

Registered pharmacy inspection report

Pharmacy Name: Limes Pharmacy, The Limes Business Centre, 5
Birmingham Road, WALSALL, West Midlands, WS1 2LT

Pharmacy reference: 1101423

Type of pharmacy: Community

Date of inspection: 10/03/2020

Pharmacy context

This community pharmacy is located in a mainly residential area not far from Walsall town centre. People using the pharmacy are from the local community and a home delivery service is available. The pharmacy dispenses NHS prescriptions, but it does not currently provide any other NHS funded services. The pharmacy team dispenses medicines into weekly multi-compartment compliance packs for people to help make sure they take them 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 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 not all met	4.3	Standard not met	Pharmacy stock is not well managed. There are out of date medicines in the dispensary and in the shop. Medicines are not always stored in their original packaging, so the batch number and expiry date are not available. Mixed batches are stored the same box on the dispensary shelves.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy generally identifies and manages the risks associated with its services. The pharmacy team have written instructions to help make sure it works safely. But the folders containing these are disorganised, which could cause confusion. The pharmacy keeps people's information safe. The team records pharmacy incidents and team members discuss their mistakes so that they can learn from them.

Inspector's evidence

The Superintendent Pharmacist (SI) for Limes Pharmacy changed on 9 January 2020. The previous SI still worked at the pharmacy regularly and she was the owner of the business. The new SI did not work at the pharmacy regularly, but his contact details were on display in several places in the dispensary. However, neither of the dispensers were aware of this or that they could contact him if required.

A range of standard operating procedures (SOPs) were in place which covered the operational activities of the pharmacy and the services provided. The majority of the SOPs had been introduced in February 2019 following the previous GPhC inspection and pharmacy staff had signed SOP training logs. Roles and responsibilities of staff were highlighted within the SOPs. The new SI had introduced some new SOPs, but the previous SOP had not been removed from the folder, and there was more than one copy/version of some of the SOPs in the new folder. This made it hard to understand which SOP was the most up-to-date version that staff members should be following. Members of the team understood their roles and discussed these during the inspection.

A near miss log was displayed and some near misses had been recorded for 2020. The owner could not locate previous near miss logs, near miss reviews or a patient safety report during the inspection, although she said they had completed them. The dispensary was generally cluttered and messy which meant that there was not much clear space available for dispensing and documents lacked clear organisation. A dispenser was tidying and reorganising the stock layout during the inspection. A template form was available for recording dispensing errors and two examples were seen. Each error had been investigated and action taken to prevent a reoccurrence of a similar incident. Errors were reported to other organisations, such as the controlled drug accountable officer (CDAO), when required.

The complaints procedure was included in the SOPs. A dispensing assistant explained that she was the complaints manager for the pharmacy and the number of complaints about the private car parking management had reduced since the last inspection. There was no practice leaflet available for people to take away and the pharmacy did not display a complaint, comments or suggestions poster, so they might not be aware of these options.

Professional indemnity insurance was provided by the NPA and the current policy had an expiry date of 31st December 2020. Controlled drugs (CD) registers were in order and balance checks were completed at the time of dispensing and at occasional intervals in between. A random balance check matched the balance recorded in the register. A patient returned CD register was used. The Responsible Pharmacist (RP) notice showed the correct details and was prominently displayed to patients. The RP log was recorded electronically and was complete. A sample of private prescription and emergency supply

records were seen to comply with requirements. Specials records were maintained with an audit trail from source to supply.

Confidential waste was stored separately to normal waste and shredded for destruction. No patient information could be seen from the customer area. Pharmacy staff had their own NHS Smartcards and confirmed that their passcodes were not shared. An information governance folder contained various policies and some of the pharmacy specific details had been completed by the SI.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide its services. Pharmacy team members complete the training they need to do their jobs. But they do not have formal training plans or protected time to complete ongoing training, so they may not always keep their skills and knowledge up to date.

Inspector's evidence

The pharmacy team comprised of the owner, dispensing assistant and two trainee dispensing assistants (TDA). The owner undertook tasks in the dispensary such as stock ordering, repeat prescription ordering and administration and home deliveries. But she did not undertake any pharmacist duties. Annual leave was booked in advance and the owner provided cover when other staff members were off.

The TDAs were enrolled on dispensing assistant training courses and were towards the end of their courses. The owner had asked the TDA's to update her on their progress and found that neither could locate their course materials, so they had been asked to look at home for them. There was not a formal appraisal process and informal conversations about progress were held within the dispensary. The trained dispensing assistant did not receive any ongoing training to keep her knowledge and skills up-to-date.

