

# Registered pharmacy inspection report

**Pharmacy Name:** Langley Pharmacy, 19-21 Langley High Street,  
Oldbury, West Midlands, B69 4SN

**Pharmacy reference:** 9011658

**Type of pharmacy:** Community

**Date of inspection:** 22/09/2022

## Pharmacy context

The pharmacy is located in a row of shops, services and residential properties in Langley, a suburb of the Sandwell district in the West Midlands. The pharmacy dispenses NHS prescriptions, and it provides a range of NHS services. The pharmacy team dispenses medicines into multi-compartment compliance packs for people to help make sure they remember to take them. They offer a COVID-vaccination service, and the premises has been extended to create space for its provision.

## 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
<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	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy manages the risks associated with its services to make sure people receive appropriate care. Members of the pharmacy team follow written procedures to make sure they work safely. They discuss their mistakes so that they can learn from them, and they make changes to stop the same sort of mistakes from happening again. The pharmacy team keeps people's information safe and team members understand their role in supporting vulnerable people.

### Inspector's evidence

This pharmacy had been added to the GPhC premises register as a new premises on 1 June 2021. This was due to a change of address when the pharmacy had been extended into the empty shop next door to create additional space for the COVID-19 vaccination service. The original pharmacy had been in its location since June 2004. The entire premises, including the vaccination centre had been refitted to a high standard.

A range of standard operating procedures (SOPs) were in place which covered the activities of the pharmacy and the services provided. The SOP had been implemented in 2022. Signature sheets were used to record staff training although they did not contain the date that the training had been carried out, so it was unclear whether this had been carried out. Roles and responsibilities were highlighted within the SOPs.

A near miss log was available. Near misses were discussed with the dispenser involved to ensure they learnt from the mistake. The responsible pharmacist explained that the regular pharmacist reviewed the near miss log for patterns and trends at the end of the month. But the outcome was not recorded as evidence so future learning opportunities could be missed. Shelf edge warning labels were used as a visual reminder to take care when selecting medicines. These were attached next to stock medicines with similar names to other medicines, or where packaging was similar. There was an SOP for dealing with dispensing errors and an example of an error investigation was discussed. There were three pharmacies within the company, and they had a WhatsApp messaging group to share learning with the other pharmacy teams.

The COVID-vaccination service had been risk assessed at regular intervals using a template provided by the service commissioner. There was a clearly marked folder which contained updates from the NHS, policies and procedures, the National Protocol and Patient Group Directions (PGDs), and training logs. The vaccination service was busy throughout the inspection and there were two pharmacists present for the majority of the inspection so that the pharmacist that was the clinical lead for the vaccination service could focus on vaccinating and answering questions from the other vaccinators. Some vaccinators followed the National Protocol, others followed the PGD, dependent on whether they were a healthcare professional.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A trainee dispenser correctly answered hypothetical questions related to high-risk medicine

sales and a trainee medicine counter assistant explained that he would refer to the pharmacist, or a more experienced member of the team if he was unable to answer a question.

The pharmacy's complaints process was explained in the SOPs and in the practice leaflet which was available in the retail area. People could give feedback to the pharmacy team in several different ways; verbal, written and online. The pharmacy team tried to resolve issues that were within their control and would involve the SI or RP if they could not reach a solution. The pharmacy and the vaccination centre had several Google Reviews, and the team checked these regularly and responded when necessary. The majority were 'five-star' reviews and contained positive feedback.

The pharmacy had up-to-date professional indemnity insurance. The Responsible Pharmacist (RP) notice was clearly displayed and the RP log was electronic and met requirements. Electronic controlled drug (CD) registers were in order and two random balance checks matched the balances recorded in the register. A CD balance audit was, on average, carried out monthly. Balance checks for methadone were done monthly, however, this could be done more regularly to make the manufacturers overage calculation easier to work out. Private prescription records were seen to comply with requirements. Specials records were maintained with an audit trail from source to supply. An audit trail for deliveries was maintained.

Confidential waste was stored separately from general waste and destroyed securely. The pharmacy team had their own NHS Smartcards and confirmed that their passcodes were not shared. The pharmacy was registered with the Information Commissioners Office (ICO) and the certificate was displayed. The pharmacy professionals had completed level 3 training on safeguarding due to the COVID-vaccination service including children. The pharmacy team understood what safeguarding was and a dispenser gave several examples of concerns that she had shared with the RP and action that had been taken.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to manage the workload and the services that it provides. The team members plan absences in advance, so the pharmacy has enough cover to provide its services. The team works well together in a supportive environment, and they can raise concerns and make suggestions.

### Inspector's evidence

The pharmacy team comprised of a regular pharmacist, a level three apprentice, a trainee dispensing assistant, and a trainee medicines counter assistant. Home delivery drivers were available and there was a vacancy advertised for another delivery driver. There were two other pharmacies owned by the same company nearby. Pharmacy team members, including pharmacists from these pharmacies could provide support if the pharmacy required staff to cover busy periods, annual leave or absence, and head office staff co-ordinated this. Holidays were requested in advance and cover was provided by staff from other pharmacies, again, co-ordinated by head office. The vaccination centre was staffed by volunteers, and they had specific roles, such as vaccinators and administration staff. The regular pharmacist was the clinical lead.

Staff members were either enrolled on accredited training courses or still within their 12-week induction period which exempted them from requiring enrolment. The apprentice attended college once a week and was on track to complete her course within the required time scale. The trainee dispensing assistant had recently been enrolled on the course and had already completed a medicine counter assistant course. In addition to accredited training courses, ongoing and training opportunities were provided by the pharmacists and included training on new products, training on healthy living advice and updates to NHS services and processes.

