

Registered pharmacy inspection report

Pharmacy Name: Portway Pharmacy, Tividale Family Practice, 51A
New Birmingham Road, Tividale, OLDBURY, West Midlands, B69 2JQ

Pharmacy reference: 1102845

Type of pharmacy: Community

Date of inspection: 20/05/2021

Pharmacy context

The pharmacy is located next to an optician, in a residential area of Oldbury. It dispenses prescriptions and sells a small range of over-the-counter (OTC) medicines. The pharmacy supplies some medicines in multi-compartment compliance aid packs to help make sure that people take them at the correct time. And it offers additional services including a substance misuse treatment service. 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 identifies and manages risks adequately. Its team members are clear about their roles and they understand how to raise concerns to protect the wellbeing of vulnerable people. The pharmacy maintains the records it needs to by law and it keeps people's private information safe.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) covering the operational activities. The procedures defined the responsibilities of pharmacy team members but some of them were due to be updated. Team members had signed most of the procedures to confirm their acknowledgement and understanding. But some procedures covering controlled drug (CD) management had not been signed. The team members present worked within their roles and demonstrated an understanding of the activities which were permissible in the absence of a responsible pharmacist (RP). Professional indemnity insurance covered pharmacy services and was valid until April 2022.

The pharmacy had a near miss log. Team members recorded the details of near misses but there were some gaps in recording from November 2020 to March 2021, which may mean that some underlying patterns or trends go undetected. The pharmacist discussed how dispensing incidents would be recorded and showed the inspector a designated form which was available. There had been no reported incidents.

The pharmacy had some COVID-19 secure measures in place. This included a Perspex screen which had been installed at the medicine counter and pharmacy team members wore personal protective equipment (PPE) including face masks.

The pharmacy had a complaint procedure. People who used the pharmacy services could provide feedback verbally to pharmacy team members. The pharmacy also sought additional feedback through a Community Pharmacy Patient Questionnaire (CPPQ).

The correct responsible pharmacist (RP) notice was displayed. The RP log was kept electronically, and in the sample portion viewed there were two incomplete entries, so it was not always technically compliant and this could lead to a lack of clarity. The pharmacy's emergency supply records were in order, but private prescriptions did not always record accurate details of the prescriber. Controlled Drugs (CD) registers were available and a patient returns CDs register was also in place. Pharmacy team members understood how to keep people's private information safe. Confidential waste was segregated and taken for appropriate disposal by an external contractor. Tote boxes were used to store completed prescriptions and minimise visibility from the medicine counter. Team members held their own NHS smartcards and suitable use was seen on the day.

The pharmacist had completed safeguarding training through the Centre for Pharmacy Postgraduate Education (CPPE). The contact details of local safeguarding agencies were accessible, if required.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members are suitably trained for the roles in which they are working. They can raise concerns and provide feedback. But they have limited access to ongoing learning and development, so their knowledge may not always be up to date.

Inspector's evidence

On the day of the inspection, the superintendent pharmacist (SI) was working alongside two dispensers. The SI previously worked regularly at the pharmacy, but in the last few weeks he had been working less hours and most days had been covered by locum pharmacists. Leave was usually planned and where possible, a member of staff from a nearby branch would provide cover as needed. The pharmacy was busy on the day but there was no backlog of dispensing.

Both dispensers were suitably trained for the roles in which they were working. One of the dispensers was due to be enrolled on a level three pharmacy technician programme. The SI pharmacist was due to support her with her studies. Other planned learning opportunities were limited, and the team did not receive regular formalised feedback on their development, so learning needs may not always be identified and addressed. The SI pharmacist discussed how a team member from another branch had been given a new role within the business, and how they would be providing support in various areas. One of these was to introduce a programme of training for team members and a way for feedback to be provided. Pharmacy team members had open discussions with one another on the day. Concerns could be escalated to the pharmacy owner, but issues raised were not always swiftly addressed. There were no targets in place for professional services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is generally suitably maintained for the provision of healthcare services. But it lacks space, which impacts on general organisation and limits the workspace available.

