

# Registered pharmacy inspection report

**Pharmacy Name:** Pharmacy 365, 249 Halesowen Road, CRADLEY  
HEATH, West Midlands, B64 6JD

**Pharmacy reference:** 1116130

**Type of pharmacy:** Community

**Date of inspection:** 09/01/2024

## Pharmacy context

This community pharmacy is located on the main high street of Old Hill in the West Midlands. There is a medical centre located next door to the pharmacy, with several other surgeries and pharmacy's close by. The pharmacy is open extended hours over seven days. It dispenses prescriptions and sells medicines over the counter. The pharmacy offers additional services including minor ailments, blood pressure testing and 'flu vaccinations. A substance misuse service is also available. And the pharmacy 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 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 suitably identifies and manages the risks associated with its services and it keeps the records it needs to by law. Pharmacy team members record their mistakes to help them learn and improve. And they understand how to keep people's private information safe and raise concerns to protect the wellbeing of vulnerable people.

### Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) which were in the process of being updated. Some examples of procedures were reviewed, but team members had not yet read them. Through discussion, team members generally understood their roles and responsibilities in the pharmacy. One team member was not clear about the sale of over-the-counter medicines in the absence of a responsible pharmacist (RP). The pharmacist confirmed that he was always usually present in the pharmacy, but he agreed to review RP regulations with the team. The pharmacy had professional indemnity insurance and a certificate seen was valid until February 2024.

Near misses were recorded using the patient medication record (PMR) system. Entries recorded a brief description of what had happened. But they did not always contain information such as the team member responsible or the details of any corrective action taken. So, some relevant information may be missing from the pharmacist's review. The details of any dispensing incidents were also recorded through the PMR system. The pharmacist discussed a pattern he'd identified from three recent errors and he explained the action that had been taken in response.

People using the pharmacy's services could provide feedback verbally to team members. Concerns were usually referred to the pharmacist. Feedback on services could also be provided online.

The correct RP notice was displayed near to the medicine counter. An RP log was maintained but there were occasional entries where the time duties ceased had not been recorded, or where there was a crossover of shifts and two RPs were listed as being responsible. This meant the record was not technically compliant. Records for supplies of private prescriptions were generally in order. The pharmacy supplied a small number of unlicensed specials and certificates of conformity were stored in a secure area off the pharmacy premises. Controlled drug (CD) registers kept a running balance and regular balance checks were completed. However, from the audit trail it was unclear who had completed the balance checks, which may be problematic in the event of any queries.

Pharmacy team members had completed some information governance training through their accredited courses and there was a procedure covering confidentiality. Team members explained how they kept people's information safe. And confidential waste was segregated and shredded on the premises. Some team members did not yet have their own NHS Smartcards and they agreed to follow-up on this.

The pharmacist had completed safeguarding training and the contact details of local safeguarding agencies were accessible, if required.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

Pharmacy team members are trained or they are completing the essential training for their role. They feel comfortable raising concerns and providing feedback. And they have access to some ongoing training, but the pharmacy does not always keep records of this. So, it may not always be able to show how team members keep their knowledge and skills up to date.

### Inspector's evidence

The pharmacy team comprised of the regular pharmacist, three dispensers, one of whom also held the role of assistant manager, a pharmacy apprentice and a medicine counter assistant (MCA). The team members worked well together to manage the workload and they were up to date with dispensing. Leave was planned in advance and team members provided cover for one another during any periods of absence.

Several team members, including two dispensers and the MCA were trainees, and they were enrolled on accredited training courses. The apprentice was also attending a programme run by a local college. The team members had access to other training opportunities. And a dispenser discussed a recent training event that she had attended alongside the pharmacist, which provided information on a service due to launch in the coming weeks. The pharmacist also provided all team members with any other relevant updates, and monitored team members to help identify any learning needs. But records of ad hoc training and reviews were not kept as an audit trail.

Sales of medication from the pharmacy were discussed with the MCA, who explained the questions that she would ask to help make sure that sales were safe and suitable. Any queries were referred to the pharmacist and examples of this were witnessed on several occasions throughout the inspection. The MCA identified some high-risk medicines which may be subject to abuse and misuse and explained how some inappropriate requests had previously been refused, and people signposted to see their regular GP.

There was an open dialogue amongst team members, and they were happy to approach both the pharmacist and the assistant manager with any concerns. The team held regular informal team meetings, so any issues could be discussed. The superintendent (SI) pharmacist was also accessible, in the event that any concerns or queries needed to be escalated.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is suitably maintained and provides an appropriate space for the delivery of healthcare services. It has a consultation room so people can speak to pharmacy team members in private.

### Inspector's evidence

The pharmacy was generally suitably maintained and provided adequate space for the services provided. But there were some areas in the dispensary where signs of wear and tear, such as damage to the flooring detracted from the overall professional appearance. There was adequate lighting throughout the premises and the ambient temperature was suitably maintained. Any maintenance issues were escalated to the SI pharmacist for him to resolve.

