

Registered pharmacy inspection report

Pharmacy Name: Newbridge Pharmacy, 325-327 Tettenhall Road,
Wolverhampton, West Midlands, WV6 0JZ

Pharmacy reference: 9011609

Type of pharmacy: Community

Date of inspection: 28/10/2021

Pharmacy context

This community pharmacy is located on a busy main road in a residential area of Wolverhampton. It dispenses prescriptions and supplies some medicines in multi-compartment compliance aid packs, to help people manage their medicines. The pharmacy provides blood pressure checks and it also offers a substance misuse service. Flu vaccinations are also available during the relevant season. The inspection was completed 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
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 adequately identifies and manages the risks associated with its services. It keeps the records it needs to by law, but information is sometimes missing, so team members may not always be able to show what has happened. Pharmacy team members understand how to make sure people's private information is kept safe and they know how to raise concerns to protect the wellbeing of vulnerable people.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) covering operational tasks and activities. The procedures were due for review in February 2021 and this process was currently ongoing. Several of the recently updated procedures were reviewed, and it was identified that a procedure for CD requisitions still contained outdated information. Incorrect details were also recorded for the local CDAO, so the team might not always have access to the most up to date information. Team members present confirmed that they had read the procedures when they began working at the pharmacy, but they had not always signed the procedures to confirm this. Through discussion they demonstrated a clear understanding of their roles and responsibilities. The pharmacy held professional indemnity insurance through the National Pharmacy Association (NPA) which was valid until May 2022.

Any identified near misses were discussed with team members at the point of identification. A pharmacy apprentice explained that near misses were previously recorded, but since the premises relocated approximately six months ago, team members were unable to locate the records. This break in recording may mean that some patterns and trends may go undetected. Team members discussed the way in which dispensing incidents were recorded in the pharmacy. They were not aware of any recent incidents.

The pharmacy had some risk management measures in place in light of the ongoing COVID-19 pandemic, this included a screen at the medicine counter. But team members were not wearing face masks, in line with NHS England guidance, which may introduce some unnecessary risks.

People using pharmacy service were able to provide feedback verbally to team members. A complaints procedure was available, but this was not clearly advertised, so people may not always be aware how concerns can be raised formally. The pharmacy also received feedback through a Community Pharmacy Patient Questionnaire (CPPQ).

The correct responsible pharmacist (RP) notice was clearly displayed behind the medicine counter. The RP log was maintained electronically, but it did not routinely record the time at which RP duties ceased and therefore it was not technically compliant. Private prescription records also lacked some of the information required by law. For example the details of the prescriber were not always recorded, and two private prescriptions had been incorrectly recorded as NHS prescriptions, which meant that no private prescription register entry was available. Records for the procurement of unlicensed specials recorded patient details as an audit trail from source to supply. The pharmacy's controlled drug (CD)

registers maintained a running balance but balance checks were not always completed in line with procedures.

Pharmacy team members had a good understanding of confidentiality and a pharmacy apprentice clearly explained how people's private information was kept safe. The pharmacy segregated confidential waste which was then shredded on the premises and team members held their own NHS smartcards which were stored securely when not in use. The pharmacy had a privacy notice and was registered with the Information Commissioner's Office (ICO).

The pharmacist had completed safeguarding training and he discussed some of the types of concerns that might be identified. He worked as a locum pharmacist within different regions and he explained how he would obtain the contact details of local safeguarding agencies.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members are suitably trained for the roles in which they are working, and they get some feedback on their development to help them learn and improve. Team members can raise concerns and provide feedback on the pharmacy's services.

Inspector's evidence

On the day of the inspection a locum pharmacist was working alongside two pharmacy apprentices. One of the owners of the pharmacy, who held an NVQ2 dispensing qualification was also present and providing additional support. He usually worked at the pharmacy on an ad hoc basis completing administration duties. The regular pharmacist, who was also the superintendent pharmacist was on annual leave. The pharmacy also employed a trainee pharmacist and a third pharmacy apprentice both of whom were not present. The pharmacy team members managed the dispensing workload well and the locum pharmacist reported that the staffing level was appropriate for the dispensing volume. Leave was planned and restricted to help maintain staffing levels and one of the pharmacy owners provided support at the pharmacy when any team member was on leave.

The pharmacy apprentices were enrolled on a training programme through a local college, which involved the work-based placement at the pharmacy and attendance at college. The apprentice discussed the training provided through college and described the additional training that had been provided by the superintendent pharmacist. This was documented through an online portfolio and monitored by the academic team at the college. Feedback was provided to team members verbally throughout the day and appraisals with the superintendent pharmacist were completed annually.

