General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Touchwood Pharmacy, Pelsall Village Centre, High Street, Pelsall, WALSALL, WS3 4LX

Pharmacy reference: 1118087

Type of pharmacy: Community

Date of inspection: 02/02/2023

Pharmacy context

This is a busy community pharmacy located alongside local services in Pelsall, West Midlands. People using the pharmacy are from the local community and a home delivery service is available. The pharmacy dispenses NHS prescriptions, and it provides a range of other NHS funded services including treatments for minor ailments, seasonal 'flu vaccinations, and blood pressure testing. Private services are also available, and these include blood testing services, travel vaccinations, and chicken pox vaccinations.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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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

Overall, the pharmacy manages the risks associated with its services to make sure people receive appropriate care. Members of the pharmacy team follow written procedures to make sure they work safely, and they complete tasks in the right way. They discuss their mistakes so that they can learn from them. And the team members understand their role in protecting vulnerable people and they keep people's personal information safe.

Inspector's evidence

The pharmacy was part of a chain of pharmacies located in the West Midlands and the south of England. A range of corporate standard operating procedures (SOPs) were available which covered the activities of the pharmacy and the services provided. SOPs were held electronically, and the pharmacy team members accessed their personal SOP record using their smart phone device or the pharmacy computers. Different SOPs and training were uploaded to the team members personal training library dependent on their job role. Each SOP was marked by the team member to confirm that they had read it Head office sent pharmacist managers a list of the outstanding SOP training for their pharmacy so they could address this with individual team members. The pharmacist manager had access to a reporting function and was able to demonstrate that each member of the team had read SOPs that were relevant to their job role. Roles and responsibilities were highlighted within the SOPs.

Many of the pharmacy's processes and records were managed electronically which meant that records were easily accessible, and the computer system had alerts to remind the pharmacy team to do certain tasks. Near miss records were held on this system and a 'dashboard' summarised the number of near misses recorded. There were Quick Response (QR) codes displayed in the dispensary so that the dispensers could scan the QR code using their mobile phone and enter the details of the near miss. The pharmacy manager also recorded the near misses on paper so that she could cross check the near miss log to ensure that they had all been recorded. The pharmacy team gave some examples of different types of mistakes and demonstrated some examples of how processes had been adapted to try and avoid the same mistake happening again. The near miss log was reviewed by the pharmacy team on a monthly basis and the learnings were recorded so they could be shared with team members who were not present. The outcome of the review was recorded electronically and used to create an annual patient safety review for the NHS Pharmacy Quality Scheme (PQS) report. Dispensing errors were recorded, reviewed and reported to head office using the electronic system. Head office reviewed the error and contacted the pharmacist manager if anything else was required.

The pharmacy offered a range of NHS and private services. There was an online booking diary and the pharmacist availability was added to the diary so that provision of additional services had minimal impact on the other services offered including the dispensing operation. The pharmacy worked with third-party providers for the blood testing service and private patient group directions (PGDs). The pharmacist manager had attended venepuncture training and had carried out a number of supervised tests before being accredited to carry out the procedure in the pharmacy's consultation room. Risk assessments had been created for some of NHS services. The pharmacist manager discussed some of the risks involved with these services, but formal risk assessments were not available. This meant the

pharmacy could not clearly demonstrate how it had identified, managed and audited the risks associated with these services.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A medicines counter assistant correctly answered hypothetical questions related to high-risk medicine sales and discussed how she managed requests for codeine containing medicines.

The pharmacy's complaints process was explained in the SOPs and on a poster in the shop area for people using the pharmacy. People could give feedback to the pharmacy team in several different ways; verbal, written or by contacting head office. The pharmacy team members tried to resolve issues that were within their control and involved head office if they could not reach a solution. The pharmacist manager was not aware of any formal complaints being made recently.

The pharmacy had up-to-date professional indemnity insurance. The Responsible Pharmacist (RP) notice was clearly displayed, and the RP log met requirements. Controlled drug (CD) registers were in order and two random balance checks matched the balances recorded in the register. Patient returned CDs were recorded in a register. Private prescription records were seen to comply with requirements. Specials records were maintained with an audit trail from source to supply.

Confidential waste was stored separately from general waste and destroyed securely by a specialist company. The pharmacy team members had their own NHS Smartcards and they confirmed that passcodes were not shared. The pharmacist manager had completed level two training on safeguarding. The pharmacy team understood what safeguarding meant. A medicine counter assistant gave examples of types of concerns that she may come across and described what action she would take.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough team members to manage the workload and the services that it provides. The team members plan absences in advance, so the pharmacy has enough cover to provide the services. They work well together in a supportive environment, and they can raise concerns and make suggestions.

Inspector's evidence

The pharmacy team comprised of the pharmacist manager, an accuracy checking technician, a pharmacy technician, three dispensing assistants, a medicines counter assistant, and a home delivery driver. A dispensing assistant was working towards an accuracy checking dispensing assistant qualification. Holidays were discussed with other team members to ensure no-one else had already booked the same week and requests were sent to head office for final approval. Cover was provided by other staff members as required. Pharmacy team members completed ongoing training and training needs were identified to align with new services, seasonal events and the NHS Pharmacy Quality Scheme (PQS). The team had annual appraisals.

The pharmacy team worked well together during the inspection and were observed helping each other and moving from their main duties to help with more urgent tasks when required. Tasks were delegated to different members of the team so that the workload was managed, and this allowed the pharmacist to carry out services without creating a large backlog of accuracy checking. The pharmacy staff said that they could raise any concerns or suggestions with the pharmacist manager and felt that they were responsive to feedback. Team members said that they would speak to other members of the team, contact head office or GPhC if they ever felt unable to raise an issue internally. The pharmacist manager was observed making herself available throughout the inspection to discuss queries with people and giving advice when she handed out prescriptions, or with people on the telephone.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy provides a safe and secure environment for people to receive healthcare services. The pharmacy team has access to a consultation room for services such as vaccinations, and if people want to have a conversation in private.

