

Registered pharmacy inspection report

Pharmacy Name: Swinford Pharmacy, 154 Hagley Road, Stourbridge, West Midlands, DY8 2JH

Pharmacy reference: 9012362

Type of pharmacy: Community

Date of inspection: 04/12/2024

Pharmacy context

This busy community pharmacy is located alongside shops and other services in Oldswinford, West Midlands. 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, flu and covid vaccinations, and blood pressure testing. Private services are also available, and these include phlebotomy and ear wax removal. The pharmacy team dispenses some medicines into multi-compartment compliance packs for people to help make sure they remember to take them.

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 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 June 2024. It had relocated from a premises around 100m away. The pharmacy had been operating from the old premises for many 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.

A range of standard operating procedures (SOPs) were in place which covered the activities of the pharmacy and the services provided. Some of the SOPs had been taken away by the superintendent (SI) for them to be updated. The core dispensing SOPs were available and signature sheets were used to record staff training. Not all the members of the team had signed the SOP training sheets relevant to their job role. The dispensing process was due to change as the pharmacy was installing a new computer system, so they were planning to read and sign the new versions of the SOPs. The SOPs were reviewed and updated at regular intervals by the SI and had been dated to show when this had last been completed. 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, and they recorded their own near misses to aid the reflection process. The pharmacy team gave examples of different types of mistakes and how the dispensary layout had been adapted to try and avoid the same mistakes happening again. The near miss log was reviewed by the responsible pharmacist (RP) on a regular basis and patterns and trends were discussed with the pharmacy team. There was an opportunity to improve the level of detail recorded on the near miss log so that a more complete picture of individual near misses were available for the review. Dispensing incidents were recorded, reviewed, and reported to the SI.

The pharmacy had five consultation rooms and the team planned to introduce a wide range of NHS and private services over time. To support this, the company directors had researched different computer systems and automated dispensing machines so that the pharmacists were available to be involved in the delivery of these services. The implementation was being done in a controlled manner so several of the services advertised, such as phlebotomy and non-surgical cosmetic treatments, were not in operation at the time of the inspection.

Members of the pharmacy team were knowledgeable about their roles. A dispensing assistant correctly answered hypothetical questions related to high-risk medicine sales and discussed how requests for codeine containing medicines were managed, and also explained how these medicines could be abused

or misused.

The pharmacy's complaints process was explained in the SOPs. People could give feedback to the pharmacy team in several different ways; verbal, written, or by using the feedback point at the pharmacy counter. The feedback point created reports for the RP, the feedback was very positive. People also left reviews on Google and these were monitored and responded to. The pharmacy team members tried to resolve issues that were within their control and involved the SI or RP if they could not reach a solution.

The responsible pharmacist (RP) notice was 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. The pharmacy team members had their own NHS Smartcards and they confirmed passcodes were not shared. The pharmacy team had completed training on safeguarding as part of the NHS Pharmacy Quality Scheme (PQS) and the RP had completed level three safeguarding training. The pharmacy team understood what safeguarding meant and a list of safeguarding contacts was displayed in the dispensary. A pharmacy technician gave examples of types of concerns that she had come across and had a clear understanding of what action they would take in the event of a concern.

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 it offers. They work well together in a supportive environment, and they can raise concerns and make suggestions.

Inspector's evidence

The pharmacy team comprised of a full-time pharmacist, a regular part-time pharmacist, three trainee pharmacists, a pharmacy technician, a dispensing assistant, three level three apprentices, a trainee dispensing assistant, a trainee medicines counter assistant, and a home delivery driver. Another member of staff worked in the shop area and a nurse prescriber had partnered with the pharmacy to offer aesthetic services in the future. Holidays were discussed with other team members to ensure no-one else had already booked the same week and authorised by the SI. Cover was provided by other staff members as required.

The pharmacy had a strong focus on development and members of the team were enrolled on training programmes such as apprenticeships, they had been trained to administer covid vaccinations, and the pharmacist delegated tasks to members of the team to support their ongoing personal development. Two members of the team had been recruited and trained as phlebotomists for the private service and were undertaking medicines counter assistant training. Pharmacy team members completed ongoing training and training needs were identified to align with new services, product training, seasonal events, and the NHS Pharmacy Quality Scheme (PQS).

The pharmacy team were observed working well together and helped each other, moving from their main duties to help with more urgent tasks when required. Tasks were delegated to different members of the team so that the workload was managed. The full-time pharmacist and SI were directors of the company that owned the pharmacy and split the pharmacy activity, and management and business duties between them to play to their strengths.

