

# 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:** 28/03/2023

## Pharmacy context

This community pharmacy is located in a small parade of shops on a main road in a residential area of Wolverhampton. 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. And it offers additional services including blood pressure checks and a substance misuse service.

## 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
<b>1. Governance</b>	Standards not all met	1.6	Standard not met	The pharmacy's RP record and private prescription records are not always complete and accurate. This means the pharmacy can not always demonstrate what has happened when supplies are made.
<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 not all met

### Summary findings

The pharmacy's responsible pharmacist log and private prescription register contain incomplete or inaccurate entries. This means the pharmacy cannot always demonstrate how it supplies medicines safely and legally. Pharmacy team members understand their roles and responsibilities. They keep people's private information safe, and they understand how to raise concerns to protect the wellbeing of vulnerable people. But the pharmacy's procedures contain some outdated information, which means that team members may not always work effectively.

### Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) which covered the services it provided. Pharmacy team members had read the procedures, and most SOPs had been signed by team members to confirm they agreed to follow them. The procedures had review dates which stated that they were current. The pharmacist confirmed that she had read and updated the procedures after the previous inspection. But the procedures contained out of date and obsolete information, including references to Primary Care Trusts (PCTs) and the Royal Pharmaceutical Society of Great Britain (RPSGB), which were abolished in 2013 and 2010 respectively. This meant that team members might not have access to the most up to date information. A dispenser clearly explained her job role and responsibilities and she understood the activities that were permitted in the absence of a responsible pharmacist (RP). The pharmacy had professional indemnity insurance and a displayed certificate was valid until May 2023.

A pharmacy team member explained the pharmacy's procedure for dealing with near misses. The pharmacy kept a log of near misses. The last entry recorded in February 2023. The team believed that all near misses were being recorded and said that problems were discussed at the time of the event. The pharmacist said that she also periodically reviewed the log for trends, but no formal record of this was kept showing that learning was shared. Dispensing incidents were recorded and a previous record from 2022 was noted. The pharmacist said that no errors had occurred since then. The incident had involved a prescription dispensed as part of the substance misuse service and the pharmacist explained the action she had taken in response to improve communication with the service provider.

People provided comments and feedback on pharmacy services directly to team members, and they were also able to leave reviews online. Pharmacy team members reported that feedback was usually positive.

The correct RP notice was clearly displayed near to the medicine counter. The RP log was maintained electronically. It contained some incomplete entries, where the time RP duties ceased had not been recorded, so it was not technically compliant. Records for the procurement of unlicensed specials were in order. Private prescription records often contained inaccurate or incomplete information. In a sample from January to March 2023, examples were seen where the detail of the prescriber was not recorded or had been recorded incorrectly. There were also entries where the date of the prescription had been

recorded inaccurately, making it difficult to reconcile entries in the register to prescription forms. There were two entries which appeared on the private prescription register for which prescription forms could not be located. A large signed order with no accompanying written request was also identified. In this case the pharmacist told the inspector that due to an issue with payment, this supply had not been made. Team members understood how to check the qualifications of prescribers they were unfamiliar with, and they were observed to use the General Dental Councils website to check a dentist's registration.

Pharmacy team members had an awareness of confidentiality and explained how they kept people's private information safe in the pharmacy. Confidential waste was segregated and shredded on an ongoing basis and team members held their own NHS Smartcards.

The pharmacist had completed safeguarding training. She explained some of the types of behaviour which might raise a concern with her, and she was able to locate the contact details of local safeguarding agencies, if the need occurred.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

Pharmacy team members are suitably trained for the jobs they do, and they manage the workload effectively. But structured ongoing learning is limited, which may mean that team members are not always able to show how they keep their knowledge and skills up to date.

### Inspector's evidence

The pharmacy team consisted of the pharmacist, a foundation trainee and two dispensers. The pharmacy also employed an apprentice dispenser who was not present. This was the usual staffing level within the pharmacy and the workload was suitably managed.

The pharmacy team members had completed appropriate training for the roles in which they were working, but structured ongoing learning was limited. A dispenser explained that pharmaceutical representatives sometimes attended at the pharmacy to discuss new products. The pharmacist also updated team members on an ad hoc basis when there were changes, such as medicines being reclassified from prescription only to pharmacy only. The foundation trainee explained that he also attended additional training events with the pharmacist. They were due to attend an upcoming local training event on respiratory conditions. The foundation trainee was up to date on all development reviews and was happy to approach the pharmacist as his designated supervisor. The pharmacist completed informal reviews with the other pharmacy team members on an ongoing basis. Records of these reviews were not routinely kept.

