

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: 28/11/2023

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. It also offers blood pressure monitoring and a substance misuse service.

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 suitably identifies and manages risks. Team members follow written procedures to help make sure they work effectively. They understand how to keep people's private information safe, and they record their mistakes to help them learn and improve. The pharmacy maintains the records it needs to by law.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) covering operational tasks and activities. The procedures had been reviewed earlier in the year and they defined the roles of the pharmacy's team members. Training sheets had been signed by team members, including the those working locum shifts, as a record that staff had read the procedures and agreed to follow them. The pharmacy had professional indemnity insurance and a certificate displayed was valid until January 2024.

The pharmacy had a near miss log, which was reviewed by the pharmacist at least once or twice per month. Any issues were discussed with pharmacy team members. The pharmacist also explained how he would manage a dispensing incident, including making a record, investigating contributing factors and informing the patient's GP of the incident where relevant.

People using pharmacy services were able to provide feedback verbally to team members. The pharmacy also captured online reviews. It was noted by the pharmacist that feedback had recently improved compared to earlier in the year following a change of ownership.

The correct responsible pharmacist (RP) notice was displayed near to the entrance of the pharmacy. And the RP log was in order, as were records for the procurement and supply of unlicensed specials. The pharmacy had a private prescription register which was generally in order but some recent records did not contain the details of the prescriber, which could make it harder for the team to respond to queries. Controlled Drugs (CD) registers kept a running balance and regular balance checks had been completed.

Pharmacy team members had an understanding of confidentiality and data protection. Confidential information could not be seen from the entrance hatch, where people were greeted and members of the public were not permitted access to the dispensary. Confidential waste was segregated and shredded. And team members held their own NHS Smartcards.

The pharmacist and some of the pharmacy team members had completed safeguarding training. A safeguarding reporting flow chart with the contact details of local safeguarding agencies was displayed.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members are trained for the jobs that they do. They have an open dialogue with the pharmacist and they feel comfortable raising concerns and providing feedback. But team members have limited access to ongoing learning and development opportunities, so the pharmacy may not always be able to show how team members keep their knowledge up to date. And the pharmacy has some difficulty in recruiting permanent team members which sometimes creates a more pressurised working environment.

Inspector's evidence

The pharmacy team comprised of the pharmacy manager and four dispensers, two of whom were locums. Since a change of ownership earlier in the year, there had been a heavy reliance on locum dispensers. Where possible, the pharmacy manager tried to get long term locum staff to create some continuity within the team, but this was not always possible. Recruitment to permanent positions was ongoing and had been difficult. Two new team members were due to begin roles in the pharmacy in the coming weeks. The workload with the staffing level on the day was manageable, but the team were one day behind with dispensing due to two team members having been unexpectedly absent the preceding day.

The pharmacy sold a very limited range of over-the-counter medicines. The pharmacist confirmed that very few sales took place, and the team had no concerns regarding frequent requests for medicines which may be subject to abuse or misuse. Any concerns that did arise were referred to the pharmacist on duty.

There was no structured ongoing training available for team members. But the pharmacy manager updated all team members on any changes that were taking place, such as the introduction of new services and changes to any guidance, such as the recent update on dispensing valproate-based medicines. There was no formal appraisal system in place, but the pharmacist monitored progress on an ongoing basis and said that he would speak to team members if any issues were raised.

There was an open environment amongst team members, and they were happy to approach both the pharmacy manager and superintendent pharmacist with any concerns, and their contact details were clearly displayed in the dispensary.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is small and compact. Some of the interior fixtures and fittings appear dated which detracts from the overall professional appearance. The pharmacy has a consultation room which can be used by people to who want to have a confidential conversation with pharmacy team members.

Inspector's evidence

The pharmacy was small and compact. Earlier in the year, it had been expanded into an adjacent room to provide more space, but some areas which remained cluttered and some of the interior fittings and fixtures appeared dated. This detracted from the overall professional appearance. The pharmacy had adequate lighting throughout and the ambient temperature was suitably maintained.

The changes to the layout had enabled separate areas to be established for dispensing and checking, with a service hatch in place to allow baskets of prescriptions to be passed between each room. A waist high gate had also been installed at the entrance door to help prevent unauthorised access. The pharmacy had a consultation room, located down the corridor from the pharmacy. There was a small sign advertising its availability. The room was adequately sized and allowed for private discussions to take place but seating in the room was limited to an examination bed.

Principle 4 - Services ✓ Standards met

Summary findings

Pharmacy services are generally accessible and suitably managed, so that people receive appropriate care. The pharmacy sources its medicines from licensed suppliers and team members complete some checks to help make sure that medicines are stored, managed and supplied appropriately.

Inspector's evidence

The pharmacy was accessed through the medical centre which had a step free entrance from the main car park. The opening times were displayed at the entrance to the medical centre. The pharmacy advertised some of its services on a poster near to the entrance door. A blood pressure testing service had also recently launched in the pharmacy and the pharmacist had made some promotional slips to place in medication bags, to help make more people aware of the service. A range of other health promotion literature was displayed throughout the building.

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. An audit trail for dispensing was maintained using 'dispensed by' and 'checked by' boxes on dispensing labels. And team members supplied owing slips for medications which could not be supplied. There were stickers to highlight prescriptions for high-risk medications. The pharmacist was aware of the risks of supplying valproate-based medicines to people who may become pregnant, and he understood the recent changes to legislation when making supplies of valproate-based medicines. Stickers were also being used to identify prescriptions for CDs to help make sure that supplies were made within the valid expiry date.

The pharmacy ordered repeat medicines for patients from the medical centre. A module on the computer system was used to track when medicines should be ordered, and it was reviewed daily to help ensure that unreturned requests were identified and followed up. Some medicines were supplied in multi-compartment compliance aid packs, to help make sure medicines were taken at the right time. A four-week cycle was in place and each patient had a master record of their medication held on the computer. A team member tracked all requests submitted to the surgery as well as each stage of the dispensing process. Completed compliance aid packs had descriptions of individual medicines and patient leaflets were supplied.

Blood pressure monitoring was completed by the pharmacist and a pharmacy technician, who was not present on the day. Records of reading were retained on paper records in the pharmacy, as well as through the patient medication record system and PharmOutcomes.

The pharmacy obtained its stock from licensed wholesalers and specials from a specials manufacturer. Stock medicines were stored on large shelving units. The shelves were disorganised in some areas, which may increase the risk of picking errors. Team members had recognised this and were in the process of tidying and date checking the shelves. One expired medicine was identified during random checks of the dispensary. This was removed and placed in a suitable medicines waste bin. Alerts for the recall of faulty medicines and medical devices were received via email. A full audit trail confirming the action taken in response to alerts was not always maintained.

The pharmacy refrigerators were fitted with maximum and minimum thermometers. The temperature was checked and recorded each day, and both were within the recommended temperature range. CDs were suitably stored, and two random balance checks were found to be correct.

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 reference materials including a British National Formulary (BNF) available. Internet access was also available to support further research. There was a range of approved glass liquid measures available. Measures were marked for use with different liquids, but a few had not yet been cleaned since their last use.

Electrical equipment was in working order. Computer systems were password protected and the layout of the premises meant that screens were located out of public view. Cordless phones were available to help make sure conversations could take place in private.

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.