

# Registered pharmacy inspection report

**Pharmacy Name:** Pharmacare Pharmacy, The Crown, West Bromwich Street, Walsall, West Midlands, WS1 4BP

**Pharmacy reference:** 9011289

**Type of pharmacy:** Community

**Date of inspection:** 03/06/2021

## Pharmacy context

This community pharmacy is located in a residential area of Walsall. There are numerous other retail units and a GP surgery nearby. The pharmacy dispenses prescriptions and sells a range of over-the-counter medicines. Its main business is the supply of medicines to a large number of care homes in the local area. It also offers other NHS services including the New Medicine Service (NMS) and has recently registered to begin providing a local minor ailments scheme. It also participates in a local palliative care rota.

## Overall inspection outcome

✓ **Standards met**

**Required Action:** None

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## 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	4.2	Good practice	The pharmacy maintains good audit trails to track prescriptions through the dispensing process and ensure that medicines are managed appropriately at care home facilities.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy identifies and manages the risks associated with its services. It maintains the records it needs to by law and keeps people's private information safe. Pharmacy team members are clear about their roles. They record their mistakes to help prevent the same mistakes from happening again and they take suitable action to help protect the wellbeing of vulnerable people.

### Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) covering operational activities. The procedures defined the role of team members and were due for review in December 2021. Team members had signed to confirm their acknowledgement and understanding of the procedures. The procedures did not formalise the way in which prescriptions for care home supplies were processed in the pharmacy, where there were additional tasks to complete, such as audit trail paperwork to track the progress of prescriptions. The superintendent pharmacist (SI) agreed to review this post inspection and provided the inspector with a copy of the newly written procedure. Pharmacy team members were clear about their roles in the pharmacy and worked within their competence. The pharmacy had suitable indemnity arrangements in place.

The pharmacy kept records of near misses. Record sheets were compiled by the SI pharmacist and were reviewed quarterly to identify any patterns or trends. A record of each review was maintained, and learning points were discussed with team members. Individual development concerns were addressed through personal learning plans. Dispensing incidents were recorded and investigated by the SI pharmacist, who had reviewed all previous incidents to help identify any trends. Incidents were also reported to the National Reporting and Learning System.

Pharmacy team members had completed individual risk assessments in response to the COVID-19 pandemic. A dispenser, who also held a role as a human resources assistant had overseen arrangements to ensure that all team members had received a COVID-19 vaccination. Items of personal protective equipment (PPE) were available for use. But team members were not routinely wearing face masks. The dispenser said that this was due to personal choice as all team members were fully vaccinated and were regularly completing lateral flow COVID-19 tests.

The pharmacy had a complaint procedure. People were able to provide feedback verbally and also through comment slips which were available in the retail area. The SI pharmacist reviewed all comments and kept them filed as a record. The recent comments received had been positive in nature. Feedback was also received from team members at each care home. A member of care home team had also nominated the SI pharmacist for a 'manager of the year' award which she won in 2020.

The correct responsible pharmacist (RP) notice was conspicuously displayed and the RP log was in order, as were other statutory required records including private prescriptions and emergency supplies. Records for the procurement of specials recorded patient details as an audit trail from source to supply. The controlled drug (CD) registers maintained a running balance and balance checks were completed. A

patient returned CD register was also available.

Pharmacy team members completed information governance training and an apprentice discussed how people's private information was kept safe. Confidential waste was segregated and removed for suitable disposal by an external contractor. The pharmacy was registered with the Information Commissioner's Office and a copy of its privacy notice was displayed in the retail area. Qualified team members held their own NHS smartcards and cards were appropriately secured when not in use.

All registrant team members had completed safeguarding training. The RP discussed two recent safeguarding scenarios where the pharmacy had assisted vulnerable people and escalated the concerns as appropriate. The pharmacy displayed information on safeguarding on their health promotion board, including promoting assistance for victims of domestic violence. A chaperone policy was also in place, the details of which were displayed in the retail area.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to manage the workload. And they are suitably trained for the work that they do. The pharmacy team members receive ongoing training and get feedback on their development to help them learn and improve. They work closely together and are comfortable to raise concerns and provide feedback.

### Inspector's evidence

On the day of the inspection, the SI pharmacist was working alongside two regular locum pharmacists. The rest of the pharmacy team comprised of two registered pharmacy technicians, one of whom was an accredited accuracy checking technician (ACT) and the other had recently been enrolled on an ACT training programme. Five NVQ2 dispensers, four pharmacy apprentices who were completing training programmes through a local college, a medicine counter assistant and a work experience student. The pharmacy also employed six delivery drivers. An additional dispenser and an apprentice were both on planned leave. The pharmacy was busy, but very well organised. There were restrictions in place to help ensure that there was an adequate number of team members to manage the workload. This was approved by a human resource assistant and team members worked adjusted or increased hours to provide support where necessary. The SI pharmacist maintained a formal staff database which recorded all team members hours as well as the details of professional registration and driving license details for delivery drivers.