The pharmacy team worked well together during the inspection and were observed helping each other and moving from their main duties to help with more urgent tasks when required. The pharmacy staff said that they could raise any concerns or suggestions with the pharmacy management and felt that they were responsive to feedback. Team members said that they would contact the GPhC if they ever felt unable to raise an issue internally. The pharmacist was observed making himself available throughout the inspection to discuss queries with people and giving advice when he handed out prescriptions, or with people on the telephone. No formal targets were set.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. The pharmacy team uses a consultation room for services and if people want to have a conversation in private.

### Inspector's evidence

The pharmacy was smart in appearance and was well maintained. The premises had been extended and refitted to a high standard which had doubled the size of the premises and created an area specifically for the COVID-vaccination centre. Any maintenance issues were reported to the SI and a list of local contractors and emergency contacts was available. Prepared medicines were held securely within the pharmacy premises and pharmacy medicines were stored behind the medicines counter.

The dispensary was an ample size for the services provided; an efficient workflow was seen to be in place. Dispensing and checking activities took place on separate areas of the worktops. There was a private soundproof consultation room which was used by the pharmacists throughout the inspection. The consultation room was professional in appearance and the door to the consultation room remained closed when not in use to prevent unauthorised access.

The pharmacy was clean and tidy with no slip or trip hazards evident. It was cleaned by the team, and each of the vaccination pods were cleaned down by the vaccinator at the end of their session. The requirements for cleaning the vaccination centre were on a checklist to ensure it was completed thoroughly. The sinks in the dispensary and staff areas had hot and cold running water, hand towels and hand soap available. The pharmacy had air conditioning and the temperature felt comfortable during the inspection. The lighting was adequate for the services provided.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy offers a range of healthcare services which are easy for people to access. It manages its services well and supplies medicines safely. The pharmacy obtains its medicines from licensed suppliers, and stores them securely and at the correct temperature, so they are safe to use. People receive advice about their medicines when collecting their prescriptions and before receiving a pharmacy service.

### Inspector's evidence

The pharmacy had two entrances: one for the traditional pharmacy services and one specifically for the COVID-vaccination service. A home delivery service was offered to people who could not easily access the pharmacy. The pharmacy staff referred people to local services when necessary and they used local knowledge and the internet to support signposting. Pharmacy staff could communicate with people in English, Urdu, and Punjabi.

Items were dispensed into baskets to ensure prescriptions were not mixed up together. Different coloured baskets were used to prioritise certain prescriptions. Staff signed the dispensed and checked boxes on medicine labels, so there was a dispensing audit trail for prescriptions. Notes and stickers were attached to medication when there was additional counselling required or extra items to be added to the bag. The team were aware of the risks associated with the use of valproate during pregnancy, and the need for additional counselling. Patient cards and counselling materials were available. Home deliveries were managed using a computer programme linked to an app on the delivery driver's mobile phone. This provided an audit trail for deliveries, including GPS tracking, and real-time information for the pharmacy team if there were any queries about the status of a delivery.

A COVID-19 vaccination service was offered at the pharmacy and a separate team carried out the service so that the dispensary team could focus on the traditional pharmacy services. The pharmacy put the available clinic times onto the NHS website and so that people could book an appointment and so that the pharmacy knew how many people they were expecting. The pharmacy also offered walk-in appointments if they had sufficient stock. The area used for vaccinations was long and thin and the waiting area was at one end, and the vaccination pods at the other. This meant that each of the screened pods afforded privacy to the person receiving their vaccination. There was a separate vaccination fridge in the vaccination centre and access was restricted to the lead pharmacist who booked the vials of vaccination in and out of the fridge for stock management. There was an area next to the fridge for preparation of the vaccination.

Multi-compartment compliance packs were supplied to people in the community. Prescriptions were requested from the surgeries to allow for any missing items to be queried with the surgery ahead of the intended date of collection or delivery. The pharmacy team contacted the patient before their prescription was ordered to ask them whether they needed any additional items, such as inhalers or creams, to reduce the risk of medicine wastage. A sample of dispensed MDS prescriptions were seen to have been labelled with descriptions of medication, however, some of these were incorrect and had not been changed. This was something that the pharmacist was aware of but had chosen to remove or

correct them, and this could be confusing for patients or their carers. Patient information leaflets were sent with each supply. There was a process in place for managing mid-cycle change requests.

No out of date stock was seen during the inspection and short-dated medicines were clearly marked. Medicines were obtained from a range of licenced wholesalers. Medicines were stored in an organised manner on the dispensary shelves. All medicines were observed being stored in their original packaging. Split liquid medicines with limited stability once opened were marked with a date of opening. The pharmacy received MHRA drug alerts by email from gov.uk. Patient returned medicines were stored separately from stock medicines in designated bins.

The CD cabinets were secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. Secure procedures for storing the CD keys were in place. There were fridges used to hold stock and assembled medicines. There was a separate fridge in the COVID-vaccination centre used specifically to store the vaccinations and this was only accessed by the pharmacist. There were audit trails for each vial of the vaccination. The medicines in the fridges were stored in an organised manner. Fridge temperature records were maintained, and records showed that the pharmacy fridges were working within the required temperature range of 2°C and 8°Celsius.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services safely. The team uses this equipment in a way that keeps people's information safe.

### Inspector's evidence

The pharmacy team had access to a range of up-to-date reference sources, including the BNF and the children's BNF. Internet access was available. Patient records were stored electronically and there were enough terminals for the workload currently undertaken. A range of clean, crown stamped measures were available. Computer screens were not visible to members of the public as they could not access the dispensary. Electrical testing had been carried out by a specialist company and a certificate was displayed as evidence. Cordless telephones were in use and staff were observed taking phone calls in the back part of the dispensary to prevent people using the pharmacy from overhearing.

### 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.