

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: 17/10/2023

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 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 generally identifies and manages the risks associated with its services. It keeps people's private information safe and maintains the records it needs to by law. But some records have information missing, so team members may not always be able to show what has happened in the event of a query. Team members understand their roles, but they do not always record their mistakes, so they may miss some opportunities to learn and improve.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs) covering operational tasks and activities. The procedures had been recently reviewed. They defined team members' roles and responsibilities. Training logs at the end of each procedure were signed by team members to confirm they had read and understood them. Two dispensers, who were new in post, were still working through the procedures. During the inspection, team members demonstrated an understanding of their roles, and a dispenser was able to explain the activities which could and could not take place in the absence of a responsible pharmacist (RP). The pharmacy had professional indemnity insurance and a certificate displayed was valid until May 2024.

There was a near miss log, but the last entry had been made several months ago, which suggested that they were not always recorded. The pharmacist confirmed that near misses were always discussed verbally and she believed that most were also recorded. Complaints and incidents were recorded and investigated by the pharmacist.

There was a complaint procedure. People using pharmacy services could provide feedback to team members verbally. And comments could also be left using online reviews.

The correct RP notice was displayed near to the medicine counter. The RP log was maintained electronically, but it was not strictly compliant with requirements as there were numerous entries where the RP had not signed out. A sample of private prescription records reviewed were found to be generally in order, as were records for the procurement of unlicensed specials. Controlled drug (CD) registers kept a running balance and a recent audit of CDs had been completed.

Pharmacy team members had an understanding of data protection and confidentiality. A pharmacy team member explained how people's private information was kept safe. Confidential waste was segregated and shredded, and completed prescriptions were stored out of view. There were two new team members who had not yet received their own NHS Smartcards. They agreed to follow-up on this to ensure that they had their own cards to use moving forwards.

The pharmacist had completed safeguarding training and the contact details of local safeguarding agencies were available, if required.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members are trained for the jobs that they do. They feel comfortable to raise concerns and provide feedback to the pharmacist. But they have limited access to structured ongoing learning and development, so the pharmacy may not always be able to show how team members keep their knowledge up to date.

Inspector's evidence

The pharmacy team comprised of the regular pharmacist who was also the superintendent pharmacist and three dispensers. Two of the dispensers were new to the business and had been employed for approximately two weeks. There had been some staffing challenges at the pharmacy in the weeks prior to the inspection. This had created some additional workload pressure. The pharmacy team members were one day behind on dispensing and had found it more difficult to find time to complete some less urgent house-keeping tasks.

Two members of the dispensing team had completed training for their roles. The third was due to be enrolled on an appropriate training programme and GPhC training requirements were discussed with the pharmacist. The pharmacy provided limited ongoing learning and development for team members, although the pharmacist provided relevant updates on an ad hoc basis. Team members also had informal development reviews with the pharmacist, but records of this were not maintained.

A dispenser discussed the sale of medication from the pharmacy. She explained the questions that she would ask to help make sure that sales were safe, and how any concerns were referred to the pharmacist. The dispenser was aware of higher-risk medicines which may be subject to abuse and misuse.

There was an open culture in the pharmacy. The pharmacy team members were happy to approach the pharmacist with any concerns that they may have.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a professional environment for healthcare services. It is clean, tidy and well maintained. The pharmacy has a consultation room, so people can speak to team members in private.

Inspector's evidence

The pharmacy was clean and tidy and it portrayed a professional appearance. There was good lighting throughout the premises and the ambient temperature was suitably maintained. Any maintenance issues were resolved by the pharmacist.

There was a small retail area which stocked a range of goods suitable for a healthcare-based business. Pharmacy restricted medicines were stored behind the medicine counter. Off the retail area, there was a small consultation room, which was equipped with a desk and seating to enable private and confidential conversations.

Space within the dispensary was limited. But there was a good use of shelving, and the floor space was clear of any obstructions. An additional space to the rear of the dispensary was used for the assembly of compliance aid packs. There was additional office space in the remainder of the building and staff WC facilities were also available.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are generally well organised, so people receive appropriate care. But the pharmacy does not routinely identify prescriptions for high-risk medicines. So, team members may miss some opportunities to provide additional counselling. The pharmacy gets its medicines from licensed suppliers, and it has some systems in place to help ensure that medicines are fit for supply. But records of this are not always kept, so the pharmacy may not always be able to demonstrate that medicines are suitably stored.

Inspector's evidence

There was a small step at the entrance to the pharmacy, but the door was visible from the main counter, so people needing assistance could be identified. The pharmacy's services were advertised on a leaflet which was available near to the medicine counter and some additional healthy living literature was also displayed.

Prescriptions were dispensed in baskets to help ensure that they were kept separate and to reduce the risk of medicines being mixed up. Team members signed 'dispensed' and 'checked' boxes as an audit trail on dispensing labels. Prescription forms were not routinely kept with dispensed medicines until the point of collection, so team members may miss some opportunities to provide further counselling. Prescriptions for higher risk medicines such as warfarin and methotrexate were also not identified for additional monitoring. The pharmacist was aware of the risks of valproate-based medicines in people who may become pregnant, and the pharmacy did not have any patients within the 'at-risk' criteria. The pharmacist was not yet aware of the recent change regarding original pack dispensing of valproate and agreed to review this information after the inspection.

The pharmacy managed a number of repeat prescription requests, which were sent via NHS mail and an audit trail was maintained to help ensure that unreturned requests were identified. People who received their medicines in multi-compartment compliance aid packs had master record sheets, and the details of medication changes were recorded electronically. Completed compliance aid packs had an audit trail for dispensing and most had descriptions of individual medicines. Although on one example checked, the description was inaccurate, which could make it harder for people to identify them. And patient leaflets were not always supplied, so people may not always have easy access to all the information they need about their medicines.

The pharmacy provided an ear micro suction service. There was limited use of the service at the time of the inspection. The pharmacist had completed training for this service and the equipment available was clean and appeared suitably maintained.

Both the pharmacist and a dispenser were trained to complete blood pressure testing. The pharmacist discussed some referrals that had been made to local GP surgeries, which had resulted in treatment being initiated.

The pharmacy obtained medicines from several licensed wholesalers and specials from and a specials manufacturer. Medicines were stored in an organised manner. There were a small number of

medications which had been packed down into dispensing bottles, used for the assembly of compliance aid packs. Although most were labelled with the batch number and expiry date, a few were not. The importance of ensuring medicines were stored in the original packaging was discussed with the pharmacist, who agreed to review this moving forward. The pharmacy team members had completed some recent date checks, but they were behind with checks in some areas. An expired over the counter medicine was identified during random checks. It was removed from the shelf and placed in a medicines waste bin.

The pharmacy fridge was fitted with a maximum and minimum thermometer, and it was within the recommended temperature range. However, there were numerous gaps in the monitoring record, so the pharmacy may not always be able to show that medicines are being stored appropriately. CDs were suitably stored, and a random balance check was found to be correct.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs for the services it provides. Team members use the equipment in a way that protects people's privacy.

Inspector's evidence

The pharmacy had access to reference materials including the British National Formulary (BNF) and internet access was available to facilitate additional research. There was a range of British standard approved glass liquid measures, which were marked for use with different substances. And counting triangles for tablets were also available. Equipment seen appeared clean and suitably maintained.

Electrical equipment was in working order. Computer systems were password protected and screens were positioned out of public view. 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.