

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: 06/09/2022

Pharmacy context

This community pharmacy is located in a small parade of shops on a main road in a residential area. Most people who use the pharmacy are from the local area and a home delivery service is available. The pharmacy dispenses NHS and private prescriptions, and it sells a range of over-the-counter medicines. It supplies a number of medicines in multi-compartment compliance aid packs to help people take their medicines at the right time. This was a targeted inspection so not all aspects of the service were assessed.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.1	Standard not met	The pharmacy's standard operating procedures are not up to date, and they contain some inaccurate or obsolete information. The team members have not been properly trained on the pharmacy's procedures, and they do not know how to complete some basic tasks. And the team does not consistently report and learn from near misses and dispensing incidents.
		1.6	Standard not met	The pharmacy's CD records, RP record and private prescription records are not always accurate. And the pharmacy cannot clearly demonstrate that all supplies of medicines are safe and legal.
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 not all met	4.3	Standard not met	The pharmacy does not store and manage some of its medicines appropriately. It does not effectively manage CDs or waste medicines. And it does not store some stock medicines in their original packaging or in containers with appropriate labelling.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy does not effectively manage the risks associated with its services. It does not have up to date standard operating procedures to make sure the pharmacy team works safely, and members of the pharmacy team do not know how to complete some basic tasks. The team does not consistently record or review its mistakes, so team members are missing out on learning opportunities. And the pharmacy does not keep complete and accurate records, and it cannot demonstrate that all supplies of medicines are safe and legal.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) for the services it provided, but the date of preparation had not been recorded, and there was no indication that the procedures had been reviewed or updated to reflect current requirements. The SOPs contained out-of-date information, such as references to Primary Care Trusts (PCTs) which were abolished in 2013. None of the pharmacy team, apart from the trainee pharmacist had signed to indicate that they had read and accepted the SOPs. A new member of the pharmacy team who had worked at the pharmacy for around two months had not read the SOPs and did not know what they were. The dispenser said he had read the SOPs, but when questioned about the pharmacy's procedure for dealing with patient returned medicines, he was confused about the process and could not correctly explain it. The name of the responsible pharmacist (RP) and their GPhC registration number was not on display. The pharmacist superintendent (SI) printed off an RP notice and displayed it when it was pointed out that it was required under the RP regulations.

A locum pharmacist had completed a report on a dispensing incident which had occurred the previous week when the SI was on annual leave. The report stated that a patient had been supplied with two doses of methadone solution from a prescription which had been 'voided'. However, there was no record of the communication with the Drug and Alcohol Team and the prescription had been left alongside current prescriptions. No harm was caused to the patient. The action taken to prevent a similar thing happening again had been recorded on the incident form and the SI had told the pharmacy team that better communication was needed. The SI hadn't reported the incident to the Controlled Drug Accountable Officer (AO) for the area, but she subsequently confirmed it had been reported on the controlled drug (CD) reporting tool after the inspection. The pharmacy did not have any other records of dispensing errors or near misses. The SI said there had not been any other errors since moving into the new premises over a year ago. The new member of staff said that she had made several mistakes when she first started working at the pharmacy, such as selecting the incorrect strength or form of a medicine. She said these mistakes were noticed by the pharmacist who discussed them with her, but they were not recorded. The failure to record near miss errors means patterns and trends may go undetected and the team might miss out on learning opportunities.

People using the pharmacy service were able to provide feedback verbally to team members. The pharmacy's phone number was on the pharmacy's website and there was a 'contact us' function. A current certificate of professional indemnity insurance was on display in the pharmacy.

Private prescriptions and emergency supplies were recorded electronically. A check of a two-month sample of the private prescription records found the entries were sometimes incomplete, inaccurate

and confusing. The corresponding prescriptions and signed orders for most of these supplies were not available. The SI said some of these requests had been received by text, email or WhatsApp messages from two or three regular prescribers. Some examples of these messages were provided, but they did not correspond to all of the supplies made by the pharmacy. The messages did not contain enough information to indicate whether the supplies were issued as signed orders, patient supplies or for personal use, and the SI could not confirm this. And the messages did not always include the prescriber's details, so they couldn't be easily identified so their authority to prescribe could not be confirmed. The pharmacy had recently dispensed a private prescription issued by an EU prescriber. The SI was unsure of what steps had been taken to verify its authenticity, or to check if the medicine was clinically appropriate, as this had not been recorded.

The SI qualified as an independent prescribing pharmacist around three years ago and she confirmed that she had read the GPhC Guidance for Pharmacist Prescribers. She stated that she had not prescribed any prescription only medicines (POMs) but had prescribed pharmacy (P) medicines for minor ailments, such as hydrocortisone cream 1%. But she didn't write prescriptions or make a record of these supplies to show her reasons for prescribing, so it was not clear whether she was 'prescribing' or 'selling' these items.

The SI usually worked as the regular RP four days each week. She did not enter the time that she ceased her activities as RP in the RP log, compromising the accuracy of the records. And the SI had not signed in as RP until after 12pm on the day of the inspection, despite the pharmacy opening from 9am. Records of CD running balances were kept but they were not regularly audited and reasons for discrepancies and the actions taken to resolve them were not clearly recorded. Three CD balances were checked and found to be correct, but a pack of 28 Elvanse 30mg capsules in the CD cabinet marked as 'expired' were not recorded in the CD register. The SI thought the medication might have been returned by a patient, as there were remnants of a medication label on the pack, but it was not possible to check as there were no records of patient returned CDs. Discrepancies in the methadone running balances had been adjusted without any assessment of whether the discrepancy was within a reasonable range or should be investigated and reported to the AO. And quite often the discrepancies were shortages, which was unusual due to there being manufacturer overages in most stock bottles.

