

Registered pharmacy inspection report

Pharmacy Name: Wednesbury Pharmacy, 140 Crankhall Lane,
WEDNESBURY, West Midlands, WS10 0ED

Pharmacy reference: 1122627

Type of pharmacy: Community

Date of inspection: 11/06/2019

Pharmacy context

This is a community pharmacy situated amongst several other retail units, on a busy main road. The surrounding area is primarily residential, and a local GP surgery is close-by. The pharmacy mainly dispenses NHS prescriptions. It supplies medicines in weekly multi-compartment compliance aids for people to use in their own homes and delivers medication to people who are housebound. It also sells a range of over-the-counter medicines and other health and beauty items. The pharmacy provides a number of other NHS services including Medicines Use Reviews (MURs) and the New Medicine Service (NMS). Substance misuse treatment services are also available.

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's working practices are generally safe and effective. It protects people's private information and explains how it uses and processes personal data. And it keeps the records it needs to by law. Pharmacy team members understand how to raise concerns to protect vulnerable people. They learn from their mistakes and make changes to stop the same errors happening again.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) in place to cover operational activities. A cover note was in place stating that after a review, the procedures had been approved for use until December 2019. Team members signed at the end of each procedure to confirm their acknowledgement and understanding. One of the pharmacists present confirmed that she had read the procedures at another branch, where she also worked part-time.

The regular pharmacists recorded the details of near misses. Team members reported that the records were then reviewed each month. But a record of this was not always maintained, so they could not always demonstrate what they had learnt. Near misses were also discussed verbally amongst the team, some of whom highlighted actions that had been taken in response. This included the use of stickers to highlight common 'look alike, sound alike' medicines and the separation of medicines on dispensary shelves. Dispensing incidents were recorded on designated forms, which captured more detailed information on what had gone wrong. Records of incidents were then sent to head office for review and a copy was also retained in the pharmacy as an audit trail.

A company audit was conducted each year to review the systems and procedures in place at the pharmacy. The last audit had been completed in March 2019, the results of which were reviewed on the day.

The roles and responsibilities of team members were outlined within the pharmacy procedures and on a notice displayed in the dispensary. Team members were seen to work within their defined roles and were aware of the activities which could and could not take place in the absence of a responsible pharmacist (RP).

The pharmacy had a complaint procedure in place. The details of which were outlined in a 'concerns and complaints' leaflet, which was available for selection. A poster, which was displayed in the retail area and contained information on how concerns could be raised, had not been updated to reflect the recent change of ownership. This may cause confusion should someone wish to escalate a concern. People using pharmacy services were also able to provide feedback verbally and through an annual Community Pharmacy Patient Questionnaire (CPPQ). The results of which were usually positive.

Confirmation of professional indemnity insurance was provided. The correct RP notice was conspicuously displayed near to the medicine counter. The RP log appeared generally in order.

Controlled drug (CD) registers kept a running balance and balance checks were regularly conducted. Patient returned CDs were recorded and destructions were signed and witnessed.

Private prescription and emergency supply records were appropriately maintained, and specials procurement records provided an audit trail from source to supply.

An information governance policy was in place and the regular pharmacists' General Data Protection Regulation (GDPR) training certificates were displayed. The way in which the pharmacy managed, and processed information was outlined in a 'safeguarding your information' leaflet. A dispenser discussed some of the ways in which confidentiality would be protected in the pharmacy. Confidential waste was segregated and removed for appropriate disposal and completed prescriptions were stored out of public view. Appropriate NHS Smart card use was seen on the day.

Registrants within the pharmacy team had completed accredited safeguarding training through the Centre for Pharmacy Postgraduate Education (CPPE). Team members discussed some of the types of concerns which they might identify and how these would be managed. The contact details of local safeguarding agencies were available for escalation. A chaperone policy was in place, but this was not advertised within the pharmacy, so people using pharmacy services might not be aware of this.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage the current workload and deliver services effectively. Team members are appropriately trained for their roles and use their professional judgement to make decisions in the best interest of patients.

