

Registered pharmacy inspection report

Pharmacy Name: Al-Shafa Pharmacy, Unit 2-3, 41 Caldmore Green,
WALSALL, WS1 3RW

Pharmacy reference: 1110406

Type of pharmacy: Community

Date of inspection: 05/12/2022

Pharmacy context

This is a community pharmacy located near to the town centre of Walsall. It is situated on a busy high street, with a local GP practice 100 yards away. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including seasonal flu vaccinations, and ACWY vaccines. The pharmacy supplies medicines in multi-compartment compliance aids for some people to help them take the 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
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 team follows written procedures, and this helps to maintain the safety and effectiveness of the pharmacy's services. The pharmacy keeps the records it needs to by law. And members of the team discuss things that go wrong. But the pharmacy team does not always record mistakes to enable a review of the errors made. So they may miss some learning opportunities, and there may be a risk of a similar mistake happening again.

Inspector's evidence

There was a set of standard operating procedures (SOPs). An electronic record showed when members of the pharmacy team had read and accepted the SOPs. The pharmacist said any near miss incidents should be recorded onto electronic software. But they were not using the software and had not made any other records. The pharmacist explained that if an error was identified he would discuss it with individual members of the team so that they could learn from it. A poster was on display in the dispensary to alert team members about various look-a-like, sound-a-like medicines. But there was no record of action being taken in response to specific incidents. Details of dispensing errors and their investigation had been recorded on the patient medical record (PMR).

Roles and responsibilities of the pharmacy team were described in individual SOPs. A trainee pharmacist was able to explain what her responsibilities were and was clear about the tasks which could or could not be conducted during the absence of a pharmacist. The responsible pharmacist (RP) notice was prominently displayed. The pharmacy had a complaints procedure. Any complaints would be recorded and followed up by the superintendent (SI). But details about the complaint's procedure were not on display, so people may not always know how they can raise concerns. A current certificate of professional indemnity insurance was on display.

Controlled drugs (CDs) registers were electronically maintained with running balances recorded and usually checked each week. Two random balances were checked, and both found to be accurate. Patient returned CDs were recorded in a separate register. Private prescription records were kept, but some of them did not include the required details about the prescriber. Records for the RP and unlicensed specials appeared to be in order.

When questioned, the team members demonstrated an understanding of the need to protect people's data. An information governance (IG) policy was available. But it had not been read by all members of the pharmacy team. An on-site shredder was used to destroy confidential waste. A notice in the retail area provided information about how patient data was handled. Safeguarding procedures were included in the SOPs. The pharmacist said he had completed level 2 safeguarding training. Contact details for the local safeguarding board were on display. A trainee pharmacist said she would initially report any concerns to the pharmacist on duty.

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough staff to manage the pharmacy's workload. And members of the team are appropriately trained for the jobs they do. But the pharmacy does not provide the team with regular ongoing training. So learning and development needs may not always be fully addressed.

Inspector's evidence

The pharmacy team included two pharmacists, one of whom was the SI, two trainee pharmacists, two dispensers, and a retail assistant. The normal staffing was generally a pharmacist supported by three to four team members. The volume of work appeared to be managed. Staffing levels were maintained by part-time staff and a staggered holiday system.

Members of the pharmacy team had completed the necessary training for their roles. But the pharmacy did not provide any formal ongoing training. A dispenser described how he would sometimes read the BNF to learn about some of the medicines he dispensed, but this was not recorded. A trainee pharmacist gave examples of how she would sell a pharmacy only medicine using the WWHAM questioning technique, refuse sales of medicines she felt were inappropriate, and refer people to the pharmacist if needed.

The dispenser said he felt he received a good level of support from the pharmacist and other members of the team. He was provided with feedback by the pharmacist on a monthly basis to help him improve. Members of the pharmacy team were aware of the pharmacy's whistleblowing policy and said that they would be comfortable reporting any concerns to the SI. There were no professional based targets in place.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available to enable private conversations.

