

Registered pharmacy inspection report

Pharmacy Name: Church Street Pharmacy, Church Street Surgery,
Callows Lane, KIDDERMINSTER, Worcestershire, DY10 2JG

Pharmacy reference: 1109630

Type of pharmacy: Community

Date of inspection: 18/08/2022

Pharmacy context

This is a community pharmacy within a GP surgery in the centre of Kidderminster, Worcestershire. The pharmacy dispenses NHS and private prescriptions. It sells a limited range of over-the-counter (OTC) medicines, offers local deliveries and supplies people with their medicines inside multi-compartment compliance packs if they find it difficult to take them.

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 has suitable systems in place to identify and manage the risks associated with its services. Trained members of the team understand their role in protecting the welfare of vulnerable people and the pharmacy protects people's private information appropriately. But it doesn't always record all the required information in some of its records. This could mean that its team may not have enough information available if problems or queries arise in the future.

Inspector's evidence

This was a busy pharmacy. At the point of inspection, the pharmacy was somewhat short-staffed but generally had enough team members to support the workload (see Principle 2). To some extent, it was also cluttered in places, but this was observed to be work in progress (see Principle 3). The pharmacy had a range of documented and electronic standard operating procedures (SOPs). The SOPs provided guidance for the team to carry out their tasks correctly. New members of the pharmacy team had not yet read and signed them, but they knew their roles and responsibilities and were appropriately supervised. The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display.

Staff were observed to concentrate on one task at a time when they dispensed prescriptions and had designated workstations. The pharmacy had a process in place to deal with incidents and complaints. The responsible pharmacist's (RP) process was suitable and details of how people could complain were on display. Team members routinely recorded their near miss mistakes, they were reviewed by the RP and another member of staff and fed back to the rest of the team at the end of every month. Records about this could have been presented in a more formalised way. Staff separated and highlighted medicines with similar in packaging or involved in incidents in response.

The pharmacy's team members had been trained to protect people's confidential information. Confidential material was stored and disposed of appropriately. There were no sensitive details that could be seen from the retail space. Computer systems were password protected and staff used their own NHS smart cards to access electronic prescriptions. The pharmacy also had information on display so that people were informed on how their sensitive data was protected. Trained members of the team had been trained to safeguard vulnerable people. They could recognise signs of concern, knew who to refer to in the event of a concern and contact details for the local agencies were readily available. The pharmacist and technicians had been trained to level two through the Centre for Pharmacy Postgraduate Education (CPPE).

The pharmacy's records were largely compliant with statutory and best practice requirements. This included records of unlicensed medicines and a sample of electronic registers seen for controlled drugs (CDs). On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. Records of CDs that had been returned by people and destroyed at the pharmacy were complete and the pharmacy had appropriate professional indemnity insurance in place. This was through the National Pharmacy Association (NPA) and due for renewal after May 2023. Records verifying that fridge temperatures had remained within the required range had also been routinely completed. Records about the RP record and emergency supplies in general had been appropriately maintained although pharmacists had not always recorded the time that their

responsibility finished, and not enough information had been recorded to justify supplies made in an emergency. A few records of medicines supplied against private prescriptions had not been completed on time, but the RP confirmed that they had been entered in the appropriate register shortly after the inspection. Advice was provided at the time about this.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has an adequate number of staff to manage its workload safely. The pharmacy provides its services using a team with different levels of experience. Members of the pharmacy team feel supported. And the pharmacy provides them with opportunities to complete additional training.

Inspector's evidence

On the day of the inspection, three members of staff were off sick, but there were still three apprentices, the regular pharmacist, a pharmacy technician and a medicines counter assistant (MCA). There were another two full-time dispensers and a technician. Team members confirmed that they could manage the workload, they were up to date with this and could obtain more staff if needed as contingency. The MCA and the apprentices were relatively new, but they knew which activities could take place in the absence of the RP and they referred appropriately. The MCA asked appropriate questions before selling medicines. The staff said that they liked working at the pharmacy and could give feedback if required. Team meetings took place regularly to discuss relevant matters such as near misses or incidents. The team's individual performance was monitored and fed back informally. Staff communicated verbally and they were provided with resources for ongoing training. They were also given opportunities to develop, complete additional training and to progress.

Principle 3 - Premises ✓ Standards met

Summary findings

Overall, the pharmacy's premises are small but appropriate for delivering healthcare services. The pharmacy is kept clean, it is secure from unauthorised access and presents a professional image. The pharmacy also has a separate space available for private conversations and services.