Team members worked well together and were happy to communicate any issues or concerns to the superintendent pharmacist, or another of the pharmacy owners. There was an open dialogue amongst the team and the pharmacist was not aware of any targets for professional services.

Principle 3 - Premises ✓ Standards met

Summary findings

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

Inspector's evidence

The premises relocated from an adjacent building approximately six months ago, work to the previous premises was ongoing but segregated so as not to detract from the overall appearance. The premises are suitably maintained and finished to a high standard. There was adequate lighting throughout, and the temperature was suitable for the storage of medicines.

The pharmacy had a well-maintained retail area, which stocked a range of suitable healthcare-based goods. Pharmacy restricted medicines were secured behind the medicine counter. Off the retail area was a professionally maintained consultation room. The room was equipped with a desk and seating to facilitate private and confidential discussions.

The main dispensary was compact, but it had segregated areas for dispensing and checking activities. There was an additional large table in a rear room to provide further space for compliance aid pack dispensing. A sink was available for the preparation of medicines. It was equipped with hot and cold running water and additional cleaning materials. Further storage and office areas to the first floor of the premises were suitably maintained.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy suitably manages its services, so that people receive appropriate care. It obtains its medicines from reputable sources and team members carry out some checks to help make sure medicines are suitable for supply. But these checks are not always recorded, so the pharmacy cannot always clearly show how it manages medicines appropriately.

Inspector's evidence

The pharmacy was accessible from the main street via a small step, which may make wheelchair access more difficult. The opening hours of the pharmacy were advertised at the entrance and some service promotional materials were displayed, along with a range of public health literature.

Prescriptions were dispensed using colour coded baskets in order to prioritise the workload and help reduce the risk of medicines being mixed up. The pharmacy provided a repeat prescription collection service. Most people contacted the pharmacy to request their prescriptions when they were due. The pharmacy sent request via NHS mail and kept an audit trail to help identify any discrepancies. The pharmacy supplied some medicines in multi compartment compliance aid packs to help some people take their medicines at the right time. The pharmacy managed the service using a four-week system and ordered prescriptions for patients using this service. Checks were made to help ensure that 'when required' medicines were needed to help prevent over ordering. Compliance aid packs contained some descriptions of medicines, but some descriptions were missing, so people may not always be able to easily identify each medicine. An audit trail for dispensing was maintained and patient leaflets were supplied.

The pharmacy offered a prescription delivery service. The delivery driver verbally confirmed the identity of people who he delivered medication to, but this information, nor the time of delivery were documented on the delivery record form, so a full audit trail may not always be available in the event of a query.

The pharmacy did not routinely identify prescriptions for schedule 3 and 4 controlled drugs and for high-risk medicines such as warfarin, where additional counselling may be required. The pharmacist stated that if he wished to discuss any counselling with a patient then he would attach a handwritten note to the prescription awaiting collection. And the pharmacy had warning cards available to supply with prescriptions for valproate-based medicines. Prescription forms were not routinely stored alongside prescriptions awaiting collection, which may increase the risk that important information could be missed at the point of handout.

Stock medicines were stored on large shelving units. Medicines were organised and stored within the original packaging provided by the manufacturer. The team completed some date checking on a regular basis, but records of this were not routinely checked. Medicines due to expire within three months were removed from the shelves, and no expired medicines were identified during random checks of the dispensary shelves. Expired and obsolete medicines were appropriately disposed of in pharmaceutical

waste bins. Alerts for the recall of medicines were received electronically.

CDs were stored appropriately. The pharmacy had medical grade fridge which was equipped with a maximum and minimum thermometer. The temperature was checked and recorded each day, but there were occasional gaps on the temperature record. The fridge was within the recommended range during the inspection.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services. But it uses some plastic measures which are not always suitably marked to show their accuracy. Team members use equipment in a way that protects people's privacy.

Inspector's evidence

The pharmacy had access to paper-based reference materials including the British National Formulary (BNF) and internet access was also available to facilitate further research. The pharmacy had access to a range of plastic measures for measuring liquids. The measures did not appear to be crown stamped or ISO approved, which may make it difficult for the pharmacy to demonstrate that measures are suitably calibrated.

The pharmacy computer systems appeared to be in working order and were password protected. Screens faced away from public view to protect people's privacy and the pharmacy had a cordless phone 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.