

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: 09/05/2023

Pharmacy context

This community pharmacy is located next to a medical centre in a residential area of Wednesbury in the West Midlands. Most people who use the pharmacy are from the local area. It dispenses prescriptions and sells medicines over the counter. The pharmacy offers a range of other services including the Community Pharmacy Consultation Service (CPCS) and a substance misuse service. The pharmacist is also an independent prescriber and offers a private prescribing service for the treatment of minor ailments. The pharmacy also supplies some medicines in multi-compartment compliance aid packs to help make sure people take their medicines at the right time.

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
1. Governance	Standards not all met	1.1	Standard not met	The pharmacy does not adequately review the risks associated with its prescribing service or audit prescribing to monitor effectiveness.
		1.6	Standard not met	Consultation records for the prescribing service lack the detail required to support prescribing decisions.
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 not all met	4.2	Standard not met	The prescribing service is not effectively managed to deliver safe and effective care.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy does not adequately identify and manages risks. It does not review the risks associated with its prescribing service, and the prescriber's consultation records lack the detail required to support prescribing decisions. The pharmacy keeps people's private information safe and keeps the other records it needs to by law. But some records are not very clear, so team members may not always be able to show what has happened in the event of a query. Pharmacy team members understand their roles and responsibilities and they understand how to raise concerns to protect the wellbeing of vulnerable people.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) which covered some operational tasks and activities. But the procedures were outdated and contained references to bodies and organisations which no longer exist. Contact details for key individuals such as the Controlled Drugs Accountable Officer (CDAO) for the area were also inaccurate. This meant the pharmacy team members using the procedures may not always have access to the most up to date information, and the procedures may not always reflect current practice. Some pharmacy team members had not signed the procedures as confirmation of their acknowledgement and understanding. Through discussion, team members demonstrated an understanding of their roles and responsibilities. A dispenser was able to clearly explain the activities permissible in the absence of a responsible pharmacist (RP). The pharmacy had professional indemnity insurance and a certificate provided by the superintendent pharmacist was valid until April 2024.

A pharmacy team member explained that near misses were discussed at the time of the event. The pharmacy had a near miss log, but the last entry had been recorded in April 2022. The pharmacist believed that more recent entries had been made on a separate log, but these records could not be produced, and no regular review of near misses took place. This might mean that opportunities to learn from incidents may be missed. The pharmacist was unaware of any recent dispensing incidents. She explained the actions that she would take if an incident were to be reported and how she would contact NHS England for advice on how to report a dispensing incident that had occurred.

The pharmacist was a registered independent prescriber and in recent months had been offering an informal private prescribing service for the treatment of minor ailments, from the pharmacy premises. No risk assessments had been completed prior to the service being offered by the pharmacy and there was no prescribing policy or procedure underpinning the prescribing activity. Prescribing had been taking place for several months and an audit of prescriptions had not yet been completed.

People using pharmacy services were able to provide verbal feedback to pharmacy team members. A dispenser explained that she would escalate any concerns raised about the pharmacy to the pharmacist or pharmacy owner.

An RP notice was displayed near to the medicine counter. The RP log was maintained electronically. It contained a missing entry at the end of April 2023, so it was not technically compliant. Private prescription records often contained the incorrect details of the prescriber, which may make it difficult

for team members to demonstrate what happened in the event of a query surrounding a supply. Records for the procurement and supply of unlicensed specials were in order. CD registers included running balances and these were regularly audited, but some record keeping issues were identified which meant that the pharmacy could not always clearly account for some of its patient returned CDs.

The pharmacist kept some consultation records for prescribing that she had undertaken. But these records were very brief and lacked the detail necessary to fully support prescribing decisions. The consultation notes mainly comprised of a few bullet points recorded on the back of the prescription form and the pharmacist confirmed that physical examinations such as temperature monitoring, auscultation of the lungs and urine dipsticks were not routinely performed. So, there was at times a lack of clinical evidence to support the prescribing decision made, which may be particularly problematic when prescribing antibiotics as there was limited information to demonstrate effective antimicrobial stewardship.