Members of the pharmacy team had a basic understanding about confidentiality. Confidential waste was shredded on the premises, and there was a large shredder in the dispensary. Assembled prescriptions and paperwork containing patient confidential information were stored appropriately so that people's details could not be seen by members of the public. There was a cookie policy and a privacy policy on the pharmacy's website.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. The team members complete the essential training they need to do their jobs.

Inspector's evidence

There was a pharmacist, a trainee pharmacist, an NVQ2 qualified dispenser, a delivery driver and a new member of staff on duty at the time of the inspection. The staffing level was adequate for the volume of work during the inspection and the team were observed working collaboratively with each other and people who visited the pharmacy. The dispenser had just completed an apprenticeship and said he was hoping to start a pharmacy technician (PT) course. The new member of staff had carried out some work experience at the pharmacy for around two months and was now employed. The SI confirmed that she would be enrolled onto an accredited medicine counter assistant (MCA) or dispensing assistant course within three months of her starting work. The pharmacy team discussed issues informally with the SI.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a suitable environment for people to receive healthcare services. It has a private consultation room that enables it to provide members of the public with the opportunity to receive services in private and have confidential conversations. The pharmacy's website contains useful information about the pharmacy.

Inspector's evidence

The pharmacy had relocated from the building next door over a year ago, whilst it underwent some building work. The new pharmacy premises, including the shop front and fascia, were clean and in a good state of repair. The pharmacy had been fitted out to a high standard, and the fixtures and fittings were well maintained. The retail area was free from obstructions and professional in appearance. The temperature and lighting were adequately controlled. The main dispensary was compact, but there was additional dispensing and storage space in a rear room used mainly for compliance aid packs. There was a separate stockroom and an office on the first floor. Staff facilities included a WC, with a wash hand basin and hand wash. There was a separate dispensary sink for medicines preparation with hot and cold running water. The consultation room was uncluttered, clean and professional in appearance. This room was used when carrying out services such as vaccinations and when customers needed a private area to talk.

The pharmacy's website www.newbridgepharmacy.co.uk displayed the incorrect registered address, since it was advertised as 325 Tettenhall Rd, but the pharmacy was currently trading from 327 Tettenhall Rd. It was possible for people to purchase OTC medicines from a different pharmacy in South Yorkshire, but the pharmacy's website did not prominently display the name and physical address of this other pharmacy, so people might not be clear about where their OTC medicines were being supplied from before providing their personal details.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy offers a range of healthcare services, which are easy for people to access. It obtains medicines from appropriate sources, but the pharmacy does not store and manage some of its stock medicines effectively.

Inspector's evidence

There was a slight step up to the front door of the pharmacy, but it was possible for customers to enter with prams and wheelchair users with assistance. The pharmacy's website displayed the pharmacy's opening hours and services which included a free delivery service. There was a small range of healthcare leaflets available for self-selection in the retail area. Space was quite limited in the dispensary, but the workflow was organised into separate areas with a designated checking area. The dispensary shelves were well organised, neat and tidy. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Different coloured baskets were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up. The baskets were stacked to make more bench space available.

Medicine descriptions were added to the labels of multi-compartment compliance aid packs so people could easily identify the individual medicines. Disposable equipment was used. The SI confirmed that packaging leaflets were usually included but cautionary and advisory warning labels were missing, so people might not have all the information they need to take their medication safely and effectively.

CDs were stored in a CD cabinet which was securely fixed to the wall, but the CD keys were not always under the control of the pharmacist, risking unauthorised access. There were two CDs which had been marked as expired, but it wasn't clear if they were expired stock or patient returned CDs as they were missing from records. A denaturing kit was available for the destruction of patient returned CDs. Pharmacy medicines were stored behind the medicine counter so that sales could be controlled.

Recognised licensed wholesalers were used to obtain stock medicines. There were around 30 bottles of loose tablets and capsules which had been removed from their original container and had not been labelled with expiry dates and batch numbers. The dispenser thought that it was acceptable to place medicines, which had been returned by a customer, back onto the dispensary shelves, if they had not passed their expiry date. This was not in line with the SOP for unwanted medicines, and people might receive medicines which were not suitable for use. Date checking was carried out and there were some baskets of date expired medicines in the office on the first floor which the SI said had been removed from the shelves and would be destroyed. There were designated bins which contained expired and unwanted medicines for destruction.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Pharmacy team members have access to the equipment and facilities they need for the services they provide. But they could do more to make sure that all the equipment they use is fit for purpose.

Inspector's evidence

The pharmacist could access the internet for the most up-to-date reference sources. For example, the electronic version of the British National Formulary (BNF) and BNF for children. There was a medical grade fridge. All electrical equipment appeared to be in good working order. There was a small selection of clean glass liquid measures with British standard and crown marks. But the measures used for methadone solution were plastic and did not contain any accuracy stamps, which may make it difficult for the pharmacy to demonstrate that they were suitably calibrated. The pharmacy had a range of equipment for counting loose tablets and capsules, but some of these were not clean. Medicine containers were appropriately capped to prevent contamination. Computer screens were positioned so that they weren't visible from the public areas of the pharmacy. PMRs were password protected. Cordless phones were available in the pharmacy, so staff could move to a private area if the phone call warranted privacy.

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.