

# Registered pharmacy inspection report

**Pharmacy Name:** Friar Park Chemist, 158 Crankhall Lane,  
WEDNESBURY, West Midlands, WS10 0EB

**Pharmacy reference:** 1104986

**Type of pharmacy:** Community

**Date of inspection:** 16/12/2019

## Pharmacy context

This is a busy community pharmacy located next to a large medical centre, in a residential area. Most people who use the pharmacy are from the local area. It dispenses prescriptions and sells a range of over-the-counter (OTC) medicines. The pharmacy dispenses some medicines into multi-compartment compliance aid packs, to help make sure people take them at the correct time. It also provides several other services including Medicine Use Reviews (MURs) and a substance misuse treatment service. The pharmacy's consultation room is also used by an external provider to offer a smoking cessation programme twice a week.

## 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
<b>1. Governance</b>	Standards not all met	1.7	Standard not met	The pharmacy does not effectively protect some confidential materials. It does not always securely store and dispose of its confidential paperwork.
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards not all met	4.3	Standard not met	The pharmacy cannot demonstrate that it stores and manages all its medicines appropriately. Medicines fridge temperatures are not properly monitored. And CD management and date checking procedures are lacking.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance Standards not all met

### Summary findings

Overall, the pharmacy identifies and manages risks adequately. It maintains the records it needs to by law and has written procedures explaining how to complete tasks safely. But the procedures are not always followed, so team members may not always work effectively or fully understand the regulations. Pharmacy team members understand how to raise concerns to help protect the wellbeing of vulnerable people and they have some awareness of how to keep people's private information safe. But the pharmacy's waste disposal systems are lacking, which could potentially breach patient confidentiality.

### Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) which covered operational tasks and activities. The procedures were produced in 2017 and due for review in 2019, but other version control details were limited. So, it was not possible to tell whether the procedures were fully up-to-date and reflected current practice. Pharmacy team members had signed to confirm their acknowledgement, but the procedures did not always define the individual responsibilities of team members. Through discussion team members demonstrated a general understanding of their roles, including the sale and supply of medicines in the absence of a responsible pharmacist (RP). However, prior to the pharmacy opening at 9am each morning, two team members worked from 7am-9am completing duties in the pharmacy, which often included dispensing, even though the pharmacist was not usually present. No medications were accuracy checked or left the premises prior to a pharmacist arriving and assuming the role of RP. But this was not in keeping with RP regulations, which require an RP to be signed in for dispensing activities to take place. The pharmacy had professional indemnity insurance provided by Numark, which was valid until April 2020.

The pharmacy had a near miss book, which captured some information. But some columns were incomplete, which may mean that some underlying trends are not detected. Team members reported that near misses were discussed at the time of the event but could not recall further discussions regarding near miss patterns and they were unaware of any changes that had been made in response to any incidents. The locum pharmacist discussed the information that he would capture if a dispensing incident were reported. He said that he would provide this information to the superintendent pharmacist for investigation and he was not aware of any recent incidents.

The pharmacy had a complaint procedure. A member of the team discussed action that had been taken in response to a previous complaint, where the pharmacy was now more proactive in advising people to check their prescription exemption status. Signs for this were located in the retail area. The pharmacy also participated in a Community Pharmacy Patient Questionnaire (CPPQ), the results of a previous survey were filed for reference.

An RP notice was displayed near to the medicine counter, the notice of the regular pharmacist was also displayed, which may cause confusion. The RP log was maintained, but there were times where a second pharmacist was present and both names were recorded in the log. This made it unclear who was the designated RP at these times, which may cause ambiguity. The pharmacy kept records of

private prescriptions and emergency supplies, but some information was captured using dispensing labels which may be removed or fade and could compromise the integrity of the audit trail. The limited number of specials procurement records viewed provided an audit trail from source to supply. The pharmacy CD registers kept a running balance and a patient returns CD register was available.

The pharmacy had an information governance folder, but the procedures were overdue review. The pharmacy was registered with the Information Commissioner's Office (ICO), but a copy of its privacy policy was not seen. Pharmacy team members were in possession of their own NHS smartcards and they had some understanding of how to keep people's private information safe. But the pharmacy did not routinely segregate confidential information for suitable disposal, instead all waste was in several general waste bins. There was also patient identifiable information including CDs registers and prescription tokens left unattended in the unlocked consultation room, which could cause a breach to patient confidentiality.