The owner and dispensing assistants appeared to work well together during the inspection and were observed helping each other and moving onto the front counter when required.

There was a whistleblowing policy in the SOP folder and the TDA said that she would try to speak to the owner or SI if she had a concern about the pharmacy. The RP was observed making herself available to discuss queries with people in the pharmacy and giving advice to patients when she handed out prescriptions. No formal targets for professional services were set.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, secure and suitable for the services provided. It has a consultation room to enable it to provide members of the public with access to an area for private and confidential discussions.

Inspector's evidence

The premises were smart in appearance and appeared to be well maintained. Any maintenance issues were reported to local contacts. The dispensary was an adequate size for the services provided; an efficient workflow was seen to be in place although the workbenches were cluttered. Dispensing and checking activities took place on separate areas of the worktops.

There was a private soundproof consultation room which was signposted to people. The consultation room was professional in appearance. The door to the consultation room remained locked when not in use. Cordless telephones were in use and staff were observed taking phone calls in the back part of the dispensary to prevent patients or members of the public using the pharmacy overhearing.

The dispensary was clean and tidy with no slip or trip hazards evident. The pharmacy was cleaned by pharmacy staff. The sink in the dispensary had hot and cold running water, hand towels and hand soap available. The sinks in the dispensary had hot and cold running water, hand towels and hand soap available. Staff used the shared bathroom facilities in the building. The pharmacy had air conditioning to heat and cool the pharmacy. The temperature was comfortable during the inspection. Lighting was adequate for the services provided.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy generally manages its services and supplies medicines safely. It gets its medicines from licensed suppliers, and the team members make sure that they store them securely and at the correct temperature. However, medicines are not always stored properly in the pharmacy which increases the risk of dispensing out of date or recalled medicines.

Inspector's evidence

The pharmacy was located next to a surgery and had a ramp or stairs to access the front door. There was a car park for pharmacy customers and the owner delivered urgent prescriptions.

A range of health promotion leaflets were available and pharmacy staff used local knowledge and the internet to support signposting. The pharmacy did not have any written information or leaflets for people which explained the complaints procedure, how the pharmacy stores personal information, or the services available.

Dispensing baskets were used to keep patient's medication separate from other patients. A dispensing audit trail was seen to be in place for prescriptions through the practice of staff signing their initials on medicine labels. Counselling materials, such as stickers, leaflets and information for sodium valproate prescriptions were available and the RP was aware of the additional counselling required.

A prescription collection service was in operation. There were some local surgeries that allowed pharmacies to order repeat prescriptions on behalf of their patients. The pharmacy had audit trails in place for this and routinely checked that all of the items that had been requested and been received and followed up any discrepancies.

Multi-compartment compliance packs were dispensed for people in the community. Prescriptions were ordered in advance to allow for any missing items to be queried with the surgery ahead of the intended date of collection. Each person had a sheet which listed their medicines, the times of day to pack them and if they required external items. A sample of dispensed compliance packs were seen to have been labelled with descriptions of medication and included an audit trail for who had been involved in the dispensing and checking process. Patient information leaflets (PILs) were sent regularly with packs.

Medicines were obtained from a range of licenced wholesalers and specials manufacturers. There were various issues with stock management, such as, out of date medicines for sale in the shop, out of date medicines on the shelves in the dispensary, mixed batches stored in the same box in the dispensary, and split liquid medicines that had limited stability once they had been opened that were not marked with the date of opening. In addition, some stock bottles were empty, and shelves were untidy, with several loose blisters on and tablets or capsules in bottles that were not appropriately labelled. There was a date checking matrix, but it did not list each section, so it was not easy to follow and meant some stock could be missed.

Patient returned medicines were stored separately from stock medicines in designated bins. The

pharmacy received MHRA drug alerts by email from gov.uk and printed, annotated and filed the recalls once actioned.

The CD cabinets were secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. Secure procedures for storing the CD keys were in place. There was a medical fridge used to hold stock medicines and assembled medicines. The medicines in the fridge were stored in an organised manner. Fridge temperature records were maintained, and records showed that the pharmacy fridges were working within the required temperature range of 2°C 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 a range of up-to-date reference sources, including the BNF and the children's BNF. Internet access was available. Patient records were stored electronically and there were enough terminals for the workload currently undertaken. A range of clean, crown stamped measures were available. Separate measures were available for preparation of methadone. Counting triangles were available. There was a separate, marked triangle used for cytotoxic medicines. It was unclear when electrical testing had taken place, but equipment appeared to be in good working order. Screens were not visible to the public as members of the public were excluded from the dispensary. Cordless telephones were in use and staff were observed taking phone calls in the back part of the dispensary or upstairs 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.