General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Hawthorne Chemist, Essington Community Centre, Hobnock Road, Essington, WOLVERHAMPTON, West Midlands, WV11 2RF

Pharmacy reference: 1103443

Type of pharmacy: Community

Date of inspection: 22/08/2024

Pharmacy context

This is a community pharmacy inside a local community centre. It is situated in the village of Essington, South Staffordshire. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including seasonal flu vaccinations and the NHS Pharmacy First service. The pharmacy supplies medicines in multi-compartment compliance packs to some people to help them take their 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	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 team follows written procedures, and this helps to provide pharmacy services safely and effectively. The pharmacy generally keeps the records it needs to by law. And members of the team can demonstrate how they keep people's information safe. They record things that go wrong and discuss them to help identify learning and reduce the chances of similar mistakes happening again.

Inspector's evidence

A folder contained a set of standard operating procedures (SOPs) which were issued in 2023. All members of the pharmacy team had signed to say they had read and accepted the SOPs.

A standard template to record any dispensing errors was available. It contained particulars such as the details of the mistake, and the steps taken to investigate and learn from it. The superintendent pharmacist (SI) was not aware of any recent errors which had been reported to the pharmacy. Near miss incidents were recorded on a paper log. Each month the SI discussed the records with members of the team to help identify potential learning points, and this was recorded. For example, they had used shelf edge labels to highlight common picking errors due to similar sounding medicines. They had also used a caution sticker to remind the team members to take care when selecting the different strengths and formulations of doxazosin.

The roles and responsibilities for members of the pharmacy team were documented on a matrix. A dispenser was able to explain what their responsibilities were and was clear about the tasks that could or could not be conducted during the absence of a pharmacist. The correct responsible pharmacist (RP) notice was on display. The pharmacy had a complaints procedure. A notice in the retail area advised people they could discuss any concerns or feedback with the pharmacy team. Any complaints would be recorded and followed up by the SI. A current certificate of professional indemnity insurance was on display.

Records for private prescriptions appeared to be in order. RP records were available. But there were occasions when the pharmacist had not stated when they had signed out and ended their responsibility. So the pharmacy may not always be able to accurately show when a pharmacist had been present. The SI acknowledged that the RP record keeping needed improving. Controlled drugs (CDs) registers were maintained on electronic software. Running balances were recorded and checked frequently. Two random balances were checked, and both were found to be accurate. Patient returned CDs were recorded in a separate register.

An information governance (IG) policy was available. The pharmacy team had read the policy and each member had signed a confidentiality agreement. When questioned, a dispenser explained how confidential waste was separated and destroyed using a shredder. Information about how the pharmacy handled and stored people's information was described in a leaflet available in the retail area. Safeguarding procedures were included in the SOPs and the pharmacy team had completed safeguarding training. The pharmacist had completed level 2 safeguarding training. Members of the team knew where to find the contact details for the local safeguarding team. A dispenser said they would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✔ Standards met

Summary findings

There are enough team members to manage the pharmacy's workload and they are appropriately trained for the jobs they do. They complete some additional training to help them keep their knowledge up to date. But this is not structured so learning needs may not always be identified or addressed.

Inspector's evidence

The pharmacy team included a pharmacist, who was also the SI, three dispensers and a driver. All members of the team had completed the necessary training for their roles. The volume of work appeared to be well managed. Staffing levels were maintained by a staggered holiday system and relief staff from local branches. A pharmacy student was present who usually worked at another branch. A locum pharmacist worked two days per week at the pharmacy.

Members of the pharmacy team had completed some additional training, for example they had previously completed a training pack about Dementia Friends and Cancer Awareness. Training records were kept showing what training had been completed. But ongoing training was not provided in a structured or consistent manner. So learning needs may not always be fully addressed and members of the team may not be able to demonstrate how they keep their skills and knowledge up to date.

A dispenser gave examples of how they would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales of medicines they felt were inappropriate, and referred people to the pharmacist if needed. The locum pharmacist felt able to exercise their professional judgement, and this was respected by members of the team. A dispenser felt the team worked well with each other, and reported a good level of support was provided by the pharmacist, who they felt able to ask for further help if they needed it. But there was no formal appraisal programme for members of the team. So development needs may go unaddressed. Members of the team routinely discussed their work, including when there were any mistakes or complaints so they could learn from them. They were aware of the whistleblowing policy and felt comfortable reporting any concerns to the SI. Targets were set for some professional services, such as blood pressure. But members of the team did not feel under pressure to achieve these.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available to enable private conversations with members of the team.