Inspector's evidence

The premises consisted of a large retail area, a dispensary and an upstairs storage space. The pharmacy was generally clean and tidy, and appeared adequately maintained. The size of the dispensary was sufficient for the workload. The temperature was controlled by the use of electric heaters. Lighting was sufficient. Members of the team had access to a kettle, microwave, and WC facilities.

A consultation room was available. The space was clear, with adequate seating, toilet facilities and a wash basin.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy to access. And it manages and provides them safely. It gets its medicines from recognised sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. But members of the pharmacy team do not always know when they are handing out higher-risk medicines. So they might not always be able to check that the medicines are still suitable, or give people advice about taking them.

Inspector's evidence

Access to the pharmacy was level and was suitable for wheelchair users. Some of the team members spoke multiple languages such as Urdu and Gujrati, which benefitted a number of people who used the pharmacy's services. But there was limited information about the services the pharmacy offered. So people may not always be aware about what services are available.

The pharmacy had a delivery service. Records of completed deliveries were kept. Unsuccessful deliveries would be returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery.

The pharmacy team initialled dispensed by and checked by boxes on dispensing labels to provide an audit trail. They used dispensing baskets to separate individual patients' prescriptions to avoid items being mixed up. Dispensed medicines awaiting collection were kept on a shelf using a numerical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Staff were seen to confirm the patient's name and address when medicines were handed out.

The pharmacy had a system in place to ensure any schedule 3 and 4 CDs stored on the collection shelf had a valid prescription at the time of supply. But the pharmacy did not routinely counsel people who were taking high-risk medicines (such as warfarin, lithium and methotrexate). The pharmacy team were aware of the risks associated with the use of valproate during pregnancy. Educational material was available to hand out when the medicines were supplied. The pharmacy had completed a valproate audit to check people had receive counselling about the risks associated with this medicine. But none of the people it identified met the risk criteria.

Some medicines were dispensed in multi-compartment compliance aids. Before a person was started on a compliance aid the pharmacy would refer them to their GP to assess their suitability. A record sheet was kept for each patient, containing details about their current medication. Any medication changes were confirmed with the GP surgery before the record sheet was amended. Hospital discharge sheets were sought. Disposable equipment was used to provide the service, and the compliance aids were labelled with medication descriptions so that people could identify the individual medicines. Patient information leaflets (PILs) were routinely supplied.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. Stock was date checked on a two-weekly basis, and labels were used to show when sections of the dispensary had been checked. But the pharmacy did not keep records of completed date checking. So some medicines may be overlooked. Short-dated stock was highlighted

using a sticker and recorded in a diary for it to be removed at the start of the month of expiry. Liquid medication had the date of opening written on.

Controlled drugs were stored appropriately in the CD cabinet, with clear segregation between current stock, patient returns and out of date stock. CD denaturing kits were available for use. There was a clean medicines fridge with a thermometer. The minimum and maximum temperature was being recorded daily and records showed they had remained in the required range for the last 3 months. Patient returned medication was disposed of in designated bins located away from the dispensary. Drug alerts were received electronically. The pharmacist said he had checked the alerts he had received. But there was no record to show how they had been dealt with, so the pharmacy could not demonstrate whether appropriate action had been taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have access to the equipment they need for the services they provide. And they maintain the equipment so that it is safe to use.

Inspector's evidence

Members of the team had access to the internet for general information. This included access to the BNF, BNFC and Drug Tariff resources. All electrical equipment appeared to be in working order. There was a selection of liquid measures. Separate measures were designated and used for methadone. The pharmacy also had counting triangles for counting loose tablets including a designated tablet triangle for cytotoxic medication. Equipment was kept clean.

Computers were password protected and screens were positioned so that they weren't visible from the public areas of the pharmacy. A cordless phone was available in the pharmacy which allowed team members to move to a private area if the phone call warranted privacy.

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.