

Registered pharmacy inspection report

Pharmacy Name: Bicton Heath Pharmacy, Unit 2 Bicton Heath Shopping Centre, Welshpool Road, Bicton Heath, Shrewsbury, Shropshire, SY3 5AD

Pharmacy reference: 1102769

Type of pharmacy: Community

Date of inspection: 05/09/2024

Pharmacy context

The pharmacy is situated amongst other retail shops in Bicton Heath, Shrewsbury. The pharmacy premises are easily accessible for people and has adequate space in the retail area. It has a consultation room available for private conversations with its team members. The pharmacy sells a range of over-the-counter medicines and dispenses both private and NHS prescriptions. And it supplies medication in multi-compartment compliance packs to some people, to help them take the 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 | 1.2 | Good practice | The pharmacy records, reviews, and shares adverse dispensing incidents with the pharmacy team members, to identify learning points which are then incorporated into day to day practice to help manage future risk. |
| 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 effectively manages the risks associated with its services and protects peoples' information. Members of the pharmacy team work to professional standards and are clear about their roles and responsibilities. They record their mistakes so that they can learn from them. And take appropriate steps to help reduce the risk of the same sort of mistakes from happening again. The pharmacy keeps the records required by law.

Inspector's evidence

There were up to date standard operating procedures (SOPs) for the services provided, with records demonstrating team members had read and accepted them. Roles and responsibilities of staff were set out in SOPs. A member of the pharmacy team clearly described her duties. Dispensing errors were reported on the computer system and learning points were included. Near miss incidents were reported on a near miss log and were discussed with the pharmacy team member at the time they occurred. The near miss incidents were reviewed each month by head office to identify learning points, which were then shared with the team. A dispenser explained that because of several near miss incidents with different strengths of apixaban, dispensary stock of these medicines had been separated.

The correct responsible pharmacist (RP) notice was displayed. A complaints procedure was in place and copies of a practice leaflet with details of how people were able to raise concerns were displayed in the retail area. A member of the pharmacy team explained that she aimed to resolve complaints in the pharmacy at the time they arose, although she would refer the person to the pharmacist or head office if they felt it was unresolved.

The pharmacy had up-to-date professional indemnity insurance in place. The private prescription record, emergency supply record, unlicensed specials record, responsible pharmacist (RP) record and the controlled drug (CD) registers were in order. Records of CD running balances were kept but with the exception of from methadone, were not audited regularly. This meant any discrepancies might not be identified promptly and it would be more challenging to reconcile in the event of a discrepancy. A balance check for a random CD was carried out and found to be correct. Patient returned CDs were recorded and disposed of appropriately.

Confidential waste was being stored in a designated bin and was collected by an authorised carrier. Private information was kept out of sight of the public. The pharmacy team had completed information governance training on e-learning when they commenced their employment and received refresher training periodically. Computers were all password protected and faced away from the customer. Assembled prescriptions awaiting collection were being stored in a manner that protected patient information from being visible. A privacy notice was displayed in the retail area, outlining how the pharmacy intended to use people's information. Members of the pharmacy team had read the safeguarding SOP, and the pharmacist had completed level 3 safeguarding training. The contact numbers required for raising safeguarding concerns were present.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Team members feel able to act on their own initiative and use their professional judgement. And they receive the training they need for the jobs they do.

Inspector's evidence

There was a locum pharmacist, a dispenser, and a trainee medicines counter assistant on duty. Members of the pharmacy team appeared to manage the workload adequately and worked well together. They used e-learning to ensure their skills and knowledge was up to date. A member of the team explained they were expected to complete training on an ongoing basis, and she had recently completed online data protection training. They felt that the pharmacist manager was supportive with learning and were happy to answer any questions. Team members were allowed time to complete training when the workload permitted.

Members of the pharmacy team were regularly given feedback. For example, they were told about near miss errors or any outstanding training. Staff were aware of the whistleblowing policy and knew how to report concerns if needed. Details outlining the policy were available for reference.

The dispenser covering the medicines counter was clear about her role. She knew what questions to ask when speaking to patients and when to refer the patient to a pharmacist. For example, if a patient had been commenced on a new medicine, she would ask the pharmacist to intervene and provide counselling. The pharmacist explained that there were no professional service targets in place in her role as locum.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and tidy. It is a suitable place to provide healthcare. It has a consultation room so that people can have a conversation in private.