Pharmacy team members understood the importance of maintaining people's confidentiality. Confidential waste was segregated from general waste and shredded on the premises. Other confidential information was kept out of public view. Most team members held their own NHS Smartcards, however, others did not and were using the cards of colleagues under their supervision. Team members agreed to follow-up to ensure that they had access to their own smartcards in future.

The pharmacist had completed some safeguarding training. She discussed some of the types of concerns that might be identified. The team had resources available and could contact local safeguarding agencies, if required.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members are suitably trained for the roles in which they are working. Team members work together effectively to manage the workload. They can raise concerns and provide feedback. But ongoing learning and development in the pharmacy is limited, so it may not always be able to show how its team members keep their knowledge and skills up to date.

Inspector's evidence

The pharmacy team comprised of the RP, who was the regular pharmacist and the superintendent. Eight dispensing assistants were also present. This was considered an average staffing level and team members managed the workload effectively. The pharmacy team members had access to a human resources app, which was used to inform them of their shift patterns and for application for leave. Leave was restricted to help ensure that suitable staffing levels were maintained.

Team members were either trained for their roles or completing a relevant training course. One team member was a new starter in her second week of working at the pharmacy, so she had not been enrolled on a training course yet. The pharmacy did not provide regular ongoing learning opportunities for team members, so development was limited. A few team members anticipated undertaking further training to advance their skills, such as completing the pharmacy technician course, but had not been enrolled on a training programme. The pharmacist explained that she would report any concerns regarding knowledge and skills of team members to the pharmacy owner. The pharmacy owner also met with team members on a one-to-one basis once a year to discuss their learning and development. The pharmacist was an independent prescriber and had completed a prescribing programme specialising in minor ailments. She explained that she had kept up to date by completing additional CPD modules but evidence of this was not seen.

There was an open culture in the pharmacy. Team members appeared to work well together and provided support to one another to ensure that all tasks were completed. Any concerns were escalated to the pharmacist or the pharmacy owner.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is appropriately maintained and it provides an appropriate environment for the delivery of healthcare services. It has a consultation room to enable people to speak with pharmacy team members in private.

Inspector's evidence

The pharmacy was suitably maintained and generally clean and tidy. There were segregated work areas within the dispensary and there was adequate space for the workload. The retail area stocked a range of items suitable for a healthcare-based business. Pharmacy restricted medicines were stored behind the medicine counter. Staff members had access to a small tearoom area and a WC. There was adequate lighting throughout the premises and the ambient temperature was controlled through air conditioning.

The pharmacy had a large consultation room, which was signposted from the retail area. The room was equipped with a desk and seating to enable private and confidential discussions and it was suitably maintained.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy does not always manage its prescribing service safely and effectively. Prescribing decisions are not always clearly justified, so the pharmacy cannot clearly demonstrate why some treatments are provided. The pharmacy's dispensing services generally operate safely. It gets its medicines from reputable suppliers and team members complete some checks to help make sure that medicines are fit for supply. But records of checks are not always kept, so the pharmacy cannot always show that medicines are suitably stored.

Inspector's evidence

The pharmacy had step-free access from the main street and the adjacent medical centre. The main entrance had automatic doors to assist with entry. There was a variety of health promotion materials in the retail area and the pharmacy's services were also advertised at the entrance.

Prescriptions were dispensed using baskets in order to keep them separate and reduce the risk of medicines being mixed up. Team members signed dispensed and checked by boxes as an audit trail so those involved in the dispensing process could be identified. Owing labels were used where the full quantity of medicines could not be supplied. The pharmacy did not keep all prescription forms alongside medication awaiting collection, which means that team members do not have easy access to all the information they need at the point of handout. Prescriptions for CDs were marked and retained alongside the assembled medicines to help ensure that the prescription was supplied within the valid expiry date. The pharmacy did not identify prescriptions for high-risk medicines so opportunities to provide further counselling may be missed. The pharmacist was aware of the risks of using valproate-based medicines in people who may become pregnant. She was not aware of any regular patients who fell within the at-risk criteria.