Inspector's evidence

The pharmacy was in a reasonable state of repair, but some internal fittings appeared worn. There was adequate lighting throughout the premises and the temperature was suitable for the storage of medicines. There was a small retail area to the front of the premises, which stocked a small range of products which were suitable for a healthcare-based business. Pharmacy restricted medicines were secured from self-selection behind the medicine counter. During the COVID-19 pandemic, access to the retail area was restricted and lines were marked on the floor to support social distancing measures.

The pharmacy had a small consultation room. The room was fitted with a desk and seating, but was cluttered with boxes and previous display materials, which detracted from the overall professional appearance and limited some of the space available.

The dispensary was compact. There was one main work bench with two computer terminals available. And another work bench over the other side of the dispensary, provided some additional space if required. The main work bench was cluttered on the day with baskets of prescriptions which were awaiting checking. This increased the risk that medicines could get mixed up. The SI pharmacist discussed upcoming plans for an extension to the pharmacy to provide more space in the dispensary. The pharmacy also had a sink, and suitable handwashing and cleaning materials were available.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally manages its services safely. But it could make improvements by making extra checks when supplying high-risk medicines to make sure people get all the information they need to use their medicines safely. The pharmacy sources and stores its medicines appropriately and team members complete some checks to help make sure medicines are fit for supply.

Inspector's evidence

The pharmacy entrance was step-free, and the manual door was visible from the medicine counter, enabling those who required assistance to be identified. The pharmacy's services were advertised using a practice leaflet which was available on the medicine counter. Some health promotion leaflets were also displayed, including some public health materials providing information on the COVID-19 pandemic.

Prescriptions were dispensed using baskets to keep them separate. Dispensing labels were not always signed by dispensers, so a complete audit trail identifying those involved in the dispensing process was not always available. The pharmacy did not routinely identify prescriptions for CDs to help make sure a supply was made within a valid 28-day expiry date and an expired prescription for pregabalin was identified on the day. Prescriptions for high-risk medicines were also not routinely highlighted and the pharmacy did not keep records of monitoring parameters such as INR readings for anticoagulants. The pharmacist was aware of the risks of valproate-based medicines in people who may become pregnant and copies of safety literature were available for supply. People contacted the pharmacy to request their repeat prescription. Requests were sent to the surgeries via the delivery driver or using NHS mail. The pharmacy kept records to help identify unreturned prescriptions. Signatures were not currently obtained to confirm the delivery of medicines. The delivery driver supervised collection from the doorstep and confirmed names and addresses of patients when making deliveries.

Medications for people using multi-compartment compliance aid packs were managed using a four-week cycle. The pharmacy kept a list which recorded when compliance aid packs were due, and a master list of medication was held on the pharmacy patient medication record (PMR) system. Completed packs had a patient identifying label to the front and a backing sheet which contained a description of the medicines. Patient leaflets were usually supplied with compliance aid packs.

Stock medicines were sourced through licensed wholesalers. Medicines were stored in the original packaging provided by the manufacturer and they were generally organised on dispensary shelves. A dispenser had recently completed some date checking and had highlighted short dated medicines. But records of the checks had not been made, so the pharmacy may not always be able to show how they ensure medicines are fit for supply. No expired medicines were identified from random checks of the dispensary shelves. The pharmacy received recall notifications via email, but an audit trail was not always maintained. The SI pharmacist created an email folder for this purpose during the inspection.

CDs were suitably stored, with returned and expired medicines segregated from stock and random

balance checks were found to be correct. The pharmacy fridge had a maximum and minimum thermometer and the temperature was checked and recorded each day. The fridge was within the recommended temperature range.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services. Team members use the equipment in a way that protects people's privacy.

Inspector's evidence

The pharmacy had access to a paper edition of the British National Formulary (BNF) and Drug Tariff. General internet access was also available for further research. Glass crown-stamped measures were available for measuring liquids. The measures were clearly marked to indicate their use with different liquids. Counting triangles were available for loose tablets and a separate triangle was marked for use with cytotoxic medicines.

The pharmacy's computer systems were in working order and they were password protected, as was the PMR system. Cordless phones were available to enable conversations to take place in private, if necessary. Pharmacy team members had access to PPE including face masks and gloves and a Perspex screen had been installed at the medicine counter for additional protection.

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.