

# Registered pharmacy inspection report

**Pharmacy Name:** Touchwood Pharmacy, 41 Bakers Lane, Lichfield, Staffordshire, WS13 6NG

**Pharmacy reference:** 9012290

**Type of pharmacy:** Community

**Date of inspection:** 23/07/2024

## Pharmacy context

This community pharmacy is located in Lichfield town centre alongside other shops and services. People who use the pharmacy are from the local community and a home delivery service is available. The pharmacy dispenses NHS prescriptions, and it provides NHS funded services such as the Pharmacy First service and blood pressure testing. Private services are also available, and these include travel vaccinations, and chicken pox vaccinations.

## 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, and they complete tasks in the right way. They discuss their mistakes so that they can learn from them. Team members understand their role in protecting vulnerable people and they keep people's personal information safe.

### Inspector's evidence

The pharmacy had moved to its current location in January 2024. It had relocated from a premises in a medical centre about 0.3 miles away to the new premises in the centre of town. The pharmacy had been operating from the old premises for a number of years and was well-established. The new premises had been fitted out to a high standard and it was much larger, brighter and more modern than the previous premises. The pharmacist manager and the pharmacy team had also worked at the old premises.

The pharmacy was part of a chain of pharmacies located in the West Midlands and the south of England. A range of corporate standard operating procedures (SOPs) were available which covered the activities of the pharmacy and the services provided. SOPs were held electronically, and the pharmacy team members accessed their personal SOP record using their smart phone device or the pharmacy computers. Different SOPs and training modules were uploaded to the team members training library dependent on their job role. Each SOP was marked by the team member to confirm that they had read it. Head office sent pharmacist managers a list of the outstanding SOP training for their pharmacy so they could address this with individual team members.

Many of the pharmacy's processes and records were managed electronically which meant that records were easily accessible, and the computer system had alerts to remind the pharmacy team to do certain tasks. Near miss records were held on this system and a 'dashboard' summarised the number of near misses recorded. There were Quick Response (QR) codes displayed in the dispensary so that the dispensers could scan the QR code using their mobile phone and enter the details of the near miss. The pharmacy team gave some examples of different types of mistakes and demonstrated some examples of how processes had been adapted to try and avoid the same mistake happening again. The near miss log was reviewed by the pharmacist manager monthly and the learnings were recorded so they could be referred to afterwards. The outcome of the review was recorded electronically and used to create an annual patient safety review for the NHS Pharmacy Quality Scheme (PQS) report. Dispensing errors were recorded, reviewed, and reported to head office. Head office reviewed the error and contacted the pharmacist manager if anything else was required.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A dispensing assistant correctly answered hypothetical questions related to high-risk medicine sales and discussed how she managed requests for codeine containing medicines.

The pharmacy's complaints process was explained in the SOPs. People could give feedback to the pharmacy team verbally, in writing or by contacting head office. The pharmacy team members tried to resolve issues that were within their control and involved head office if they could not reach a solution.

The pharmacy had up-to-date professional indemnity insurance. The RP notice was clearly displayed, and the RP log met requirements. Controlled drug (CD) registers were in order and two random balance checks matched the balances recorded in the register. Private prescription records were seen to comply with requirements. Specials records were maintained with an audit trail from source to supply.

Confidential waste was stored separately from general waste and destroyed securely by a specialist company. The pharmacy team members had their own NHS Smartcards and they confirmed that passcodes were not shared. The pharmacist manager had completed safeguarding training and the rest of the team completed online safeguarding training. The pharmacy team demonstrated that they understood what safeguarding meant. A delivery driver gave examples of types of safeguarding and wellbeing concerns that she had come across and described what action she had taken to support the person.

## 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 the services. They work well together in a supportive environment, and they can raise concerns and make suggestions.

### Inspector's evidence

The pharmacy team comprised of the pharmacist manager, a trainee pharmacist, a trainee pharmacy technician, two accuracy checking dispensing assistants, four trained dispensing assistants, a trainee medicines counter assistant and two home delivery drivers. Confirmation that the medicines counter assistant had been enrolled on an accredited training course was supplied shortly after the inspection. The trainee pharmacist received regular training time and attended off-site training days organised by the company. Holiday requests were discussed with the pharmacist manager and cover was provided by other staff members as required.

The pharmacy team were observed working well together and helped each other by moving from their main duties to help with more urgent tasks when required. The team discussed any pharmacy issues as they arose. They held regular huddles within the dispensary during quieter times. The pharmacy team members said that they could raise any concerns or suggestions with the pharmacist manager or head office and felt that they were responsive to feedback. Team members said that they would speak to other members of the team, or the GPhC if they ever felt unable to raise an issue internally.

The pharmacist manager was observed making himself available throughout the inspection to discuss queries with people and giving advice. Some targets for professional services were set by head office. The pharmacist manager felt that most of the targets were realistic and achievable, and that his line manager would discuss the reasons why other targets were not met.

