

Registered pharmacy inspection report

Pharmacy Name: Swanpool Pharmacy, Swanpool Medical Centre, St. Marks Road, TIPTON, West Midlands, DY4 0SZ

Pharmacy reference: 1119585

Type of pharmacy: Community

Date of inspection: 13/04/2023

Pharmacy context

This community pharmacy is located inside a medical centre in a residential area of Tipton, West Midlands. It is open extended hours over seven days and most of the people who use the pharmacy are from the local area. The pharmacy dispenses prescriptions, and it supplies a number of medicines in multi-compartment compliance aid packs to help people take their medicines at the right time. The pharmacy has recently had a change of ownership.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.6	Standard not met	The pharmacy's records are inaccurate or incomplete which means that the pharmacy cannot always demonstrate how supplies were made safely and legally.
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 not all met	4.3	Standard not met	The pharmacy does not always store medicines securely to safeguard them from unauthorised access.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy's records are inaccurate or incomplete which means that the pharmacy cannot always demonstrate how supplies were made safely and legally. Pharmacy team members are clear about their roles, and they understand how to keep people's private information safe and how to raise concerns to protect the wellbeing of vulnerable people.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs), which had recently been produced by the superintendent pharmacist. The procedures did not define individual responsibilities and had not been read by all of the locum dispensers working in the pharmacy, so team members may not always work as effectively as they could. However, team members demonstrated a clear understanding of their roles, and a dispenser was able to describe the activities which were not permissible in the absence of a responsible pharmacist (RP). The pharmacy had professional indemnity insurance and a certificate provided by the superintendent pharmacist was valid until January 2024.

Near misses were recorded on a paper log, but entries did not always contain the full details of incidents, such as any learning points and actions that had been taken to prevent reoccurrence, which could limit the effectiveness of any near miss reviews due to lack of information. The RP, who had been working at the pharmacy for a few weeks had not yet completed a review of near misses. The pharmacist explained the actions that he would take in response to a dispensing incident, including completing a root cause analysis. He was unsure where incidents would be documented within the pharmacy, as none had occurred since he had been in post. The pharmacist agreed to follow up on this with the superintendent pharmacist.

The pharmacy had a notice near to the entrance door explaining how people could submit comments and complaints about the pharmacy service and people could also provide feedback through online reviews.

The correct RP notice was displayed near to the pharmacy entrance door. The RP log contained multiple incomplete or missing entries, which meant that it was not always possible to identify who the RP had been at a given point in time. Records for private prescriptions also sometimes contained inaccurate information, such as the incorrect details of the prescriber. And records for unlicensed specials did not always provide a full audit trail from source to supply. Controlled drugs (CD) registers kept running balances and the pharmacy held a patient returns CD register. But some record keeping issues were identified.

Pharmacy team members had an understanding of information governance and confidentiality. A dispenser explained how people's private information was kept safe. Confidential waste was segregated and removed for disposal by an external contractor. Computer screens were password protected and team members held their own NHS Smartcards.

The pharmacist had completed safeguarding training and the details of local safeguarding agencies were displayed within the dispensary.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage the dispensing workload and team members are trained for the jobs they do. But staff changes in recent months have created a more pressurised environment and there is a lack of ongoing training and development, so team members may not always keep their knowledge and skills up to date.

Inspector's evidence

The pharmacy team consisted of the RP, who had recently been employed as the pharmacy manager and two locum dispensers. A second pharmacist arrived towards the end of the inspection, so double pharmacist cover was provided through the middle of the day. This was one below the expected staffing level as a third dispenser was off sick. There had been some recent difficulties within the pharmacy from February 2023 which had resulted in a complete change in staffing. This had caused some short-term difficulties with there sometimes being delays to medication. In recent weeks there had been more stability and the pharmacist explained that a more permanent dispensing team would be in place in the coming weeks, but the pharmacy was currently reliant on locum cover. The pharmacy team were up to date with the dispensing workload.

Pharmacy team members were trained for the roles in which they were working. But there was limited ongoing structured learning, due to the current changes within the team. The pharmacist explained that he updated team members on any changes that they needed to be aware of and he was in the process of producing information for use by locum team members to provide them with information about the pharmacy and its processes.

The pharmacy stocked a very limited range of over-the-counter medicines. A dispenser explained the questions that she would ask to make sure that sales of medicines were safe and appropriate for use. She was aware of several medicines which were liable to abuse and misuse and any concerns were referred to the pharmacist.

