

# Registered pharmacy inspection report

**Pharmacy Name:** Sandwell Pharmacy, 85 Church Vale, West Bromwich, West Midlands, B71 4DH

**Pharmacy reference:** 9011265

**Type of pharmacy:** Community

**Date of inspection:** 29/04/2021

## Pharmacy context

This community pharmacy is located near to a busy district general hospital. The main town centre is also close-by and most people who use the pharmacy are from the local area. The pharmacy dispenses prescriptions, it sells a range of over-the-counter medicines and it dispenses some medicines into multi-compartment compliance aid packs, to help make sure people take their medicines at the right time. The pharmacy offers additional services including emergency hormonal contraception, a minor ailments service and a substance misuse treatment service. The inspection took place during the COVID-19 pandemic.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy suitably identifies and manages the risks associated with its services. Its team members record their mistakes, to help them learn and improve. And they understand how to keep people's private information safe. The pharmacy keeps the records it needs to by law and it has procedures to help raise concerns to protect the wellbeing of vulnerable people.

### Inspector's evidence

The pharmacy had some standard operating procedures (SOPs) covering operational tasks and activities. The responsible pharmacist (RP) confirmed that the procedures had been produced in November 2019 and were due for review in November 2021. Pharmacy team members were familiar with their roles and responsibilities and worked within their competence during the inspection. A medicine counter assistant (MCA) correctly identified that prescriptions could not be handed out in the absence of an RP, but the MCA was less clear regarding the requirements for the sale of Pharmacy only medicines. This was discussed during the inspection, and both the MCA and the RP confirmed that the RP rarely left the premises. The pharmacy displayed an in-date certificate of professional indemnity insurance.

Near misses were discussed with team members at the time of the event. A record was then entered into a near miss log by the RP. The near miss log was reviewed periodically to identify any trends, but a record of this was not kept. Feedback was instead provided verbally, and a dispenser showed an example of how stickers had been used to highlight 'look alike, sound alike' medicines within the dispensary, to help prevent picking incidents. Neither the RP nor a dispenser were able to recall any recent dispensing incidents. But the RP told the inspector the actions that would be taken in response to a dispensing incident and showed the inspector how the details of any incident would be recorded. Reports were also escalated to the National Reporting and Learning System (NRLS).

The pharmacy had completed individual COVID-19 risk assessments for its team members, to identify anyone who fell within a high-risk category. A risk assessment had also been completed and reviewed for the pharmacy premises. Entry to the pharmacy premises had been restricted to one person at a time and public health notices regarding COVID-19 were clearly displayed. A Perspex screen had also been installed in the consultation room for further protection.

The correct RP notice was displayed near to the medicine counter and the RP log was in order, as were the private prescription records which were reviewed. The pharmacy kept records for the procurement of specials, but some of the records had not been completed with patient details, so they did not strictly comply with requirements. Controlled Drug (CD) registers kept a running balance and some balance checks were completed. A patient returns CD register was also available.

The pharmacy had some procedures covering data protection and confidentiality. And a team member discussed several ways in which the pharmacy made sure people's private information was kept safe. Prescriptions awaiting collection were stored out of public view and confidential waste was shredded

on the premises. Some pharmacy team members did not have access to their own NHS smartcards and on the day, the smartcard of a dispenser who no longer worked at the pharmacy was being used. The use of another individual's NHS smartcard is not in keeping with the terms of use agreement and could compromise the integrity of the audit trail on the NHS spine. Once identified the card was immediately removed and secured and the dispenser provided confirmation to the inspector that the smartcard was returned to its owner.

The RP had completed safeguarding training through the Centre for Pharmacy Postgraduate Education (CPPE), and she discussed some of the types of concerns that might be identified. The pharmacy had a procedure for child protection and adult safeguarding, which listed the contact details of local safeguarding agencies.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

Pharmacy team members work in a supportive environment and there are enough staff to manage the current workload. Team members receive some ongoing training and they get feedback on their development to help them learn and improve.

### Inspector's evidence

On the day of the inspection, the regular RP was working alongside a dispenser, who was also the pharmacy manager. The pharmacy team also comprised of an MCA, who was completing an accredited training programme and another team member who was studying a business apprenticeship at a local college. The apprentice had been employed for less than one month and had also recently been enrolled on a Buttercups training programme. The apprentice told the inspector that her role was primarily completing administrative tasks and she was not seen to complete any dispensing activity during the inspection. The pharmacy also employed a part-time delivery driver and another dispenser, who were not present during the inspection. The team managed the workload sufficiently and the dispenser discussed the procedures that were in place for planned and unplanned leave, to ensure that suitable staffing levels were maintained.

Pharmacy team members worked within their roles. Team members enrolled on training programmes were able to ask questions during working hours and received a regular review of their progress. The MCA was allocated protected learning time to assist with the completion of her course. Training time was also provided during working hours for team members to complete college coursework. This was made available as per individual and apprenticeship provider contracts. Some additional ongoing learning was also provided. This usually covered different over-the-counter treatments and conditions. The dispenser, in his role as manager, completed annual appraisals with team members to help address any learning and development needs. Reviews were more regular for team members undergoing training.

The team worked in an open environment and team members were comfortable approaching the RP or pharmacy manager with any questions. The dispenser said that as the team was small in number, any messages or updates were usually discussed verbally. The pharmacy had a whistleblowing procedure, which was available in the SOP folder.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a suitable environment for the delivery of healthcare services. It has a consultation room which the team uses to provide services or as an area for private conversations with people using the pharmacy.