Inspector's evidence

The premises were smart in appearance and appeared to be well maintained. Any maintenance issues were reported to the building caretaker or to head office. The dispensary was an adequate size for the services provided and an efficient workflow was seen to be in place. Dispensing and checking activities took place on separate areas of the worktops.

There was a private soundproof consultation room which was used by the pharmacist during the inspection. The consultation room was professional in appearance. The door to the consultation room remained closed when not in use to prevent unauthorised access.

The pharmacy had an air conditioning system which heated and cooled the pharmacy. The system regulated the air temperature to ensure it was within a suitable and comfortable range. The dispensary was clean and tidy with no slip or trip hazards. The sinks in the dispensary and staff areas had hot and cold running water, hand towels and hand soap available. Cleaning was carried out by the pharmacy team. Prepared medicines were held securely within the pharmacy premises and pharmacy medicines were stored behind the medicines counter.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy offers a range of healthcare services which are easy for people to access. It manages its services and supplies medicines safely. The pharmacy obtains its medicines from licensed suppliers, and stores them securely and at the correct temperature, so they are safe to use. People receive appropriate advice about their medicines when collecting their prescriptions.

Inspector's evidence

The pharmacy had a step free access through two entrances and there was a large, free car park. A home delivery service was available for patients who could not access the pharmacy. The pharmacy was within Pelsall Village Centre which contained other community services such as a health centre, library, children's centre, baby clinic, and a café. A range of health promotion leaflets were available and pharmacy staff used local knowledge and the internet to support signposting.

The pharmacist manager provided the private blood testing service. There were several different types of tests available including testing for iron levels, kidney function, thyroid function and complete blood counts. The testing service was led by a third-party company that was registered and regulated by UK regulators. People booked in advance and the company provided the pharmacist manager with sample vials and packaging to return the samples to the laboratory for testing. The samples were stored in the refrigerator until they were collected by a courier. The laboratory provided a person with a letter that contained a summary of the results, and any action they needed to take. The pharmacist manager was also emailed a copy of the letter and people often came back to the pharmacy to discuss the results. The pharmacist manager explained that people often followed any lifestyle advice they had been given and repeated the test a few weeks or months after to see if their results had improved.

Various private patient group directions (PGDs) were available. The most popular were travel vaccinations, chicken pox vaccination and erectile dysfunction treatment. Consent forms were completed prior to administering vaccinations and records were maintained. The pharmacist manager was accredited to offer these treatments after completing online training and being named on the PGD.

NHS PGDs were also available and these covered minor ailments such as conjunctivitis, infected eczema, and urinary tract infections. The local surgery had been informed of what conditions that were included so that people who were requesting a GP appointment could be referred to the pharmacy and were often seen quicker than if they had been offered a surgery appointment. The pharmacy team said that they had noticed an increase in surgery referrals for the service in recent months and people were appreciative of the service being available.

Items were dispensed into baskets to ensure prescriptions were not mixed up together. Staff signed the dispensed and checked boxes on medicine labels, so there was a dispensing audit trail for prescriptions. A '4-way dispensing stamp' was added to prescriptions that were for the ACT to check to identify which members of the team had been involved in different parts of the dispensing process, and that the

pharmacist who had carried out the clinical check. The ACT reported that she could not accuracy check a prescription unless it had been clinically checked by a pharmacist. The ACT usually checked prescriptions in the afternoon whilst the pharmacist was carrying out other services.

Multi-compartment compliance packs were supplied to people in the community. Prescriptions were requested from the surgeries to allow for any missing items to be queried with the surgery ahead of the intended date of collection or delivery. A sample of dispensed compliance pack prescriptions were labelled with descriptions of medication and patient information leaflets were sent with each supply. There was a process in place for managing mid-cycle change requests.

A prescription collection service was offered, and various options were available dependent on what the person preferred, and what their surgery accepted. The pharmacy kept a list containing the items that the patient had requested and chased any outstanding items ahead of the person returning to pick up their prescription.

The team were aware of the risks associated with the use of valproate during pregnancy, and the need for additional counselling. Patient cards and counselling materials were available.

Date checking took place regularly and no out of date medication was found during the inspection. There were date checking records maintained for both the dispensary and the shop and medication was pro-actively removed prior to its expiry date. Medicines were stored in an organised manner on the dispensary shelves. All medicines were observed being stored in their original packaging. Split liquid medicines with limited stability once they were opened were marked with a date of opening. Patient returned medicines were stored separately from stock medicines in a designated area. Medicines were obtained from a range of licenced wholesalers. Drug recalls were received electronically and marked when they were actioned.

The CD cabinet was secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. Fridge temperature records were maintained, and records showed that the pharmacy fridge was working within the required temperature range of 2°C and 8°Celsius.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. And the team uses it in a way that keeps people's information safe.

Inspector's evidence

The pharmacy had access to a range of up-to-date reference sources, including the BNF and the children's BNF. Internet access was available. Patient records were stored electronically and there were enough terminals for the workload currently undertaken. A range of clean, crown stamped measures were available. Counting triangles were available. Computer screens were not visible to the public as members of the public were excluded from the dispensary. Cordless telephones were in use and staff were observed taking phone calls in the back part of the dispensary to prevent people using the pharmacy from overhearing.

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.