The locum pharmacist had completed safeguarding training through the Centre for Pharmacy Postgraduate Education (CPPE). He discussed some future training which was planned for team members and identified some of the types of concerns that he might be watching for. The contact details of local safeguarding agencies were accessible, if required.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy team work in an open culture and support one another well in a busy environment. They hold the appropriate qualifications for their roles, or complete accredited training. But they have limited access to ongoing learning and development. So, the pharmacy may not always be able to show how it identifies and addresses gaps in team members' knowledge.

### Inspector's evidence

On the day of the inspection, a regular locum pharmacist was working alongside a registered accuracy checking pharmacy technician, three dispensing assistants and a medicine counter assistant (MCA). Most team members worked part-time and at the end of the inspection, three further dispensers and an MCA arrived to provide replacement cover for the afternoon shift. The workload in the pharmacy was busy. The locum pharmacist said that with the recent recruitment of an additional team member, the workload was manageable and there was no backlog in dispensing on the day. Team members were allocated to tasks, with one dispenser completing walk-in prescriptions from the adjacent surgery, whilst others focussed on repeat prescriptions, deliveries and compliance aid packs. Team members had access to an online human resources platform, where they could access their work rota and make requests for planned leave. Leave was approved by the superintendent pharmacist and the team reported that usually only one person could be off at a time, to maintain appropriate staffing levels.

Several suitable OTC sales were observed during the inspection and the team made referrals to the pharmacist when they were unsure. They discussed the questions that they would ask to help make sure sales were appropriate and an MCA said that codeine-based preparations needed additional caution. Repeated requests were identified and referred, where appropriate.

Some team members were completing accredited training courses. Protected training time was not available during work hours and there was limited ongoing learning and development. The locum pharmacist said that he would discuss any gaps in knowledge that he identified with team members directly. Pharmacy team members had also previously had appraisals with the superintendent pharmacist to review their development.

Pharmacy team members were happy to raise concerns and provide feedback, including to the pharmacy owner and they had access to information on whistleblowing in the pharmacy SOP folder. There were no formal targets in place for professional services. Services were encouraged where they were relevant, and it could be ensured that all other activities were carried out safely.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is suitably maintained for the provision of healthcare. 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 pharmacy, including the external facia, was in a good state of repair and was suitably maintained. Maintenance concerns were escalated to the superintendent pharmacist, who arranged for any necessary repair work to be completed. And pharmacy team members completed daily housekeeping duties. The pharmacy was generally clean but there were some shelves in the retail area which were dusty. There was adequate lighting throughout the premises and air conditioning maintained a temperature appropriate for the storage of medicines.

The retail area was generally well presented, with a seating area in the centre of the room and further chairs available near to the front window. It stocked a small range of goods which were in keeping with a healthcare-based business and pharmacy restricted medicines were secured from self-selection behind the medicine counter. Off the retail area was a secured office space and a supervision area. There was also a large consultation room. The window had a blind to provide privacy to people using the room. It also had a desk and seating to enable private and confidential discussions. On the day the room was cluttered and there were some obstructions on the floor which detracted from the overall professional appearance and the storage of some items was not appropriate in an unsecured space. This was discussed with the pharmacist on the day.

The dispensary had adequate space for the current dispensing workload. There was a main front work bench, one half of which was used for the assembly of walk-in prescriptions and the other for accuracy checking by the pharmacist. There were further work benches for the assembly of repeat prescriptions and compliance aid packs. And large shelving units provided storage space for medicines. There was also a sink available for the preparation of medicines, which was equipped with suitable cleaning materials. A small kitchenette area to the rear and a staff WC were also appropriately maintained.

## Principle 4 - Services Standards not all met

### Summary findings

The pharmacy's services are generally accessible and suitably managed, so people receive appropriate care. But the team could do more to make sure people on high-risk medications receive appropriate advice and counselling. The pharmacy sources medicines from licensed wholesalers, but it cannot always demonstrate that all medicines are properly managed.

### Inspector's evidence

The pharmacy had step-free access from both the main street and the adjacent GP surgery. The front entrance had an automatic door to help people with mobility issues. There was a list of services displayed in the front window of the pharmacy and some services were also listed in a practice leaflet which was available for selection. A small range of health promotion literature was displayed, and team members had access to information to support signposting.

