

# 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:** 06/10/2020

## 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 Medicines Use Reviews (MURs) and a substance misuse treatment service. The pharmacy is also planning to provide flu vaccinations once stock becomes available. 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<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 met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy identifies and manages the risks associated with its services adequately. It keeps people's private information safe and maintains the records it needs to by law. Pharmacy team members are clear about their roles and they understand how to raise concerns to help protect the wellbeing of vulnerable people.

### Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) which covered the 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. Team members were seen to work within their roles during the inspection and a medicine counter assistant (MCA) clearly explained the activities which were permissible in the absence of a responsible pharmacist (RP). The pharmacy had professional indemnity insurance provided by Numark, which was valid until April 2021.

The pharmacy kept some records of near misses. Most of the action points documented in the near miss book were to 'double check' and 'take more care' when dispensing. The pharmacist said that she reviewed the near miss log to identify repeated issues, but a record of this was not always kept. The inspector identified some recently repeated near misses involving amlodipine and amitriptyline, where the incorrect strength had been selected. In response to these recent issues, the different strengths of these medications had been separated. The pharmacist said that dispensing incidents would be recorded on designated forms and investigated. She was unaware of any incidents being reported since being in post.

The pharmacy had not yet completed individual risk assessments for pharmacy team members in response to the COVID-19 pandemic. The pharmacy was completing additional health checks on members of staff who may be at a higher risk, and this included temperature checks. The requirement for risk assessments was discussed with the pharmacist, who agreed to follow-up on this after the inspection. Pharmacy team members wore personal protective equipment (PPE) including face masks as they were unable to fully socially distance when working. The pharmacy's contingency plans in case of a team member needing to isolate mainly consisted of flexibility within the existing workforce or the use of locums. The pharmacy may benefit from reviewing other possible contingency arrangements, such as local 'buddy' agreements. The requirement to report any workplace related COVID-19 illness to the Health and Safety Executive (HSE) was also discussed with the pharmacist.

The pharmacy had a complaint procedure. People using the pharmacy's services could provide feedback verbally and additional feedback was also sought through a Community Pharmacy Patient Questionnaire (CPPQ).

An RP notice was displayed near to the medicine counter, but the notice of the regular locum

pharmacist was also displayed, which could cause confusion. The RP log was maintained, but there were gaps for three dates in the September 2020, so it was not fully compliant. The pharmacist acknowledged that she had been working on the dates of the missing entries and apologised. Requirements for the log to be completed contemporaneously were discussed. The pharmacy kept records of private prescriptions and emergency supplies, but some entries for private prescriptions did not always record both the date of the prescription and the date of supply. Specials procurement records viewed provided an audit trail from source to supply. The pharmacy's controlled drugs (CD) registers kept a running balance and balance checks were completed each month. A patient returns CD register was available.

The pharmacy had an information governance folder, and team members understood how to keep people's private information safe. They segregated confidential waste, which was then shredded on the premises and the appropriate use of NHS smartcards was seen on the day. Completed prescriptions were stored out of public view.

The pharmacist had completed safeguarding training through the Centre for Pharmacy Postgraduate Education (CPPE). The pharmacy held a list of vulnerable people who received compliance aid packs and, where relevant, they had implemented some additional safeguards, such as weekly supplies, to help protect people's health and wellbeing.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy team members hold the appropriate qualifications for their roles. They work well together and feel comfortable raising concerns and providing feedback. But they have limited access to ongoing learning and development, so the pharmacy may not always be able to show how team members keep their knowledge and skills up to date.

### Inspector's evidence

On the day of the inspection, the regular pharmacist was working alongside a registered accuracy checking pharmacy technician, four dispensing assistants and a medicine counter assistant (MCA). The pharmacy also employed two additional dispensing assistants, who worked on a part-time basis. The pharmacy had recently made a change to its opening hours and team members now worked shifts from 9am-6pm or 10am-6pm. The workload in the pharmacy was busy, but the team worked well together to complete tasks and there was no backlog in dispensing. 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 it was restricted to help ensure that appropriate staffing levels were maintained.

Team members were suitably trained for their roles. One dispensing assistant was completing an accredited training programme through Buttercups. She already held an MCA qualification and worked in a split role between the medicine counter and dispensary. There were limited ongoing learning and development opportunities. A dispenser said that training had recently been discussed in the pharmacy and team members had provided some ideas of courses that they would like to attend, for example first aid training. The pharmacist was looking into how this could be provided. Pharmacy team members had also previously had appraisals, but none had been completed recently.

