

Registered pharmacy inspection report

Pharmacy Name: Dudley Wood Pharmacy, 2 Bush Road, DUDLEY,
West Midlands, DY2 0BH

Pharmacy reference: 1101143

Type of pharmacy: Community

Date of inspection: 19/04/2024

Pharmacy context

This is a community pharmacy located on a housing estate in Dudley Wood. People who use the pharmacy are from the local community and a home delivery service is available. The pharmacy dispenses NHS prescriptions, and it provides NHS funded services such as the Pharmacy First service and blood pressure testing. The pharmacy team dispenses some medicines into multi-compartment compliance packs for people to help make sure they remember to take them.

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 manages the risks associated with its services to make sure people receive appropriate care. Members of the pharmacy team follow written procedures to make sure they work safely, and they complete tasks in the right way. They discuss their mistakes so that they can learn from them. And the team members understand their role in protecting vulnerable people and they keep people's personal information safe.

Inspector's evidence

A range of standard operating procedures (SOPs) were in place which covered the activities of the pharmacy and the services provided. The SOPs had been reviewed and updated at regular intervals by the pharmacist manager. The pharmacy team had not signed the signature sheets that accompanied the 2023 update, but they confirmed that they had read them and appeared to be working in accordance with them. Roles and responsibilities for team members were highlighted within the SOPs.

A near miss log was available and near misses were generally recorded. The pharmacy team thought that there were some additional near misses that had been discussed but not recorded and this was something that they would improve on with the pharmacist manager. Near misses were discussed with the dispenser involved to ensure they learnt from the mistake, and any immediate learnings were shared verbally with the team. The team gave some examples of medicines that had been separated to reduce the risk of them being selected in error during the dispensing process. There was a process for recording and reviewing pharmacy incidents. The pharmacy team explained that they would try to resolve the incident and involve the responsible pharmacist. And then they would report it to the pharmacist manager so that it could be recorded, reviewed and reported to the superintendent (SI).

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 she managed requests for codeine containing medicines.

The pharmacy's complaints process was explained in the SOPs. People could give feedback to the pharmacy team verbally, in writing or by contacting head office. The pharmacy team members tried to resolve issues that were within their control and involved the RP or SI if they could not reach a solution.

The pharmacy had up-to-date professional indemnity insurance. The RP notice was clearly displayed, and the RP log met requirements. Controlled drug (CD) registers were in order and a random balance check matched the balance recorded in the register. Patient returned CDs were recorded in a register. Private prescription records were seen to comply with requirements.

Confidential waste was stored separately from general waste and destroyed securely. The pharmacy team members had their own NHS Smartcards. The RP had completed the Centre for Pharmacy Postgraduate Education Training (CPPE) on safeguarding, and the pharmacy team had a clear understanding of what safeguarding meant and what to do if they had a concern.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage the workload and the services that it provides. The team members plan absences in advance, so the pharmacy has enough cover to provide the services. They work well together in a supportive environment, and they can raise concerns and make suggestions.

Inspector's evidence

The pharmacy team comprised of the pharmacist manager, a qualified dispensing assistant, a trainee dispensing assistant and a home delivery driver. Holidays were discussed with other team members to ensure no-one else had already booked the same week and cover was provided by other staff members as required. Pharmacy team members completed ongoing training and training needs were identified to align with new services, seasonal events, and the NHS Pharmacy Quality Scheme (PQS).

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 and held regular huddles within the dispensary. The pharmacy team members said that they could raise any concerns or suggestions with the pharmacist manager and felt that he was responsive to feedback. Team members said that they would speak to other members of the team, contact the SI or the GPhC if they ever felt unable to raise an issue internally. The RP was observed making herself available throughout the inspection to discuss queries with people and giving advice when she handed out prescriptions. Targets for professional services were not set.

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 members in private when needed.

Inspector's evidence

The premises were smart in appearance and well maintained. Any maintenance issues were reported to the SI and various maintenance contracts were in place. The dispensary was an adequate size for the services provided and an efficient workflow was seen to be in place. Dispensing and checking activities took place on separate areas of the worktops and there was ample space to store completed prescriptions.

The dispensary 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.

There was a large private consultation room which was used by the pharmacy team during the inspection. The consultation room was professional in appearance and the door to the consultation room remained closed when not in use to prevent unauthorised access. The premises was shared with an opticians practice. The opticians were undergoing building work to extend and refit their part of the premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a range of healthcare services which are accessible. It manages its services and supplies medicines safely. The pharmacy obtains its medicines from licensed suppliers, and stores them securely and at the correct temperature, so they are safe to use. People receive appropriate advice about their medicines when collecting their prescriptions.

Inspector's evidence

The pharmacy was situated within a row of local shops and take-aways. There was a push/pull door and staff assisted people with the door when required. A home delivery service was available for people who could not easily access the pharmacy. Team members referred people to other services using local knowledge and the internet to support signposting.

The pharmacy offered the NHS Pharmacy First service. The team had undergone training and they had quick reference guides available and the NHS PGDs (patient group directions). Supporting documentation had been printed for reference. The pharmacy team had spoken to the local surgery about the conditions and inclusion criteria for the service as they had noticed that people had been referred from the surgery but the reception staff had not followed the correct process for making a referral.

Medicines were dispensed into baskets to ensure they were not mixed up together. Different coloured baskets were used to prioritise prescriptions. Team members signed the 'dispensed-by' and 'checked-by' boxes on medicine labels, so there was a dispensing audit trail for prescriptions. The team were aware of the risks associated with the use of valproate containing medicines during pregnancy, and the need for additional counselling.

Multi-compartment compliance packs were supplied to some people living in their own homes. Prescriptions were requested from the surgeries to allow for any missing items to be queried ahead of the intended date of collection or delivery. A sample of dispensed compliance packs were labelled with descriptions of medicines to help people identify them, although some of the descriptions could be more specific to help people differentiate between their medicines. There was a process in place for managing changes to medicines after packs had been supplied to people. Monthly prescriptions were provided to two local care homes. Audit trails were in place for each of the homes and the processes for ordering, dispensing and delivering were explained.

A discharge medication service was provided to a local NHS hospital. A scanned copy of the discharge prescription was emailed to the pharmacy and a nurse from the hospital telephoned the pharmacy to discuss the prescription requirements. The pharmacy team dispensed the prescription into compliance packs, and this was delivered to the hospital for onward supply. The delivery driver collected the original prescription from the hospital when he made the delivery.

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

opened were marked with a date of opening. Patient returned medicines were stored separately from stock medicines in designated bins. Medicines were obtained from a range of licenced wholesalers. Drug recalls were received electronically and managed appropriately.

The controlled drug cabinet was secure and a suitable size for the amount of stock that was held. Medicines were stored in an organised manner inside. Fridge temperature records were maintained, and records showed that the pharmacy fridge was working within the required temperature range of 2° and 8°Celsius.

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.