this was not recorded. A record sheet was kept for each patient, containing details about their current medication. Any medication changes were confirmed with the GP surgery before the record sheet was amended. Disposable equipment was used to provide the service, and patient information leaflets (PILs) were routinely supplied. But medication descriptions were not written onto the compliance aids, which meant people may not be able to identify the individual medicines and so would not have control of what they were taking.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. A date checking matrix was signed by staff as a record of when they completed

checks of the expiry dates of medicines. Short-dated stock was highlighted using a sticker and recorded in a diary for it to be removed at the start of the month of expiry. Liquid medication had the date of opening written on.

Controlled drugs were stored appropriately in the CD cabinet, with clear segregation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. There was a clean medicines fridge with a thermometer. The minimum and maximum temperatures were being recorded daily and records showed they had remained in the required range for the last 3 months. Patient returned medication was disposed of in designated bins. Drug alerts were received by email from the MHRA. But there were no records kept so the pharmacy was not able to show what action had been taken in response to the alerts.

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 maintain the equipment so that it is safe to use.

Inspector's evidence

The staff had access to the internet for general information. This included access to the BNF, BNFc and Drug Tariff resources. All electrical equipment appeared to be in working order. According to the stickers attached, electrical equipment had last been PAT tested in December 2021. There was a selection of liquid measures with British Standard and Crown marks. Separate measures were designated and used for methadone. The pharmacy also had counting triangles for counting loose tablets including a designated tablet triangle for cytotoxic medication. Equipment was kept 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 the staff 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.