The sale of medication was discussed with an MCA who outlined the questions that she would ask to help make sure that sales were suitable. The MCA was aware of some high-risk medications which were susceptible to abuse, and concerns were referred to the pharmacist.

Pharmacy team members were happy to raise concerns and provide feedback, and they had access to information on whistleblowing in the pharmacy SOP folder. There were no formal targets in place for professional services.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a clean and professional environment, suitable for the provision of healthcare. It has a consultation room to enable it to provide people with access to an area for private and confidential discussions.

### Inspector's evidence

The pharmacy, including the external facia, was well maintained and portrayed a professional appearance. 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 frequency of cleaning had been increased in response to the COVID-19 pandemic. Team members regularly wiped down surfaces with antibacterial spray, which was available in various locations throughout the dispensary. And the team routinely used alcohol-based hand sanitiser.

The retail area was well presented, with a seating area in the centre of the room. A one-way system was in operation and the floor space was suitably labelled to encourage social distancing. In line with these measures, entry to the pharmacy was limited to three people at a time. The pharmacy 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, there 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. The room was fitted with a lock to restrict unauthorised access.

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 met

### Summary findings

The pharmacy sources, stores and manages its medicines appropriately. It provides its services safely, so people receive appropriate care. But the pharmacy could improve the way it manages higher-risk medications to make sure that people get all the advice they need.

### Inspector's evidence

The pharmacy had step-free entrance and an automatic door to help people with mobility issues. There was a list of services displayed in the front window of the pharmacy and team members had access to information to support signposting. The pharmacy also displayed current public health information on COVID-19, such as the requirements to wear a face covering when entering the premises.

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. The pharmacist agreed to review this moving forward. Prescriptions for high-risk medicines were not routinely identified to make sure that people received suitable counselling. So, some people may not always get all the advice they need about their medicine. The pharmacist was aware of the risks of the use of valproate-based medicines in people who may become pregnant and had access to the necessary safety literature.

The pharmacy kept a basic audit trail of repeat prescription requests, allowing unreturned prescriptions to be followed up. An online application was used to manage the prescription delivery service. The delivery driver was not currently obtaining signatures of confirmation of delivery due to the pandemic. Medicines were delivered to patient's doorsteps and collection was observed from a suitable distance. Medications from failed deliveries were returned to the pharmacy. The handheld 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. One dispenser was primarily responsible for the service. In her absence, there were other dispensers who were familiar with some of the procedures. But they were not clear on all aspects of the service, which may cause some issues with continuity of care in the event of an unexpected absence. Each patient had a master record sheet which was updated with the details of changes to medications. There were some sheets which had multiple changes recorded on them, which made them difficult to read and could increase the risk of a mistake. Completed packs had patient details on the front. 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 with a stamp to record 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. During the inspection two examples were identified where a compliance aid pack had been assembled prior to the prescription being received. The ACT said that the packs were usually issued against weekly prescriptions and the team were awaiting the prescriptions to come through, as there had been a delay from the surgery. The packs were labelled

with stickers indicating that they were not to be supplied until the prescription had been received and they were kept in a separate work area. This appeared to be an isolated issue but assembling packs in advance could increase the risk of mistakes. This was discussed with the pharmacist. The pharmacist indicated that the adjacent GP surgery were in the process of moving patients who received compliance aid packs to repeat dispensing, which should reduce the likelihood of delayed prescriptions in the future.

Stock medicines were obtained from licensed wholesalers and specials from a licensed manufacturer. Stock medications were generally well organised, and the team completed some date checking. Short-dated medicines were highlighted and recorded before being removed from the shelves at the end of each month. One expired medicine was identified from random checks of the dispensary shelves. This had been recorded on the short-dated list, but it had been missed when the September 2020 list was actioned. The medicine was removed from the shelves and placed for suitable disposal. Obsolete medicines were placed into medicines waste bins.

The pharmacy was not yet compliant with the requirements of the European Falsified Medicines Directive (FMD). 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 pharmacist agreed to review this moving forward.

The pharmacy had two refrigerators which were both equipped with maximum and minimum thermometers. The temperatures were checked and recorded each day and there had been no recent deviations. CDs were suitably stored and expired and returned CDs were segregated from stock. Random balance checks were found to be correct and the pharmacy had access to CD denaturing kits.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment 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 paper reference texts including the British National Formulary (BNF). 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. Clean counting triangles were available for loose tablets, and a separate triangle was used for cytotoxic medicines.

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. The pharmacy team members had access to PPE including face masks, gloves and aprons and a Perspex screen had been installed across the medicine counter for further 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.