The pharmacy had a small retail area which stocked some goods which were suitable for a healthcare-based business. Pharmacy restricted medicines were secured behind the medicine counter. A private consultation room could also be accessed from behind the medicine counter. The room was limited for space, but it was fitted with a desk and seating to enable private and confidential discussions. There were also three small tables and chairs placed in the retail area of the pharmacy. These were regularly used as terminals to complete blood pressure monitoring. Completing the service in this area may impact people's privacy. The pharmacist explained that team members would always check with patients that they were happy to have their readings taken in that area prior to completing the checks and the consultation room was available if preferred by the patient.

The dispensary had adequate space for the volume of work and the layout was arranged to provide separate areas for dispensing and checking. Team members also had access to WC facilities as well as a small tearoom area. At the very front of the pharmacy there was a space previously used as an optician. This was no longer in use and was currently being used to store old display materials.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services appear generally well managed so that people receive appropriate care. The pharmacy gets its medicines from several reputable wholesalers and team members complete some checks to help make sure that medicines are suitably stored and fit for supply.

### Inspector's evidence

The main entrance to the pharmacy was from a side door, which contained several steps. There was a step-free entry and ramp facility for the front entrance, which was previously used to access the optician's service. This was locked at the time of the inspection, but team members said that it could be opened if needed, to assist people with mobility issues in gaining access to the premises. There was some advertisement of the pharmacy's services displayed throughout the premises and 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. Baskets were colour coded to help prioritise the workload. Pharmacy team members signed 'dispensed' and 'checked' boxes on dispensing labels as an audit trail. Prescriptions for high-risk medicines were not routinely highlighted for additional counselling. The MCA said that she would check the notes function on each patient's record to identify if there was any relevant information to pass on. The pharmacist was aware of recent changes to the supply of valproate-based medicines, but he had not yet discussed this with other team members. He agreed to do this as a priority. The pharmacy team members regularly recorded counselling notes through the PMR system. Examples were seen where entries had been made for blood pressure readings, pulse oximetry readings as well as general advice that had been given following consultations.

The pharmacy ordered repeat prescriptions through an electronic function on the PMR system. Requests were generally sent electronically, and the system was checked daily to try and identify any unreturned requests. Medications for multi-compartment compliance aid packs were requested in the same way, but an additional audit trail was also maintained to track the dispensing process. Each patient had a master record of their medication held on the PMR system. Completed compliance aid packs had a patient identifying label to the front and descriptions were present to enable individual medicines to be identified. But an audit trail for dispensing was not always kept and patient leaflets were not always supplied. So, people may not always have easy access to the most up to date information about their medicines.

Pharmacy team members had completed training for the administration of the flu vaccine, and they had access to the national protocol for reference. Demand for the service had subsided in recent weeks, but the necessary equipment for the administration of vaccinations including adrenaline and a sharps bin were available.

Team members were familiar with the local minor ailments service and a copy of the formulary was available. Eligible patients had a consultation with the pharmacist and all supplies were also recorded on the PMR system, to help team members monitor use of the service. Several team members were also trained to provide blood pressure monitoring and this was a busy service. Any elevated readings

were referred to the pharmacists and where appropriate ambulatory monitoring over a 24-hour period could be completed. Team members discussed the service with patients, fitted the monitor and downloaded the results when the patient returned the following day. A copy of the results was provided to the patient and to the GP surgery for review.

Patient group directives (PGDs) were available for other services, such as the treatment of uncomplicated urinary tract infections. Sample kits and a testing strip were supplied to patients, who sent photographic evidence of the reading via secure email. Symptoms were discussed with the pharmacist and a supply of antibiotics was made in accordance with the PGD, if appropriate.

The pharmacy sourced its medicines from several reputable wholesalers and unlicensed specials from a specials manufacturer. Pharmacy team members explained that they completed date checking every month and examples were seen where short-dated medicines had been recorded. One expired medicine was identified during random checks of the dispensary shelves. This was disposed of in a medicines waste bin. Alerts for the recall of faulty medicines and medical devices were received via email.

Both refrigerators in the pharmacy were fitted with a maximum and minimum thermometer. The temperature was checked and recorded on an electronic record. But the record contained several gaps, so the pharmacy may not always be able to show that medicines are being suitably stored. CDs were suitably stored. One CD discrepancy was identified during a random balance check. This was immediately resolved as a missing entry from a supply a few days prior to the inspection.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

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

### Inspector's evidence

The pharmacy had access to reference materials through an unrestricted internet access. Tablet counters were available and were suitably maintained. There was also a range of approved glass liquid measures. The measures were clean and were clearly marked for use with different liquids, including CDs.

Electrical equipment was in working order. The computer systems were password protected and all screens in the pharmacy were positioned out of view, to protect people's privacy. There was a cordless phone to enable conversations to take place in private, if necessary.

### 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.  |