The team discussed any pharmacy issues as they arose and held regular huddles within the dispensary during quieter times. The pharmacy staff said that they could raise any concerns or suggestions with the pharmacists or SI 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 RP was observed making herself available throughout the inspection to discuss queries with people and giving advice when she handed out prescriptions, or with people on the telephone. No targets for professional services were set.

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 multiple consultation rooms, so that people can speak to the pharmacy team in private when needed without it impacting on the delivery of pharmacy services.

Inspector's evidence

The premises were equipped to a high standard and well maintained. Any maintenance issues were reported to the SI and various maintenance contracts were in place. The dispensary was large, and an efficient workflow was seen to be in place. The pharmacy had additional space upstairs that was not in use and meant that there was room to expand in the future.

Dispensing and checking activities took place on separate areas of the worktops and there was ample space to store completed prescriptions. One pharmacy (P) medicine was seen on open display in the shop area, this was removed promptly, and the team were reminded how to check whether it was a pharmacy (P) medicine. 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 were several large consultation rooms which were used by the pharmacy team during the inspection when they needed to speak to someone privately or for the delivery of pharmacy services. The consultation rooms were professional in appearance and the doors to the consultation rooms remained closed when not in use to prevent unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and manages them well. Its team members help ensure that people with different needs can easily access the pharmacy's services. The pharmacy sources its medicines from licensed wholesalers, 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 to help make sure they take them correctly.

Inspector's evidence

The pharmacy's opening hours were displayed on a screen located in the front window and it also advertised the services available. Entry to the pharmacy was via the front door located on the main road. There were chairs inside the pharmacy if people wanted to wait for their prescriptions and a large car park at the rear of the premises.

A prescription delivery service was available, and people signed for their medicines when they received them. Labels with a larger print were available for people who were partially sighted to assist them with identifying their medicines. The workflow in the dispensary was managed well. The medicines for each patient were put into individual containers to help reduce the risk of them getting mixed up.

The pharmacy used a system where pharmacy only (P) medicines were scanned onto people's medication record before they were sold. And this allowed the pharmacy team to see if there are any interactions with these medicines and the prescribed medication that the person was taking from their doctor. This allowed the team to check if the medication is suitable for the person and can be flagged to the pharmacist if extra counselling was required.

The pharmacy offered the NHS Pharmacy First service. The team had completed relevant training and had read the supporting documentation so that they could correctly identify people that were eligible. The NHS covid and flu vaccinations were available at the pharmacy and there was a steady flow of people visiting the pharmacy for vaccinations throughout the inspection. Most people booked their appointments through the national booking system. A trainee pharmacist carried out pre-screening with the person, and then handed over to the pharmacist for administration. The trainee pharmacists had undertaken vaccination training as part of their ongoing training.

The pharmacy provided multi-compartment compliance packs to people to help them take their medicines correctly. And it provided medicines for people living in a care home setting. This was set up in a separate area of the pharmacy. The pharmacy technician managed the service, but other members of the team were trained to provide support when required. A record was kept of each person who received a pack and detailed when their supply was due so the team could prepare the packs in advance. The care home staff were responsible for ordering the prescriptions each month. But they didn't always send the pharmacy details of what had been ordered for the pharmacy team to check that all the medicines had been prescribed correctly. Any queries about missing medication were raised with the care home directly by the pharmacy technician. Each person had a record listing their current medication and dose times which the pharmacy team referred to when dispensing and checking the

prescriptions. The team recorded the descriptions of the medicines on the packs and supplied the patient information leaflets. This meant people could identify the medicines in the packs and had information about their medication.

Members of the pharmacy team were aware of the Pregnancy Prevention Programme for valproate containing medicines and explained the extra advice they provided people taking these medicines. And they were aware of the updated guidance issued recently to give additional advice to male patients as well.

The pharmacy had a procedure and records in place to show date checking of medicines had been completed in the dispensary. A different section was checked each week and signed off once it had been completed. Medicines which required refrigeration were stored appropriately and the pharmacy had a daily record of the temperatures of the refrigerator. The records showed the temperature had been maintained between 2°C and 8°C. Controlled drugs were stored in an appropriate cupboard. The CD cupboard was neat and tidy, patient returned medication was separated and clearly marked. The team members were made aware of any safety alerts through email messages sent through from the National Pharmacy Association (NPA) and the suppliers used by the pharmacy.

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. |