## Principle 3 - Premises ✓ Standards met

### Summary findings

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

### Inspector's evidence

The premises were equipped to a high standard and well maintained. Any maintenance issues were reported to head office and various maintenance contracts were in place. The dispensary was large, and an efficient workflow was seen to be in place.

Dispensing and checking activities took place on separate areas of the worktops and there was ample space to store completed prescriptions. The dispensary was clean and tidy. The pharmacy was cleaned by pharmacy staff. Hot and cold running water, hand towels and hand soap were available. The temperature in the dispensary felt comfortable and lighting was adequate for the services provided.

There was a large consultation room which was used by the pharmacy team throughout the inspection when they needed to speak to someone privately. The consultation room was professional in appearance and the door to the consultation room remained locked when not in use to prevent unauthorised access. A second consultation room was used as a stockroom, but the stock could easily be removed and stored upstairs if the pharmacy team needed extra capacity for private services.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy offers a range of healthcare services which are accessible. It manages its services 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 appropriate advice about their medicines when collecting their prescriptions.

### Inspector's evidence

The pharmacy was situated within a small shopping precinct in the town centre. There was a step free access from the street, and an automatic front door. A home delivery service was available for people who could not easily visit the pharmacy. Team members referred people to other services using local knowledge and the internet to support signposting.

The pharmacy offered the NHS Pharmacy First service. The team had undergone training and had training materials. They had quick reference guides available and the NHS PGDs (patient group directions) and supporting documentation was available for reference. The team identified people eligible for the NHS community pharmacy hypertension case-finding advanced service during the dispensing process and highlighted their prescription so that they could be offered a blood pressure check when they collected their prescription.

Various private patient group directions (PGDs) were available. The most popular were travel vaccinations, malaria prophylaxis, and chicken pox vaccinations. Consent forms were completed prior to administering vaccinations and records were maintained. The pharmacist manager was accredited to offer these treatments after completing online training and being named on the PGD. People could access this service as a walk-in (subject to stock being available), by booking an appointment in the pharmacy, or by booking an appointment on the pharmacy's website.

Items were dispensed into baskets to ensure prescriptions were not mixed up together. Staff signed the dispensed and checked boxes on medicine labels, so there was a dispensing audit trail for prescriptions. A stamp was added to bottom of prescriptions that were for the ACDA's to check to identify which members of the team had been involved in different parts of the dispensing process, and that the pharmacist who had carried out the clinical check. The ACDA's reported that they could not accuracy check a prescription unless it had been clinically checked by a pharmacist. The team had a clear understanding of the risks associated with the use of valproate containing medicines during pregnancy, and the need for additional counselling. They knew to supply valproate containing medicines in original containers.

Medicines were supplied in multi-compartment compliance packs for some patients, to help them take the doses at the right time. Prescriptions were ordered in advance to allow for any missing items to be queried with the surgery ahead of the intended date of supply. Compliance packs were dispensed at another of the company's pharmacies "the hub" and returned to the pharmacy "the spoke" for onward supply. The spoke pharmacy ordered the prescriptions, checked and queried any changes or missing

items and transmitted the prescription information to the hub for assembly. The backing sheets attached to the compliance packs contained descriptions of the medicines so that people could identify which medicine was which. The pharmacy had a written procedure for the hub and spoke process which detailed what the roles and responsibilities of the hub and the spoke were. However, there were some niche situations where the hub and spoke teams had come to a local agreement and they were not covered by the procedure. For example, the spoke team added a tablet that had limited stability into the compliance pack and the risks and accountabilities of this had not been fully mitigated through amendments to the procedure or approval by the pharmacy superintendent.

A random sample of dispensary stock was checked, and all of the medicines were found to be in date. Short-dated medicines were proactively removed from stock prior to their expiry date. Medicines were stored in an organised manner on the dispensary shelves. All medicines were stored in their original packaging. Split liquid medicines with limited stability once they were opened were marked with a date of opening. Patient returned medicines were stored separately from stock medicines in designated bins. Medicines were obtained from a range of licenced wholesalers. Drug recalls were received electronically.

The controlled drug cabinet was secure and a suitable size for the amount of stock that was held. Medicines were stored in an organised manner inside. 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 services safely. The pharmacy team stores and uses the equipment in a way that keeps people's information safe.

### Inspector's evidence

The pharmacy had access to a range of up-to-date reference sources, including the British National Formulary (BNF) and the children's BNF. Internet access was available. Patient records were stored electronically and there were enough computer terminals for the workload currently undertaken. A range of clean, crown stamped measures and counting triangles were available. Equipment for clinical consultations had been suitably procured and was stored appropriately. Some of the equipment was single use, and ample consumables were available.

Computer screens were not visible to members of the public. 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.