

# 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:** 12/12/2023

## 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 Pharmacist Consultation Service (CPCS), flu' and COVID-19 vaccinations and a substance misuse service. Blood pressure testing is also available. The pharmacy supplies some medicines in multi-compartment compliance packs to help make sure people 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
<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 risks adequately. Pharmacy team members review their mistakes to help them learn and improve, and they keep people's private information safe. The pharmacy keeps the records it needs to by law, and it has written procedures which explain how it operates. But the procedures do not always reflect current practice, so team members may not always work as effectively as they could.

### Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) which had been reviewed in June 2023. Since that review, a new patient medication record (PMR) system had been installed which had changed some of the pharmacy's working processes. These changes had not yet been incorporated into the SOPs, so they did not always reflect current practice. There was an electronic audit trail for the procedures, which identified who had read them but this had not been completed by some team members. Through discussions, team members demonstrated a general understanding of their roles, and a pharmacy apprentice clearly explained which activities could and could not be completed in the absence of a responsible pharmacist (RP). The pharmacy had professional indemnity insurance and a certificate seen was valid until April 2024.

The PMR system set different account parameters based on a team member's role in the pharmacy, with the clinical check function only available to the pharmacist. Once stock was picked it was scanned into the system and any medication that had been picked incorrectly was highlighted. This automatically recorded as a near miss on the system. An additional scanning process then took place to ensure that the correct label had been placed on the correct stock item. Controlled drugs (CDs) and split packs required additional authorisation from the pharmacist. Any near misses were reviewed by the pharmacist and discussed with the team as part of a team briefing. Dispensing incidents were also recorded electronically but the pharmacist confirmed that there had been no recent incidents.

People using pharmacy services could provide feedback verbally. Any complaints were referred to the pharmacist or the pharmacy owner for investigation. Feedback could also be left using online reviews.

Upon arrival, the incorrect RP notice was displayed, but this was swiftly rectified by the pharmacist. The RP log was in order, as were records for the procurement and supply of unlicensed specials. CD registers kept a running balance, and some balance checks were completed. The pharmacy maintained a private prescription register. There were four private prescriptions which had not been recorded in the necessary timeframe, but the pharmacist actioned this on the day.

Pharmacy team members had an understanding of confidentiality and data protection. A dispenser explained how the pharmacy kept people's private information safe. Confidential waste was segregated and shredded on an ongoing basis. And pharmacy team members had their own NHS smartcards. Cards for the two apprentices had also been requested.

There was a safeguarding SOP and the pharmacist had completed safeguarding training. The contact details of local safeguarding agencies were available for reference.



## Principle 2 - Staffing ✓ Standards met

### Summary findings

Pharmacy team members are suitably trained for the roles in which they are working. They work in an open environment and feel comfortable raising concerns and providing 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 regular pharmacist, who was also the superintendent pharmacist, five dispensing assistants and two apprentices. Team members worked well together and they suitably managed the current dispensing workload. Leave was generally planned in advance and restricted to help ensure that appropriate cover could still be maintained.

The pharmacy team members were suitably trained for their roles or were enrolled on suitable training programmes. There were limited ongoing learning and development opportunities available in the pharmacy. Some training on over-the-counter products and conditions was completed on an ad hoc basis. Team members were able to speak to the pharmacist or pharmacy owner on a one-to-one basis about other development opportunities. The two apprentices had tutorial support from their course provider and monthly reviews were held between the course provider and pharmacist each month in order to monitor their progress.

The regular pharmacist was a qualified pharmacist independent prescriber, but she confirmed that she was not currently undertaking any prescribing activity from the pharmacy.

An apprentice discussed the sale of medication from the pharmacy. She explained the questions that she would ask to help make sure that sales were appropriate. And she clearly identified several medicines which may be subject to abuse and misuse. Any concerns were referred to the pharmacist in charge.

There was an open culture in the pharmacy. The team followed a rota throughout the day to ensure that all tasks were completed and that roles in the pharmacy were rotated. But this was adapted dependent on any changing needs. The team held a meeting once or twice a month where they received feedback on any learning points. Team members believed that all staff were happy and comfortable to contribute during these meetings.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean, tidy and properly maintained. It provides a suitable environment for the provision of healthcare services. The pharmacy has a consultation room so people using its services can speak to team members in private.