There was an open culture in the pharmacy and team members were happy to approach the pharmacist with any concerns and feedback.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is well maintained, clean and professional in appearance. It has a consultation room to provide people with an opportunity to have a conversation with a member of the pharmacy team in private.

### Inspector's evidence

The pharmacy was clean and in a good state of repair, it had been fitted out to a high standard, and the fixtures and fittings were well maintained. The retail area was professional in appearance and the pharmacy stocked a range of goods which were suitable to a healthcare-based business. 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 assembly of compliance aid packs. Team members had access to a WC, with appropriate handwashing facilities. There was a separate dispensary sink for medicines preparation with hot and cold running water. The consultation room was signposted from the retail area. It was uncluttered, clean and professional in appearance.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are generally accessible and suitably and suitably managed. But the pharmacy does not identify people on high-risk medicines, so the team may miss the opportunities to provide further counselling and advice. The pharmacy gets its medicines from licensed suppliers and team members carry out checks to make sure medicines are fit for supply. But these checks are not always recorded so the pharmacy is not always able to demonstrate that medicines are being suitably stored.

### Inspector's evidence

The pharmacy was accessed from the main street via a single small step and there was a manual door. The entrance was visible from the medicine counter, so team members were able to identify people who needed assistance. There were service advertisements and health promotion literature displayed throughout the retail area.

Prescriptions were dispensed using baskets to keep them separate and help prevent medicines from being mixed up. Team member signed dispensed by and checked by boxes on dispensing labels as an audit trail. The pharmacy did not routinely identify prescriptions for high-risk medications, to prompt the team members to provide people with additional counselling about their medicines. The pharmacist was aware of the risks of supplying valproate-based medicines to people who may become pregnant. The pharmacy had previously completed an audit to identify any people in the at risk group who required additional counselling. The pharmacy had access to some of the education literature necessary when making supplies. The pharmacist was a qualified independent prescriber, but she told the inspector that she was not currently undertaking any prescribing activity from the pharmacy.

The pharmacy kept audit trails of repeat prescription requests sent to local GP surgeries and they followed-up on any outstanding requests. There were some patients whose prescriptions were automatically ordered by the pharmacy each month. These patients were not always routinely contacted to check whether 'when required' items such as creams and pain relief were required. This may increase the risk some medicines are ordered unnecessarily which could increase medicines wastage. Some people received their medicines in multi-compartment compliance aid packs. These patients had individual master records of their medications, which were updated with any changes. Completed compliance aid packs had patient identifying labels to the front and descriptions of individual medicines. Patient leaflets were also supplied. The pharmacist explained how she would assess the suitability of a medicine to be placed into a compliance aid prior to a supply being made, and the team were heard to answer a query relating to medicine stability during the inspection. The pharmacy provided a home delivery service. Signatures were only obtained to confirm the delivery of CDs, so an audit trail for deliveries may not always be available in the event of a query.

Stock medicines were sourced from reputable licensed wholesalers, and they were stored in an organised manner. A dispenser explained the date checking processes that were carried out in the pharmacy, but records of this were not routinely maintained. No expired medicines were identified during random checks of the dispensary shelves. Returned and expired medicines were stored in

medicines waste bins. Alerts for the recall of faulty medicines and medical devices were received electronically. Recent alerts had been actioned, but no audit trail was maintained as a record.

The pharmacy had a fridge with a maximum and minimum thermometer. A temperature log was in place on the patient medication record system, but the log was ambiguous with more than one record in place and multiple gaps. A dispenser removed the duplicated fridge records from the PMR system during the inspection. CDs were stored appropriately, and two random balance checks were found to be correct.

## 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. And they suitably manage the equipment so that it is fit for use.

### Inspector's evidence

The pharmacy had a copy of the British National Formulary and internet access was available for further research using the most up to date resources. A range of Crown marked, and British standard liquid measures were available, with separate measures marked for use with CDs. The pharmacy also had counting triangles for tablets, and the equipment seen was clean and in order.

Electrical equipment was in working order. The pharmacy computer systems were password protected and screens were positioned out of public view. Cordless phones were also 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.