Pharmacy team members were trained for the roles in which they were working or were enrolled on appropriate training. Team members who were on apprenticeships attended college once per week and days were arranged to minimise the impact on staffing. They were supported with the completion of additional work during working hours. Team members were provided with a handbook when they began work at the pharmacy and were initially paired with a qualified team member to receive on-the-job training. Team members initially completed routine dispensing of repeat prescriptions and moved to the care home section of the business once adequate training had been received. Further training in the pharmacy was provided by the SI, who kept a record of the ad hoc sessions on a database. The sessions included a variety of topics such as 'look alike, sound alike' medicines as well as health and safety topics. The topics covered were informed by events in the pharmacy, such as near miss trends, or through general interest. Team members received regular feedback on their development both verbally and through a formal appraisal system. Appraisals were completed once per year with the SI pharmacist. Team members documented their strengths and weaknesses and identified future developmental goals using SMART objectives. These were then reviewed regularly to help support the development of team members.

The pharmacy team worked together closely as a team. There was a good rapport amongst the team, with team members changing roles to help ensure that tasks were completed in a timely manner. The team had a regular huddle where they discussed objectives for the day. They were also provided with the opportunity to raise any concerns and feedback. The team felt comfortable discussing any issues and were happy to approach the SI pharmacist.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is secure, clean and tidy. It provides a suitable environment for the delivery of healthcare services. And it has a consultation room which team members use to speak to people in private.

### Inspector's evidence

The pharmacy was finished to a high standard. It was clean and suitably maintained. There was adequate lighting throughout and air conditioning was installed to help maintain a temperature suitable for the storage of medicines. The pharmacy was clean and team members completed cleaning duties which were allocated using rotas.

The retail area was tidy and well presented. The pharmacy stocked a range of goods which were suitable for a healthcare-based business. There were two bottles of pholcodine linctus, a pharmacy only medicines, located amongst general sales list medicines. These were removed from the shelves and secured from self-selection once identified and the SI pharmacist provided assurances of a change to stock procedures to ensure a second check to place before general sales medicines were placed on the shelves moving forward. Other pharmacy only medicines were secured behind the medicine counter. The pharmacy had a consultation room which was equipped with a desk and seating to facilitate private and confidential discussions. In light of the ongoing COVID-19 pandemic, the pharmacy had markings on the floor in order to help people maintain a two-metre distance.

The dispensary had adequate space for the current dispensing workload. There were separate areas for the pharmacy's general repeat prescription work and the care home business. Within each area there were designed areas for dispensing and checking to create an organised workflow throughout the pharmacy. There were additional areas for stock management and the organisation of medicines to be delivered. Medicines were organised on large shelving units in the dispensary. There was also a separate sink, which was equipped with hot and cold running water and additional cleaning materials.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are accessible and well managed, so that people receive their medicines safely. It maintains good audit trails and works closely with its care homes to help ensure their medicines are properly managed appropriately and people take them safely. The pharmacy sources and stores its medicines appropriately and team members complete regular checks to make sure medicines are suitable for supply.

### Inspector's evidence

The pharmacy had a step-free entrance and the front door was visible from the medicine counter, so those requiring assistance with entry could be identified. The pharmacy's opening hours were displayed, and it had a practice leaflet available.

The pharmacy had a health promotion board. The board displayed information about the ongoing COVID-19 pandemic as well as health promotion materials including local 'healthy mind' mental health services and information about support for victims of domestic violence. The pharmacy changed information dependent on campaigns which were instructed through the local commissioning group. Evidence of each campaign was kept as an audit trail. The pharmacy also maintained records of signposting and interventions using the pharmacy patient medication record (PMR) system. Examples of this were seen on the day. A list was also available of all pharmacies within the local primary care network, along with the commissioned services they provided, so the pharmacy could suitably signpost people to other pharmacies as appropriate.

Prescriptions were dispensed using baskets to keep them separate and reduce the risk of medicines being mixed up. Audit trails were maintained so that those involved in the dispensing process could be identified. The pharmacy did not routinely identify prescriptions for CDs to help ensure prescriptions were supplied within the valid 28-day expiry date. The RP said that team members checked the prescription retrieval shelves each month to remove prescriptions which were due to expire. Prescriptions for high-risk medicines were identified, in most instances these were supplies to people based in care homes. The SI pharmacist said monitoring arrangements were confirmed with care home team. The pharmacy team had also reviewed patients to identify any people prescribed valproate-based medicines who were within an age group where they may become pregnant. Details of pregnancy prevention strategies had been discussed and the pharmacy had appropriate safety materials to make with supplies.