Inspector's evidence

The pharmacy premises overall were professional in appearance. The pharmacy was located inside the doctor's surgery and by the entrance. It was small, in line with the volume of dispensing, and space inside the premises was restricted. However, there was still an adequate amount of bench space for dispensing activity to take place safely. There was also an additional room located upstairs. This was used to prepare multi-compartment compliance packs and to store some medicines for district nurses. This area was suitable and secure for this purpose. The pharmacy was clean, suitably lit and appropriately ventilated. Fixtures and fittings had been appropriately maintained. Parts of the dispensary, however, were cluttered. This was observed to be work in progress and possibly due to fewer staff being present on the day. Some assembled prescriptions in baskets were also stored directly on the floor. Moving them off the floor to minimise the risk of tripping or damaging medicines was advised at the time. Pharmacy (P) medicines were stored behind the front counter in the retail space. A member of staff was always present in this area which helped restrict self-selection and unauthorised entry into the pharmacy. There was a sign-posted consultation room available for services and private conversations, which was quite close to the front counter. The room was small, but of an adequate size for its intended purpose. The entrance, however, was full of boxes of stock, so the room could not be easily used and there was a risk of unauthorised access to these medicines. Once highlighted, this was cleared quickly.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally provides its services appropriately. The pharmacy obtains its medicines from reputable sources, and it largely keeps appropriate records to verify how its services are being run. But the pharmacy sometimes assembles people's compliance packs in a potentially unsafe manner. And team members don't always record any information about people who receive higher-risk medicines. This makes it difficult for them to show that they provide people with appropriate advice when these medicines are supplied.

Inspector's evidence

People could enter the surgery through an automatic door at street level. There were steps and a ramp outside, leading into the building and parking for people with disabilities. A larger, public, pay and display car park was also available within the vicinity. The pharmacy did not have a retail space in which people could stand because of its size, but they could easily wait in the surgery area and by the front entrance.

The workflow involved prescriptions being prepared in one area, the RP checked medicines for accuracy from another section. The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer between them. They were also colour coded which highlighted priority. After the staff had generated the dispensing labels, there was a facility on them which helped identify who had been involved in the dispensing process. Team members routinely used these as an audit trail.

The pharmacy offered a delivery service and assembled medicines into compliance packs for people who struggled to take them. This was after a referral from the person's GP. The pharmacy kept appropriate records when medicines were delivered to people's homes. Failed deliveries were brought back to the pharmacy and medicines were not left unattended. For people who required compliance packs, prescriptions were ordered on behalf of people. They identified any changes that may have been made, maintained individual records to reflect this and queried details if required. All the medicines were de-blistered into the compliance packs with none supplied within their outer packaging. Descriptions of the medicines inside the compliance packs were provided and advice was provided about patient information leaflets (PILs) at the time. However, some compliance packs had been left unsealed overnight at the point of inspection. The RP explained that this was because they required changes. This situation risked errors occurring as medicines could be knocked and moved between slots or contamination could occur from insects or dust. The pharmacy team was advised to change their internal processes so that this didn't happen in future.

The RP said that she asked people prescribed higher-risk medicines details about relevant parameters, such as blood test results for people prescribed these medicines but after obtaining this information, no records were kept about this. Staff were aware of risks associated with valproates and they had identified people at risk in the past, who had been supplied this medicine. People were counselled accordingly.

The pharmacy used licensed wholesalers such as Lexon, AAH, Alliance Healthcare and Phoenix to obtain medicines and medical devices. CDs were stored under safe custody and keys to the cabinets were maintained in a way that prevented unauthorised access during the day as well as overnight. Dispensed

CD medicines were also stored within clear bags. This helped to easily identify the contents upon hand-out. The team date-checked medicines for expiry regularly, short-dated medicines were identified and there were no date-expired medicines present. The pharmacy's stock was stored in a relatively organised way although some medicines had been stored outside of their additional containers without the full details recorded and loose blisters were present. The team had also not routinely or recently kept records of when they had date-checked medicines for expiry. Medicines returned for disposal, were accepted by staff, and stored within designated containers. Drug alerts were received electronically and actioned appropriately.

Principle 5 - Equipment and facilities Standards met




Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. Its equipment is clean. And the team ensures they are used appropriately to protect people's private information.

Inspector's evidence

The pharmacy was equipped with current versions of reference sources and relevant equipment. This included counting triangles, a range of clean, standardised, conical measures, a pharmacy fridge, legally compliant CD cabinet and a clean sink that was used to reconstitute medicines. Hot and cold running water was available as well as hand wash. The pharmacy's computer terminals were positioned in a way and location that prevented unauthorised access and the pharmacy had cordless telephones so that private conversations could take place if 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.