

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: 08/09/2020

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, and is slowly starting to offer other NHS funded services after a period of inactivity. The pharmacy team dispenses medicines into multi-compartment compliance packs for people to help make sure they take them at the right time. The inspection was completed during the COVID-19 pandemic.

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 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

A range of standard operating procedures (SOPs) were in place which covered various operational activities and the services provided. The SOPs had been introduced by the recently appointed Superintendent (SI) in August 2020 and some pharmacy staff had signed SOP training logs, the newer member of staff had not done this yet. Roles and responsibilities of staff were highlighted within the SOPs. The SOP folder lacked organisation, so it was difficult to find specific SOPs for easy reference and there appeared to some SOPs missing. For example, the SOP for ordering medicines specified that there was a separate SOP for ordering controlled drugs, however, this could not be located during the inspection. Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection.

A near miss log was displayed in the dispensary and each near miss was discussed at the time to see if there were any reasons for the near miss, and it was used as a learning opportunity. Various medicines were separated into clearly marked tote boxes to reduce the risk of them being selected in error. The responsible pharmacist (RP) worked part-time at the pharmacy and explained that she felt that other pharmacists were not recording near misses as it was usually her handwriting on the log. We discussed encouraging the possibility of the dispenser recording their own mistake as a learning opportunity and to make the log more accurate. An example of a completed dispensing error form was seen, and areas for improvement had been identified during the review.

The dispensers explained that the SI had discussed the COVID-19 workplace risk assessment with them individually and asked whether they had any additional risk factors. There were some COVID-19 documents in a folder, such as the NHS COVID-19 SOP. Staff were not wearing PPE within the dispensary but had it available for when they left the dispensary to speak to people in the shop. The team had not started to consider poor weather planning and agreed to review social distancing measures within the shop as it was currently limited to one person in the shop at a time.

There was a complaints procedure explained in the SOPs. A poster that summarised the complaints procedure was displayed. People could give feedback to the pharmacy team in a several different ways; verbal, written and the annual CPPQ survey.

The pharmacy had professional indemnity insurance in place. The RP notice was clearly displayed. The details of the pharmacist on the RP notice were incorrect at the start of the inspection and this was rectified. The RP log did not comply with legal requirements. The details were a mixture of paper and

electronic records and there were some gaps in the entries. This meant that if there was a concern or a query it may not always be possible to identify which pharmacist was responsible at the time. The entries in the controlled drug (CD) registers were in order. A random balances check matched the balance recorded in the register. The patient returned CD register was used. Prescription deliveries were made by the owner and a list of deliveries was retained.

Confidential waste was stored separately to normal waste and shredded for destruction. No patient information could be seen from the customer area. There was an information governance manual and staff had completed tests to check their understanding.

The pharmacy team had completed level 2 training on safeguarding. And pharmacy staff answered hypothetical safeguarding questions correctly and local safeguarding contacts were available in the dispensary. West Midlands Police had supplied stickers for prescription bags with information about domestic abuse. The RP was not sure whether the pharmacy had registered as a Safe Space and said that she would look into it following the inspection.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage the current workload and the services that it provides. The team members plan absences in advance, so they have enough cover to provide the services.

Inspector's evidence

The pharmacy team comprised of locum pharmacists and two trainee dispensing assistants (TDA). The manager came into the pharmacy outside of normal operating hours to pick up prescriptions deliveries and to order stock. Annual leave was booked in advance and a pre-registration trainee from another pharmacy was available to cover the dispensing assistants annual leave.

One of the TDAs was enrolled on dispensing assistant training courses and was behind on her programme due to COVID-19 and an IT issue which had recently been resolved by the course provider. The other TDA was new to the pharmacy and working through her induction period. She said she expected to be enrolled on a dispensing assistant programme after she had worked there for 12-weeks. The TDA's had spoken to the SI about their performance and development needs when he visited the pharmacy.

The team appeared to work well together during the inspection and were observed helping each other and moving onto the healthcare counter when there was a queue.

There was a whistleblowing policy in the SOP folder and the TDA said that she would try to speak to the owner, the RP, 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. The pharmacists had been asked to complete their flu vaccination training so they could start to offer the service.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. The pharmacy team uses a consultation room for services and if people want to have a conversation in private.

Inspector's evidence

The premises were smart in appearance and appeared to be well maintained. Any maintenance issues were reported to the owner. 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.

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. Prepared medicines were held securely within the pharmacy premises and pharmacy medicines were stored behind the counter. Various COVID-19 signage had been printed to explain the social distancing measures and there was a maximum of one person allowed in the shop at any one time, although this was not strictly enforced. A plastic screen had been installed between the shop area and the medicines counter.

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. 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 met

Summary findings

The pharmacy manages its services and supplies medicines safely. It gets its medicines from licensed suppliers, and stores them securely and at the correct temperature, so they are safe to use. People receive advice about their medicines when collecting their prescriptions to help make sure they use them properly. Stock medicines are obtained from licensed wholesalers. But there are omissions in the written procedures to explain how medicines should be ordered so the pharmacist may not know whether stock is properly controlled.

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 provided a home delivery service. A range of health promotion leaflets were available and pharmacy staff used local knowledge and the internet to support signposting.

Dispensing baskets were used to keep each patient's medication separate from other prescriptions. A dispensing audit trail was seen to be in place 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 had been received. And they 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. 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 was a date checking matrix and stock was date checked regularly and clearly marked when it was short dated. The manager ordered the pharmacy stock when she visited the pharmacy in the evening to ensure costs were controlled. The previous orders showed that she also ordered controlled drugs and the SOP for ordering stock did not cover the arrangements for ordering CD's. The SI should ensure that there are written pharmacy procedures that cover all aspects of medicine ordering and this task is undertaken by suitably trained staff in accordance with an agreed documented operating procedure. 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. 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. Fluid resistant facemasks were available for staff to wear. Computer 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.