The pharmacy provided some medicines in multi-compartment compliance aid packs. People who received their compliance aid packs monthly each had a master record of medication which was updated with the details of any changes. Prescriptions were ordered and tracked each month to ensure unreturned prescriptions were identified. Weekly compliance aid pack patients had a master copy of their medicines and a master copy of a prescription form. Medicines to be used in the compliance aid packs were checked by the pharmacist against the master records prior to being assembled. Prescriptions were issued weekly by the GP and were downloaded from the NHS spine. Each tray was then re-checked against the newly issued prescription to identify any medication changes, before being checked again by the pharmacist prior to being issued. Assembling weekly compliance aid packs in advance of receiving a valid prescription may increase the risk that changes to medications are not identified. Completed compliance aid packs contained patient identifying labels to the front and descriptions of individual medicines were present. Patient leaflets were not always supplied, and the pharmacy team agreed to review this moving forward.

The pharmacy offered a private prescribing service, which was not formally advertised. People presenting directly at the pharmacy with a relevant minor ailment were reviewed by the pharmacist, other consultations took place in response to CPCS referrals and other referrals from the adjacent medical centre. Private prescriptions were subsequently being issued to manage conditions including

lower respiratory tract infections, urinary tract infections and sore throats. The prescriptions were primarily for antibiotics. If a patient receiving a private prescription used the pharmacy to obtain their regular prescription medicine, then their medical history was accessed through the pharmacy patient medication record system. The pharmacist did not have access to Summary Care Records for any further medical history, and patients regular healthcare providers such as their GP were not always informed of prescriptions that had been issued. Patients were not always informed that they were permitted to take the private prescription to another pharmacy to be dispensed if they wished to. The pharmacist was also responsible for the clinical check and accuracy check on prescriptions that she had written, so there wasn't a separate independent clinical check.

The pharmacy had a MethaMeasure device to assist in the management of its substance misuse programme. Individual patient records were linked with the patients fingerprint as an additional security measure. Prescription details were uploaded and individuals due to collect were marked in green. Daily collections were dispensed into an unlabelled cup, which may not comply with labelling regulations for prescription medicines.

Stock medicines were sourced from reputable wholesalers and specials from licensed manufacturers. Stock medicines were stored in an organised manner and in the original packaging provided by the manufacturer. Pharmacy team members completed date checking and highlighted short-dated medicines, but records of this were not maintained. No expired medicines were identified during random checks of the dispensary shelves. Returned and obsolete medicines were placed in medicines waste bins.

The pharmacy had three refrigerators which were each fitted with a maximum and minimum thermometer. There was an electronic fridge temperature record, but this only recorded the temperature of one fridge and only a handful of entries had been made. The only other records produced were from August 2022 and earlier. So, the pharmacy could not demonstrate that medicines were always being appropriately stored. The maximum temperature of one of the refrigerators had exceeded the recommended range. The pharmacist agreed to take action in response to this once it had been identified.

Alerts for the recall of faulty medicines and medical devices were received via email and through pharmacy wholesalers. Alerts were printed and actioned, but not record was kept as an audit trail.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy had access to reference materials including the British National Formulary (BNF) and internet access as available to facilitate further research. The pharmacy had a range of Crown stamped liquid measures and counting triangles for tablets were also available. The equipment seen was clean and suitably maintained. The MethaMeasure device was primed and calibrated each day and a helpline was available in the event of any issues.

Electrical equipment was in working order. Computer systems were password protected and screens were positioned out of view. Cordless phones were available to enable conversations to take place in private.

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.