Inspector's evidence

The pharmacy was clean and tidy. It was generally free from obstructions and had a waiting area. A member of the pharmacy team explained that dispensary benches, the sink and floors were cleaned regularly. The temperature in the pharmacy was controlled by air conditioning units. Lighting was adequate.

Any maintenance problems were added to a maintenance log and reported to head office. Team facilities included a microwave, kettle, WC with wash hand basin and antibacterial hand wash. There was a consultation room available which was uncluttered and clean in appearance.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible, and they are managed effectively so people receive their medicines safely. But members of the pharmacy team do not always know when higher-risk medicines are being handed out. So, they may not always make extra checks or give people advice about how to take them. The pharmacy sources medicines appropriately and carries out checks to help make sure that they are kept in good condition and suitable to supply.

Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to all, including patients with mobility difficulties and wheelchairs. There was a selection of healthcare leaflets and posters in the retail area. Members of the pharmacy team were clear about what services were offered and where to signpost for services the pharmacy did not provide. For example, travel vaccinations. The opening hours and a list of the pharmacy's services were displayed in the window.

The workflow in the pharmacy was organised into separate areas, with adequate dispensing bench space and a designated checking area for the pharmacist. 'Dispensed-by' and 'checked-by' boxes were initialled on the dispensing labels to provide an audit trail. Plastic containers were used to separate prescriptions during dispensing, to reduce the risk of medicines becoming mixed up. Schedule 2 CDs awaiting collection had a CD sticker attached to the prescription. The dispenser explained that this was to act as a prompt to add the CD before handing out. Schedule 3 and 4 CDs had a 'CD in bag' sticker attached to the prescription, as a reminder to check that the prescription was still valid when the medicines were collected.

The dispenser explained that prescriptions containing higher-risk medicine, including, warfarin, methotrexate, and lithium were not routinely highlighted in the retrieval area. Therefore, there was a missed opportunity for the pharmacist to provide appropriate counselling when handing out the prescription. The pharmacy team were aware of the risks associated with the use of valproate during pregnancy, and aware of the updated guidance regarding original pack dispensing. An audit of patients prescribed valproate had identified no people who met the risk criteria. Patient information resources for valproate were available.

The dispenser provided a detailed explanation of how the multi-compartment compliance pack service was provided. The service was organised with an audit trail for mid-cycle changes to medication. Disposable equipment was used. Patient information leaflets for the medicines supplied were provided to people routinely with each supply of medication. Hospital discharge prescription summaries were kept for the pharmacist to refer to. The assembled compliance aids packs currently awaiting collection had individual medicine descriptions and patient information leaflets included.

Stock medications were sourced from licensed wholesalers and specials from a licensed manufacturer. Stock was stored tidily, and CDs were stored appropriately. Patient returned CDs were destroyed using denaturing kits. There were two clean fridges for medicines, equipped with thermometers, and the temperatures were checked and recorded daily.

Different sections of stock medication in the dispensary and retail area were date checked regularly and

a record was kept. Short-dated medicines were highlighted with a sticker attached to the medicine container. Three individual containers of stock medicine were found to be out of date on a dispensary shelf, from a number that were sampled, and were disposed of appropriately once highlighted. This meant the process in place for date checking may not be as robust as it should be. The pharmacist provided assurance that all stock medicines would be date checked as soon as possible, in accordance with the SOP. The date of opening for liquid medicines with limited shelf life was added to the medicine bottles. Alerts and recalls were received via NHS email, MHRA and head office. These were acted on by the pharmacist or pharmacy team member and a record was kept.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide services safely. It is used in a way that protects privacy. And the electrical equipment is regularly tested to make sure it is safe.

Inspector's evidence

The pharmacy team used the internet to access websites for up-to-date information, for example, Medicines Complete. A copy of the BNF and BNFc were present. Any problems with equipment were reported to the head office maintenance department. All electrical equipment appeared to be in working order and had been PAT tested for safety in April 2024.

There was a selection of liquid measures with British Standard and Crown marks. The pharmacy had equipment for counting loose tablets and capsules, including tablet triangles. There was a blood pressure monitor which appeared to be in working order and was replaced regularly. Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless telephone was available and was used to hold private conversations with people when needed.

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. |