### Inspector's evidence

The pharmacy was suitably maintained and portrayed a professional appearance. There was a retail area, with chairs available for use by people waiting for their medicines, and goods offered for sale were appropriate for a healthcare-based business. Pharmacy medicines were stored behind the medicine counter.

The dispensary was appropriately sized and it had a large number of workbenches available. There were designated areas for specific tasks and team members had access to a small tearoom area and WC facilities with suitable handwashing materials. The lighting throughout the premises was sufficient and the ambient temperature was suitably controlled.

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

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are suitably managed, so people receive appropriate care. But the pharmacy does not always identify prescriptions for high-risk medications, so team members may miss some opportunities to provide additional counselling. The pharmacy gets its medicines from reputable wholesalers and team members complete some checks to help make sure medicines are appropriately stored and fit for supply.

### Inspector's evidence

The pharmacy could be accessed from the main street and the adjacent medical centre. Both entrances were step-free and had automatic doors. The pharmacy services were advertised using display materials and practice leaflets. And a small range of other health promotion materials were also available.

Prescriptions were dispensed using baskets in order to keep them separate and reduce the risk of medicines being mixed up. An audit trail for the dispensing process was maintained using the pharmacy PMR system. Prescriptions for CDs were highlighted on the PMR system, and a warning message identified prescriptions that exceeded the 28-day expiry date at the point of handout. Prescriptions for other high-risk medicines which required additional counselling were not identified. The pharmacist was aware of the recent change in guidance for the supply of valproate-based medicines and could override the PMR system to enable original pack dispensing, when required.

The pharmacy ordered repeat prescription requests through the PMR system and there was an audit trail to help identify unreturned requests. Prescriptions for people who received their medicines in compliance aid packs had their medicines requested in the same way. Packs were managed using a weekly schedule and each patient had a master record of their medicines, which was updated with any changes. Compliance aid packs had descriptions of individual medicines and patient leaflets were supplied. There were a small number of patients from one local surgery who had one month's worth of medication ordered, but prescriptions were issued weekly by the surgery. Upon receipt of the initial prescription, four trays were assembled, with the following weekly trays being checked against each prescription when it was released prior to being sent out. Assembling weekly compliance aid packs in advance of receiving a valid prescription may increase the risk of changes to medications not being identified. The pharmacist explained that she was working with the surgery to try and ensure that all four prescriptions were released at the same time. The pharmacy delivery service was managed using an online App which recorded a signature for delivery. Failed deliveries were returned to the pharmacy.

Flu' and COVID-19 vaccination services were available using an appointment-based system, although walk-ins were accepted if vaccine stock levels permitted. The service was delivered under the national protocol with initial screening reviewed by the pharmacist and three trained dispensers completing vaccinations. Equipment to aid the administration of vaccinations including a sharps bin and adrenaline were available.

A blood pressure testing machine was available and due to be calibrated. The pharmacist had printed

guidance so that any readings outside of the normal range could be referred to her for review.

The pharmacy sourced its medicines from a variety of reputable wholesalers and unlicensed specials from a specials manufacturer. Date checking was completed every few months, with short-dated stock highlighted. One expired medicine was identified during random checks of the dispensary shelves. This was removed and placed in a medicines waste bin. Alerts for the recall of faulty medicines and medical devices were received via an electronic system which flagged when new alerts were received. The system was checked each day and an audit trail was maintained to record any action taken in response.

Both pharmacy refrigerators were fitted with a maximum and minimum thermometer and the temperatures were within the recommended range. There had been several recent occasions where the maximum temperature range of one refrigerator had exceed the recommended 8 degrees Celsius. In response, the fridge had been relocated to provide better airflow, which had resolved the problem. However, this action had not been recorded on the temperature records as an audit trail. CDs were suitably stored, and two random balance checks were found to be correct.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to deliver its services. The equipment is suitably maintained, and it is used in a way that protects people's privacy.

### Inspector's evidence

The pharmacy had a MethaMeasure device which was calibrated each day. The machine was in working order and was sterilised on a regular basis. There was a range of approved, clean glass liquid measures which were used to measure other liquid preparations. And counting triangles for tablets were also suitably maintained.

Electrical equipment was in working order. Computer systems and online software used by the pharmacy were all password protected and screens faced away from public view. There was a cordless phone 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.