Prescriptions were dispensed using coloured baskets to prioritise the workload and prevent medicines from becoming mixed up. The pharmacy team kept an audit trail for dispensing by signing 'dispensed' and 'checked' boxes on dispensing labels. The pharmacy used stickers to identify prescriptions for CDs which were subject to safe custody requirements. Other prescriptions for CDs were not highlighted, which may increase the likelihood of a supply being made beyond the valid 28-day prescription expiry date. Prescriptions for high-risk medicines were not routinely identified to make sure that people received suitable counselling. The pharmacist provided appropriate responses to questions that regarding the risks of valproate-based medicines in people who may become pregnant. He was aware of the available safety literature but was unsure whether this was available at the pharmacy. The inspector advised on how this information could be obtained.

The pharmacy provided a repeat prescription collection service. People using the service indicated the medications which were required each month. The pharmacy calculated a prescription reorder date and kept a basic audit trail of requests submitted to the GP surgery, allowing unreturned prescriptions to be followed up. An online application was used to manage the prescription delivery service. The details of prescriptions were loaded onto the system and the driver obtained signatures for deliveries that were made. Medications from failed deliveries were returned to the pharmacy. The hand held device used to record patient signatures was password protected and was secured when not in use.

Medications for multi-compartment compliance aid packs were managed using a four-week cycle. Repeat requests were organised in advance and sent to the GP surgery. An audit trail was used to check that all prescriptions had been returned and any discrepancies were identified against a master backing sheet. A dispenser discussed some medications which were unsuitable for compliance packs and said that if unsure she would check with the pharmacist. Completed packs had patient details to the front, audit trails were not always maintained for dispensing and checking on some examples seen. Descriptions of individual medicines were present, but in some cases had not been updated which may cause confusion. Patient leaflets were supplied. Some completed packs were accuracy checked by the

ACT. She indicated that the pharmacist marked the prescription form to indicate that a clinical check of the prescription had taken place. Examples of this were not seen on the day and the ACT was not observed to carry out any accuracy checks on the day.

The smoking cessation service was available twice a week and the external service provider used the available office space for this. The locum pharmacist discussed how people suitable for MURs and the New Medicines Service (NMS) were identified. Signed consent was obtained and a folder was used to organise any necessary follow-ups. No recent interventions had been made.

Stock medicines were obtained from licensed wholesalers and specials from a licensed manufacturer. Stock medications were generally organised and were in the original packaging provided by the manufacturer. Date checking records were limited. There was some evidence indicating that there had been some recent checks, where short-dated medicines had been recorded. But several expired medicines were identified on the shelves during random checks, which may increase the risk that an expired medicine could be supplied in error. These medicines were immediately removed from the shelves on the day. Medicines waste bins were available for the storage of obsolete medicines, but checks were not always robust enough to make sure that medicines were disposed of in a suitable manner and some CDs were identified in a standard medicine waste bin. This could increase the risk that medicines are not suitably denatured prior to disposal.

The pharmacy was not yet compliant with the requirements of the European Falsified Medicines Directive (FMD). The locum pharmacist said that he had discussed some aspects of this with the superintendent pharmacist but was unsure of the timescale in place for the pharmacy to become compliant. Alerts for the recall of faulty medicines and medical devices were received via email. The system was checked daily but a complete audit trail confirming the action taken in response to alerts was not always maintained. The team agreed to review this moving forward.

The pharmacy had two refrigerators which were both equipped with maximum and minimum thermometers. The temperature of one refrigerator was checked and recorded daily, but a record for the second fridge was not kept. So, the pharmacy cannot always demonstrate that medicines are suitably stored. The temperature of the second fridge was within the recommended temperature range, but there was a large block of ice that had built up on the inside of the fridge and water was leaking from the bottom. This was cleaned up by the locum pharmacist on the day, who said that he would monitor the temperature and make sure a record sheet was set up. The pharmacy had a CD cabinet and kept returned and expired CDs separate from stock, but there was some evidence to indicate the CDs were not always suitably managed.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

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

### Inspector's evidence

The pharmacy had access to paper reference texts including up-to-date editions of the British National Formulary (BNF) and Drug Tariff. Internet access was also available for further research. There were several crown stamped glass conical measures. The measures were suitably maintained and those designated for use with CDs were stored in a separate area. Counting triangles were available for loose tablets and appeared in order.

Electrical equipment was in working order. The pharmacy computer systems were password protected and screens were located out of public view. Cordless phones were available to enable conversations to take place in private, if the need occurred.

### 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.