There was a defined workflow within the pharmacy. The work benches nearest to the main medicines counter were used to dispense and check walk-in and repeat medicines. One pharmacist was allocated to cover this area and that pharmacist was responsible for checking all repeat medicines and also acute prescriptions for the care home services. People using the pharmacy's repeat prescription service identified the medications which were required each month and a repeat prescription request was generated from the PMR system. Requests were filed in date order and were sent to the GP surgery via secure NHS mail. The pharmacy had a small number of community-based patients who received their

medicines in multi-compartment compliance aid packs. These were arranged using a four-week cycle and master records were kept for each patient. People who received their medicines in a compliance pack had a compliance assessment prior to being initiated on a pack. Prescriptions for community-based patients were delivered by a full-time delivery driver. The driver was practicing social distancing when making deliveries. He confirmed the name and address of the patient and recorded the name of the individual accepting the delivery on a log sheet.

The rest of the dispensary was designated to the care home services area of the business, which formed a high proportion of the pharmacy's workload. The pharmacy provided medicines to approximately 80 care homes of varying sizes. A master database was maintained with the details of each care home. The database recorded details such as when the pharmacy received their medicines, how prescriptions were requested and how medicines were supplied. The pharmacy organised its workload using a four-week system. Approximately half of the care homes used an electronic system. Staff at each of these homes requested repeat prescriptions for their residents. Requests were sent to the GP and the pharmacy received a record of medications which had been requested. Prescriptions received from the GP surgery were checked for any discrepancies. Prescriptions were labelled and the required medication was scanned. This provided a check that the medication picked was correct, and a barcode label was produced. When received by the care home medications were booked in and the system used an electronic administration record to record when doses had been given. Individuals had their own access to the system so that a full audit trail could be maintained for each stage of the process. The SI pharmacist had received initial training on the system and there were several dispensary team members who were trained to use the system. Care homes who received their medicines in this manner were also required to complete training in this system. There were three modules to be completed prior to a full sign off.

The remaining homes used a Care Meds system. Care home teams completed medication request sheets for each patient and returned these to the pharmacy. The pharmacy team placed requests to the GP surgery and checked prescriptions for discrepancies upon their return. Some care homes received their medicines in calendar packs with an accompanying administration record chart, other homes received their medicines in a POD system. Each POD contained the details of medication within it and a master front sheet recorded any warning labels and a description of individual medicines. Patient leaflets were sent with all supplies.

The pharmacy maintained a full audit trail for this process. Each care home had an audit sheet which listed each resident. This was completed to ensure prescriptions had been received, dispensed and checked. Some prescriptions were checked by the ACT, who could refer to the record to ensure a clinical check had taken place. Copies of the audit trail were retained for reference.

The pharmacy allocated two team members to monitor for acute prescriptions. One team members for each system in use. Acute prescriptions were printed and dispensed using coloured baskets. Prescriptions for care homes were delivered by five drivers, who worked evening shifts in the pharmacy. each driver was allocated a set number of care home and were assigned a corresponding colour. Prescriptions were dispensed in baskets of the relevant colour to help keep them organised.

The SI pharmacist conducted audits at each care home every six months. The audits covered multiple medicines management processes as well as staff training. Any issues which were identified were addressed through an action plan, which was followed-up at the next audit. Previous issues identified by the SI pharmacist included that care homes could sometimes not provide details of when residents had last received a medication review. In response to this, the SI pharmacist had worked with care homes to generate a tracking sheet to monitor this. The SI pharmacist had also designed incident report



forms for care home teams to use and had designed an audit to be used by care home teams to ensure that people prescribed paraffin-based medicines were aware of the risks surrounding use and appropriate storage. The pharmacy team members were in daily contact with care home teams to resolve any issues and respond to queries. Each member of the pharmacy team had a telephone query pad to record the details of any discussions. Once resolved, the query sheet was detached from the pad and filed for reference as an audit trail.

The pharmacy sourced medicines through reputable sources and specials from a licensed manufacturer. Medicines were stored within the original packaging provided by the manufacturer and were organised on dispensary shelves. The pharmacy operated a 'shelf of the day' scheme where each team member selected a shelf to tidy at the end of each day to help ensure that organisation was maintained. Pharmacy team members completed regular date checking and short dated medicines were identified using stickers. Obsolete and returned medicines were stored in suitable pharmaceutical waste containers. The pharmacy received medicines recall notifications via email and the SI pharmacist kept records of the action that had been taken on a spreadsheet.

The pharmacy fridge was equipped with a thermometer and the temperature was checked and recorded each day. The fridge was well organised and was within the recommended temperature range during the inspection. CDs were stored appropriately with expired and returned CDs segregated from stock medicines. 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. Team members use equipment in a way that protects people's privacy.

### Inspector's evidence

Pharmacy team members had access to paper reference sources including the British National Formulary (BNF). Internet access was also available for further research if required. The pharmacy had a range of crown stamped and ISO approved measures for measuring liquids and counting triangles were available for loose tablets.

Electrical equipment was in working order and had been PAT tested. The computer systems and databases in the pharmacy were all password protected and the layout of the pharmacy meant that screens were all out of public view. Cordless phones were available to enable conversations to take place in private. The pharmacy had acquired additional equipment in response to the COVID-19 pandemic. This included Perspex screens at the medicine counter and items of PPE.

### 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.