There was an open culture in the pharmacy and team members were happy to raise concerns to the pharmacist, as well as the superintendent pharmacist and pharmacy owner.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is compact and some of the interior fixtures and fittings appear dated which detracts from the overall professional appearance. The pharmacy has a private room which can be used by people to who want to have a confidential conversation with pharmacy team members. But this is not advertised so people may not always be aware that it is available.

Inspector's evidence

The pharmacy was compact. It had recently been expanded into an adjacent room to provide more storage space, but there were areas which remained cluttered and some of the interior fittings and fixtures appeared dated. This detracted from the overall professional appearance.

The recent changes to the layout had enabled separate areas to be established for dispensing and checking. A waist high gate had also been installed at the entrance door to help prevent unauthorised access. The ambient temperature and lighting were both suitably maintained.

The pharmacy did not have a consultation room. The pharmacist explained that one was under construction. In the meantime, the pharmacy had been permitted to use a room within the surgery to provide a space for private and confidential discussions. But this was not advertised, so people may not always be aware of its availability.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy sources its medicines from licensed suppliers and team members complete some checks to make sure medicines are fit for supply. But it does not always store medicines securely to safeguard them from unauthorised access. The pharmacy generally manages its services appropriately, but it does not identify people on high-risk medicines, so the team members may miss the opportunities to provide further counselling and advice.

Inspector's evidence

The pharmacy was located in a corridor off the main waiting area in a medical centre. It had step free access but there was limited advertisement of its services. Some health promotion materials were displayed on shelves near to the pharmacy.

Prescriptions were dispensed using baskets in order to keep them separate and reduce the risk of medicines being mixed up. Team members signed dispensed by and checked by boxes as an audit trail for dispensing and owing slips were provided when the full quantity of medicines could not be supplied. The pharmacy did not identify prescriptions for high-risk medicines, so people on these medicines may not always receive additional counselling and monitoring. The pharmacist explained the risks associated with the use of valproate-based medicines in people who may become pregnant. The pharmacy had copies of patient alert cards to be provided with any supply of valproate-based medicines. The pharmacist did not believe that the pharmacy had any people within the at-risk category who were prescribed valproate. The pharmacy did not highlight prescriptions for schedule 3 and 4 controlled drugs which were not subject to safe custody requirements. This may increase the risk that a prescription could be supplied after it had expired.

The pharmacy offered a repeat medicines service. People were asked which medicines were required for the next month and a record of this, along with a reorder date was calculated using the patient medication record system. But this system was being newly implemented following a change to staffing. So, patients were also being provided with a note to ask them to call the pharmacy a week before their medicine was due, to ensure the system was running smoothly. A separate audit trail was also maintained for people using multi-compartment compliance aid devices. Completed compliance aid packs had a patient identifying label to the front and descriptions of individual medicines were recorded. But there was no audit trail maintained for dispensing and checking, so it was not possible to identify which individual team members had been involved in the dispensing process. And patient leaflets were not always supplied so people may not always have access to important information about their medicines.

The pharmacy sourced its medicines from licensed wholesalers. Medicines were generally stored in an organised manner on dispensary shelves and in the original packaging provided by the manufacturer. Liquids had the date of opening recorded. Stock medicines had recently been moved, as the dispensary had been rearranged. A complete date check had taken place during this process, but records of this were not seen. No expired medicines were identified during random checks of the dispensary shelves.

Expired and returned medicines were stored in a medicines waste bin. Some CDs were identified amongst returned medicines, which may mean that some medicines are not suitably denatured prior to their disposal.

The pharmacy refrigerators were fitted with maximum and minimum thermometers. The temperature was checked and recorded each day and both refrigerators were within the recommended temperature range. The pharmacy had three CD cabinets, which were suitably secured, but there were some issues identified with storage.

Alerts for the recall of faulty medicines and medical devices were received via the pharmacy superintendent. The most recent alerts had been actioned.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services and equipment is generally suitably maintained.

Inspector's evidence

The pharmacy had access to reference materials including the British National Formulary and internet access was available for further research. A range of Crown stamped, and British Standard liquid measures were available. Separate measures were marked for use with CDs. There were two measures which were unclean. A dispenser told the inspector that these measures were not routinely used. Counting triangles for tablets were also available.

Electrical equipment appeared to be in working order. Computer screens faced away from public view and were password protected. Cordless phones were also available to enable conversations to take place in private, 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.