Inspector's evidence

On the day of the inspection, two regular pharmacists were present. The pharmacy team also comprised of two registered pharmacy technicians, one of whom was an accredited accuracy checker (ACT), a qualified dispenser and a qualified medicine counter assistant (MCA). Towards the end of the inspection, two further team members, a pharmacy technician and a MCA arrived to provide cover for departing team members on the afternoon shift. One of the pharmacists discussed a new rota planning system which had recently been implemented to help manage staffing. The pharmacy manager placed restrictions on leave to help to ensure that adequate staffing levels were maintained. As most team members were employed on a part-time basis, they were able to increase their hours to provide cover, when necessary. The team reported that the workload in the pharmacy was manageable and all dispensing was being completed to time. The team appeared to manage adequately during the inspection.

Appropriate questioning was used by an MCA to ensure that sales of medicines were appropriate. Any concerns were referred to the pharmacist in charge. The MCA also demonstrated an awareness of medications which may be susceptible to abuse, and of restrictions on the sales of other medications, such as Canesten products.

Pharmacy team members were appropriately trained for the roles in which they were working. They had completed some recent training modules of risk assessments and child oral health, as part of the national Quality Payments Scheme (QPS). Time had been provided for this within work hours. The ACT and pharmacy technician said that they also completed additional CPPE modules as part of revalidation requirements. Further staff updates were provided through email, but no regular pre-planned and structured training was in place. Pharmacy team members received feedback through annual appraisals, where any areas for improvement were identified. A pharmacist said that when highlighted, development needs would also be supported on an ongoing basis.

Team members worked openly together and were happy to discuss any issues amongst the team. Regular meetings were held to provide team members with the opportunity to ask any questions or raise any concerns. A pharmacist said that this had been of particular importance following a recent change of ownership. Team members reported that they were happy to approach the regular pharmacists within the branch, but some were unsure as to how anonymous concerns could be raised. The pharmacist said that she would review this and provide the team with the necessary details.

There were targets in place for MURs and the team were provided with an update on performance via a weekly report. The pharmacist said that she did not feel pressure relating to targets and that she would

only carry out a service when appropriate.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a professional environment suitable for the delivery of healthcare services.

Inspector's evidence

The pharmacy was appropriately maintained and well presented. Maintenance issues were reported to head office and pharmacy team members cleaned the premises on an ad hoc basis. The pharmacy was generally clean and tidy on the day.

The retail area was bright and organised. The walkways were free from obstructions and chairs were available for use by people less able to stand. A range of goods appropriate for a healthcare-based business were available for sale and pharmacy restricted medicines were secured from self-selection.

An enclosed consultation room was available off the retail area. The room was appropriately maintained and had the necessary equipment to facilitate confidential consultations. The room was accessible by a small step from the retail area and assistance was provided if necessary.

The dispensary had adequate space for the provision of services. Although narrow, it had sufficient work bench space to allow dispensing and checking to be segregated. Separate areas were also used for the assembly of weekly compliance aid packs. Shelving was used to maximise storage and a sink was available for the preparation of medicines. A small number of tote boxes were temporarily stored on the floor, which may cause a trip hazard for team members.

The pharmacy had a WC with appropriate handwashing materials and there was also a small tearoom area.

There was adequate lighting throughout the premises and air conditioning maintained a temperature appropriate for the storage of medicines.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible, and they are generally well managed. It sources and stores medicines safely. But team members do not always identify people on high-risk medications. So, some people may not always receive the information they need to take their medicines properly.

Inspector's evidence

The pharmacy was situated on a busy main road, amongst several other retail units. It had a step-free entrance with an automatic door to aid wheelchair access. Additional adjustments could be made to aid those with disabilities, such as the production of large print labels from the PMR system.

