

Registered pharmacy inspection report

Pharmacy Name: Acorn Pharmacy, 41 Castle Drive, WILLENHALL,
West Midlands, WV12 4QY

Pharmacy reference: 1124547

Type of pharmacy: Community

Date of inspection: 20/02/2024

Pharmacy context

This community pharmacy is located alongside local shops and services in a residential area of Willenhall, West Midlands. People who use the pharmacy are from the local community and a home delivery service is available. The pharmacy dispenses NHS prescriptions, and it provides NHS funded services such as Pharmacy First, blood pressure testing and seasonal vaccinations. The pharmacy team dispenses medicines into multi-compartment compliance packs for people to help make sure they remember to take them.

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 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 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 small chain of pharmacies located in the West Midlands. 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. The supervisor 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. The supervisor had started in role a few months before the inspection and was responsible for tasks such as undertaking a monthly near miss review. The pharmacy team gave some examples of different types of mistakes and explained how processes had been adapted to try and avoid the same mistake happening again. The near miss log was reviewed by the supervisor on a monthly basis and any learnings were recorded electronically. Dispensing errors were recorded, reviewed and reported to head office using the same system. The professional services manager at head office reviewed any errors and contacted the pharmacy if anything else was required. Learning was also shared between the pharmacies in the group.

A standards audit had been designed by head office and was carried out by one of the companies most experienced pharmacists. The pharmacy team were given an action plan to work through as feedback. The questions asked during the standards audit were changed every cycle to try and make different and sustainable improvements each time. Questions included a combination of pharmacy standards, legal, business, and health and safety questions.

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

The pharmacy's complaints process was explained in the SOPs and on a poster in the shop area. People could give feedback to the pharmacy team in several different ways; verbal, written, Google reviews, 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 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. Home delivery records were maintained electronically, and additional records were kept when a controlled drug was delivered.

Confidential waste was stored separately from general waste and destroyed securely at head office. The pharmacy team members had their own NHS Smartcards and they confirmed that passcodes were not shared. The pharmacy team had completed training on safeguarding as part of the NHS Pharmacy Quality Scheme (PQS). The pharmacy team understood what safeguarding meant and a list of safeguarding contacts was displayed in the dispensary. The dispensing assistants gave examples of types of concerns that they may come across and described what action they 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 two regular pharmacists, a supervisor (dispensing assistant), two dispensing assistants, a level two apprentice and two home delivery drivers. 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 and head office were contacted if the team required additional support. 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 regular appraisals and the supervisor was undertaking training on how to carry out 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. The supervisor gave several examples of changes that had been made to try and improve how the pharmacy operated, and he had sought feedback from the other members of the team on their ideas.

The team discussed any pharmacy issues as they arose and held regular huddles within the dispensary during quieter times. The pharmacy staff said that they could raise any concerns or suggestions with the supervisor or pharmacists 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 the GPhC if they ever felt unable to raise an issue internally. The RP was observed making himself available throughout the inspection to discuss queries with people and giving advice when he handed out prescriptions, or with people on the telephone. Some targets for pharmacy services were set by head office, and the team thought these were realistic and attainable.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and tidy, and it provides a suitable environment for the delivery of healthcare services. It has a consultation room, so that people can speak to the pharmacist in private when needed.

Inspector's evidence

The premises were smart in appearance and appeared to be well maintained. Any maintenance issues were reported to head office. The dispensary was clean and tidy. It was cleaned by pharmacy staff. Hot and cold running water, hand towels and hand soap were available. The pharmacy temperature felt comfortable during the inspection and lighting was adequate for the services provided.

Prepared medicines were held securely within the pharmacy premises and pharmacy medicines were stored behind the medicines counter. There was a small stock room to the back of the dispensary.

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 and there was ample space to store completed prescriptions. There was a private soundproof consultation room which was signposted.

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 was accessed via a small step from the pavement. A home delivery service was available for people who could not access the pharmacy. Health promotion leaflets were available, and posters were displayed in the waiting area. Pharmacy staff referred people to other local services using local knowledge and the internet to support signposting.

Items were dispensed into baskets to ensure prescriptions were not mixed up together. Different coloured baskets were used to prioritise prescriptions. Staff signed the dispensed and checked boxes on medicine labels, so there was a dispensing audit trail for prescriptions. In addition, the top of the prescription form was initialled as an additional audit trail. 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.

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 ahead of the intended date of collection or delivery. A sample of dispensed compliance pack prescriptions were labelled with descriptions of medication. The pharmacy team aimed to send patient information leaflets with each supply, but this did not always happen. This meant people may not have all information they need about their medicines. There was a process in place for managing mid-cycle change requests and there was an SOP for carrying out suitability assessments for any new requests.

The pharmacy offered NHS Pharmacy First. Posters were displayed advertising the service to people using the pharmacy. The team had undergone training and had read the company SOPs. They had quick reference guides available and the NHS PGDs (patient group directions) and supporting documentation had been printed for reference. Most people accessing the service had been referred by their GP surgery but there had been some walk-ins. To help the team manage their workload and reduce the impact of Pharmacy First on existing services, they had decided to contact the people that had been referred to them and offer them an appointment time for later that day.

A random sample of dispensary stock was checked, and all the medicines were found to be in date. Date checking records were maintained for both the dispensary and the shop, and medication was proactively 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 controlled drug cabinets were secure and a suitable size for the amount of stock that was 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 services safely. The pharmacy team stores and uses the equipment 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 British National Formulary (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 and counting triangles were available. Equipment for clinical consultations had been procured and was stored appropriately. Some of the equipment was single use, and ample consumables were available. Computer screens were not visible to members of the public. 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.