Inspector's evidence

The pharmacy was clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload. People were not able to view any patient sensitive information due to the position of the dispensary. The temperature was controlled by the use of an air conditioning unit, and lighting was sufficient. The team had access to a kettle and separate staff fridge. Onsite WC facilities were available.

A consultation room was available. There was a computer, desk, seating, adequate lighting, and a wash basin. It was generally clean, but the sink contained unwashed crockery which detracted from the professional appearance expected of a healthcare setting. The patient entrance to the consultation room was clearly signposted and indicated if the room was engaged or available.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are easy to access. And it manages and provides them safely. It gets its medicines from licensed sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. But members of the pharmacy team do not always know when they are handing out higher-risk medicines. So they might not always be able to check that the medicines are still suitable, or give people advice about taking them.

Inspector's evidence

The pharmacy and consultation room were accessible to those with additional mobility needs. Various posters and leaflets gave information about the services offered and various healthcare topics. The pharmacy opening hours on were display.

The pharmacy team initialled 'dispensed-by' and 'checked-by' boxes on dispensing labels to provide an audit trail. They used baskets to separate individual patients' prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing. Owing slips were used to provide an audit trail if the full quantity could not be immediately supplied.

Dispensed medicines awaiting collection were kept on a shelf using an alphabetical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Team members were seen confirming the patient's name and address when medicines were handed out. Schedule 3 and 4 CDs were highlighted so that staff could check the validity of the prescription at the time of supply. Higher-risk medicines (such as warfarin, lithium, and methotrexate) were highlighted by the pharmacist when it was a new item or a clinical need so they could provide counselling advice. But there was no process to routinely review people who had been taking medicines for some time. So members of the team may not be aware if the person was up to date with blood tests or understood how to take the medicines correctly. The team were aware of the risks associated with the use of valproate-containing medicines during pregnancy. A sign in the dispensary reminded team members to only supply full packs. Educational material was provided with the medicines. The pharmacist would speak to patients to check the supply was suitable but that there were currently no patients meeting the risk criteria.

Some medicines were dispensed in multi-compartment compliance packs. Before a person was started on a compliance pack, the pharmacy referred them to their GP to complete a suitability assessment. A record sheet was kept for each patient, containing details about their current medication. Any medication changes were confirmed with the GP surgery before the record sheet was updated. Hospital discharge sheets were sought, and previous records were retained for future reference. Compliance packs were labelled with medication descriptions and a dispensing check audit trail. Patient information leaflets (PILs) were routinely supplied.

The pharmacy had a medicine delivery service. Deliveries were separated after an accuracy check was completed and a delivery sheet was used to obtain signatures from the recipient to confirm delivery. Unsuccessful deliveries were returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery. CDs were recorded on a separate delivery sheet for individual patients and a signature was obtained to confirm receipt.

Medicines were obtained from licensed wholesalers. The pharmacy had an account with a specials manufacturer to obtain unlicensed medicines, but they had not required to do so for some time. A date checking matrix was used to record when the expiry dates of medicines had been checked. Stock was checked at least once every four-months. Any short-dated stock was highlighted using a sticker and liquid medication had the date of opening written on. Controlled drugs were stored appropriately in the two CD cabinets, with clear separation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. There were two clean medicines fridges, each equipped with a thermometer. The minimum and maximum temperatures were being recorded daily and records showed they had remained in the required range for the last three months. Patient returned medication was disposed of in designated bins. Drug alerts were received by email from the MHRA. Alerts were printed and the action taken was written on them, initialled and signed before being filed.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

Members of the pharmacy team have access to the equipment they need for the services they provide. And they use the equipment in a way to protect people's private information.

Inspector's evidence

Team members had access to the internet for general information. This included access to the British National Formulary (BNF), BNFc and Drug Tariff resources. All electrical equipment appeared to be in working order. There was a selection of liquid measures with British Standard and Crown marks. Separate measures were used for methadone to prevent cross contamination. The pharmacy also had counting triangles for counting loose tablets including a designated tablet counting triangle for cytotoxic medication. Equipment was kept clean.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed team members to move to a private area if the phone call warranted privacy. The consultation room was used appropriately. Patients were offered its use when requesting advice or when counselling was required.

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.