### Inspector's evidence

The pharmacy premises were clean and tidy. General housekeeping duties were managed by the pharmacy team and a cleaning rota was in place. There was appropriate lighting throughout the premises and air conditioning maintained a temperature suitable for the storage of medicines.

The pharmacy interior was finished to a high standard and there was sufficient work bench space for the current prescription workload. The dispensary had a separate sink which was equipped with hot and cold running water and appropriate cleaning materials. Medicines were stored on shelves and in large drawers within the dispensary. Pharmacy restricted medicines were stored inside locked glass cabinets in the retail area.

The pharmacy had a consultation room which was clearly signposted from the retail area. The room was equipped with a desk and seating to facilitate private and confidential discussions. A Perspex screen had also been installed in light of the ongoing COVID-19 pandemic.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy suitably manages its services so that people receive appropriate care. The pharmacy gets its medicines from licensed wholesalers and its team members carry out some checks to help make sure that medicines are fit for supply. But they could do more to make sure they complete medicine fridge checks more consistently, and that they take appropriate action when needed.

### Inspector's evidence

The pharmacy had step-free access from the main road and an automatic door to assist with entry. The pharmacy's services were advertised throughout the premises and a range of health promotion literature was also available. Pharmacy team members were aware of other services in the local area, such as the nearest walk-in centre, and people were appropriately signposted to other services as needed.

Prescriptions were dispensed using coloured baskets, to help prioritise the workload and ensure prescriptions were not mixed up. Pharmacy team members signed 'dispensed' and 'checked' boxes to maintain an audit trail of who was involved in the dispensing process. The pharmacy provided a text service, which notified people using the pharmacy of when their medication was ready to collect. Prescriptions for high-risk medicines were identified using a sticker, this included medications such as warfarin, but records of monitoring parameters such as INR readings were not routinely maintained. So, the pharmacy may not always be able to show that these checks had taken place. Stickers were also used to identify prescriptions for CDs to help make sure that supplies were made within the valid 28-day expiry date.

The pharmacy ordered repeat prescriptions for some patients. People identified the medications which were required each month and the pharmacy kept an audit trail, to help identify any unreturned repeat prescription requests. A separate weekly system was also in place for people who had their medicine in multi-compartment compliance aid packs. Each patient had a master record of medication and a record was kept of any changes that had been made to their regular medicines. Compliance aid packs stated the name of the patient to the front of each pack, and descriptions of individual medicines were documented. Patient leaflets were also supplied.

The pharmacy delivery service was managed using an online application. Patient signatures were not being captured due to the ongoing COVID-19 pandemic. The delivery procedure had been reviewed and the driver was instead recording 'authorisation obtained', after he had confirmed the details of name and address when the medication was delivered. The phone used as part of the delivery service was secured by passcode and fingerprint and it was suitably secured when not in use.

The RP discussed the training that had been completed in order to provide the emergency hormonal contraceptive. She discussed some of the types of concerns that might be identified when making a supply and supplies were recorded using PharmOutcomes. The PharmOutcomes platform was also used to record the details of consultations and supplies made as part of the minor ailments service. The RP

had also completed a consultation skills training module to help with this service and the formulary of medicines available was easily accessible.

The pharmacy obtained medicines from a variety of reputable wholesalers. Medications were stored in the original packaging provided by the manufacturer and they were arranged in an organised manner on shelves and in drawers in the dispensary. A recent date check of all dispensary stock had been completed, with medications due to expire by the end of 2021 clearly marked. No expired medicines were identified during random checks of the dispensary shelves. Returned and obsolete medicines were placed in large medical waste bags. The dispenser was in the process of obtaining some more robust bins from the local waste services team.

The pharmacy fridge was equipped with a maximum and minimum thermometer and was within the recommended temperature range on the day. The pharmacy kept records of the fridge temperature, but there were multiple gaps in the record which was seen so it was unclear if the fridge was monitored as regularly as it should be. There were also a number of instances where the maximum temperature appeared to have exceeded the recommended range. The action taken in response to this was unclear and the MCA was unsure of the appropriate fridge temperature range. This was discussed on the day and following the inspection further clarification was provided. Pharmacy team members had identified that the thermometer on the fridge was not being reset prior to the daily readings being taken. This affected the reading that was being recorded. The temperature had also been recorded against a number of fridges on the system. The pharmacy provided assurances that retraining had been completed to address this issue moving forward and confirmed that should the fridge go out of range an alarm would sound within the dispensary. CDs were suitably secured, with expired CDs segregated from stock. Random balance checks were found to be correct.

The pharmacy received medicine recall notifications via email. Alerts which were relevant were printed and the action taken in response was recorded as an audit trail.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to provide its services. Team members use the equipment in a way that protects people's privacy.

### Inspector's evidence

The pharmacy had several crown stamped, and ISO approved glass measures for measuring liquids. Counting triangles for tablets were also clean and suitably maintained and a range of personal protective equipment (PPE) including face masks and disposable gloves were available for use by the pharmacy team. Pharmacy team members had access to reference texts such as the British National Formulary (BNF) and internet access was also available for further research.

Electrical equipment appeared to be in working order. Computer systems were password protected and all screens were positioned out of public view to protect privacy. A cordless phone was available to enable conversations to 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.