A list of pharmacy services was displayed at the entrance, along with the opening hours. This information was also in the pharmacy practice leaflet. A range of health promotion literature was available, and a healthy living display was in place as part of a public health campaign. People who required other services were directed to other healthcare providers. Records of this were sometimes maintained.

Prescriptions were kept segregated in baskets, which were colour coded to enable the workload to be prioritised. An audit trail was kept for dispensing and checking and a stamp was used to identify prescriptions suitable for a check by the ACT. The pharmacy sent repeat prescription requests to a number of GP surgeries. A record of ordering was kept ensuring that unreturned prescriptions were identified and followed-up. Signatures were obtained for deliveries made to patients. Failed deliveries were returned to the pharmacy and a card was left to inform the patient.

Prescriptions for high-risk medications were not always highlighted so that people could receive additional counselling and monitoring. Records of monitoring parameters such as INR readings were not routinely maintained. A pharmacist discussed her awareness of the risks of the use of valproate-based medicines in people who may become pregnant. The pharmacist outlined the counselling that had been provided to relevant patients and was aware that some safety materials were available. The materials located in the pharmacy were outdated editions. The inspector advised on how up-to-date materials could be obtained and the requirements for supply. The pharmacist said that the relevant MHRA guidance would be reinforced to the team and guidance materials obtained. Outdated resources were discarded.

Prescriptions for CDs were highlighted, this included schedule 3 and 4 CDs which were not subject to safe custody requirements. During the inspection one expired prescription for zopiclone was identified. This had not been highlighted in line with procedures. So there was a slight risk that medicines could be supplied when prescriptions were no longer valid.

Prescriptions for weekly multi-compartment compliance aids were managed by members of the pharmacy team, who kept records to ensure that all repeat prescription requests were returned. Master record sheets and the PMR system were used to record any changes to regular medicines. The

pharmacy also assembled a number of weekly compliance aids for another nearby branch. These were assembled in a separate area and were managed by a pharmacy technician. Records of ordering were kept. Patients had been informed that their medicines were being assembled at the branch and had provided consent for this. No high-risk medications were said to be placed into compliance aids. A pharmacist said that she could contact the National Pharmacy Association (NPA), if she required advice regarding stability. Completed weekly compliance aids seen contained patient identifying information and descriptions of individual medicines. Patient leaflets were not always supplied in line with regulations, which may mean that some people do not always have access to the information that they need about their medicines.

Stock medicines were sourced through reputable wholesalers and specials from a licensed manufacturer. Medicines were generally organised and were stored within their original packaging. Date checking was regularly conducted, and short-dated medicines were highlighted and recorded. No expired medicines were identified from random checks. Out of date and expired medicines were stored in appropriate waste bins and a cytotoxic waste bin was available for hazardous materials. The pharmacy was not yet compliant with the requirements of the European Falsified Medicines Directive (FMD). A pharmacist said that she had raised this with head office.

CDs were stored appropriately, and random balance checks were found to be correct. Out of date and patient returned CDs were segregated from stock and CD denaturing kits were available for use.

The pharmacy fridge had a maximum and minimum thermometer and the temperature was checked and recorded each day. The temperature was within the recommended range.

Alerts for the recall of faulty medicines and medical devices were received via email. The system was accessible to team members and was checked throughout the day. Alerts were printed and actioned and an audit trail was maintained. The pharmacy was also required to inform head office of any affected stock.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to deliver its services safely.

Inspector's evidence

The pharmacy had access to paper pharmaceutical reference materials and internet access to aid additional research.

Several crown stamped, and ISO approved glass measures were available for measuring liquids. Separate measures were clearly marked for use with CDs. Counting triangles were available for loose tablets and equipment seen appeared well maintained.

Electrical equipment appeared to be in working order. Password protected computer systems were in place. Screens were located out of public view to help protect privacy and screen savers were also actively used. A cordless phone was 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.