

# Registered pharmacy inspection report

**Pharmacy Name:** M W Phillips Chemists, 110 Brandon Road, Binley,  
COVENTRY, West Midlands, CV3 2JE

**Pharmacy reference:** 1038215

**Type of pharmacy:** Community

**Date of inspection:** 28/05/2021

## Pharmacy context

This is a busy community pharmacy located next to a surgery in a residential area of Coventry. It mainly dispenses NHS prescriptions and offers a prescription delivery service. The pharmacy also supplies medicines in multi-compartment compliance packs to some people who need help in managing their medication. And it provides the New Medicine Service (NMS). This inspection was undertaken during the Covid-19 pandemic.

## 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 has written instructions to help make sure its services are delivered safely and effectively. Members of the pharmacy team keep the records required by law to show that medicines are supplied appropriately. And they know how to respond to concerns about vulnerable people. The pharmacy keeps people's private information securely. But members of the pharmacy team do not consistently record or review their mistakes they make during the dispensing process. This may mean that they miss opportunities to learn and improve from these events.

### Inspector's evidence

The pharmacy had a range of current standard operating procedures (SOPs) and members of the pharmacy team had read and signed the SOPs that were relevant to their roles and responsibilities. A correct Responsible Pharmacist (RP) notice was displayed in the pharmacy. The pharmacy manager was the RP on the day of the visit. Members of the pharmacy team were able to describe what action they would take in the absence of the RP and they were clear about the tasks they could not undertake in such situations.

The NHS SOPs relating to Covid-19 were in place and the pharmacy manager confirmed that the workplace risk assessments for Covid-19 had been completed at the start of the pandemic last year. Members of the pharmacy team had access to personal protective equipment (PPE) and were seen observing social distancing where possible. The pharmacy had Covid-19 self-test kits available for team members to test themselves and it was also a collection site for distributing later flow test kits to members of the public. A Perspex had been fitted across the medicines counter to help prevent the spread of Covid-19 infection and team members were seen wearing face masks if they need to speak to people in the retail area of the pharmacy.

The pharmacy manager explained the procedure team members would follow when recording mistakes they made during the dispensing process. Mistakes that were detected before the medicines left the pharmacy (near misses) were recorded and reviewed each month to identify any emerging trends. Mistakes that had reached people (dispensing errors) were recorded, reviewed and the form was submitted to the superintendent pharmacist (SI). The near miss records examined during the inspection showed that the pharmacy had last recorded these in February 2021. The records did not always show actions taken by team members to prevent similar events from happening again or what the contributory factors. The pharmacy manager gave an example of a near miss that had occurred between Freestyle Libre 2 and Freestyle libre sensors, where the packaging and names were very similar. And these had since been well separated on the shelves to minimise the risk of picking errors.

The pharmacy had appropriate indemnity insurance in place for the services it provided. Records about RP, controlled drugs (CDs), private prescriptions and unlicensed medicines were kept in line with requirements. Running balances of CDs were kept and audited periodically. A balance check of a randomly selected CD was correct. A register for patient-returned CDs was available and records were made at the point of receipt. The pharmacy's computers were password protected and members of the pharmacy team had all signed confidentiality agreements. No confidential information was visible from the public area of the pharmacy and a shredder was used to dispose of confidential waste. The pharmacy manager used his own NHS smartcard to download electronic prescriptions. The pharmacy

manager and the pharmacy technician had completed Level 2 safeguarding training. Members of the pharmacy team had some awareness of the recent government's initiatives to support people affected by domestic abuse. The pharmacy manager said that there had been no enquiry about the initiative to date. Contact details of various safeguarding agencies were available to escalate any safeguarding concerns.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy had just about enough team members for its current workload. Members of the pharmacy team work well together and they are well supported by their pharmacy manager. The pharmacy could do more to make sure its team members are supported to complete appropriate training for their roles and responsibilities.

### Inspector's evidence

At the time of the inspection, the pharmacy manager, a pharmacy technician and two medicine counter assistants (MCAs) were working. The MCAs had not completed their accredited training. After the inspection, the SI emailed to confirm that the MCAs had previously been registered with Buttercups, but they did not complete the course. The MCAs have now been re-registered on the accredited course. The pharmacy manager will mentor the MCA's and the company's HR department will monitor their progress to make sure the training is completed within the allocated time.

The team members appeared to work well together. And they commented about being very well supported by their pharmacy manager. The pharmacy was quite busy, and the team were managing their workload adequately. A whistleblowing policy was in place and team members demonstrated a good understanding of how they would raise a concern. During the inspection, a person waiting for her prescriptions to be dispensed approached the inspector to say that the pharmacy manager was very helpful and compassionate. And this was a very good pharmacy. The pharmacy manager had worked for the same branch for over 20 years.

Members of the pharmacy team had access to training modules on a table device supplied by an external provider to help keep their skills and knowledge up to date. But the device was not working. Team members were required to plan and complete the training modules and keep their own records of completed training. A team member said that the pandemic had made it harder to find time to do ongoing training. The pharmacy manager had NMS targets set but he said that he did not feel under any undue pressure to achieve the targets.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are secure and adequate for the services it provides.

### Inspector's evidence

The pharmacy was fitted to a basic standard. But it was kept clean and there was just about enough space to store medicines safely. The pharmacy's retail area was an adequate size and free of any obstructions. The pharmacy had displayed notices encouraging members of the public to maintain social distancing, undertake regular hand washing and wear a face mask when entering the premises. The pharmacy's consultation room was private albeit very basic. The pharmacy manager explained that due to the pandemic, most of the services involving face-to-face consultations had been suspended. And the consultation room was mainly used for the assembly of multi-compartment compliance packs. A clean sink with hot and cold running water was available for preparing medicines. The room temperature was suitable for storing medicines and there was adequate lighting throughout the premises. Members of the pharmacy team had access to hygiene facilities and the premises could be secured against unauthorised access.

## Principle 4 - Services ✓ Standards met

### Summary findings

Overall, the pharmacy provides its services safely and manages them well. It gets its medicines from reputable sources and stores them properly. It takes the right action in response to safety alerts, so that people get medicines and medical devices that are fit for purpose. Members of the pharmacy team identify higher-risk medicines. But they could do more to ensure they routinely supply patient information leaflets with multi-compartment compliance packs to help people use their medicines safely.

### Inspector's evidence

The entrance to the pharmacy was at street level and the entrance door was wide enough to accommodate wheelchairs or pushchairs. The pharmacy's opening hours and a list of services offered by the pharmacy were advertised in the window. And there was a range of healthcare leaflets on display in the retail area of the pharmacy. A prescription delivery service was offered to people who couldn't come to the pharmacy to collect their medicines. The pharmacy's delivery driver had been issued with PPE. To minimise the infection risks during the pandemic, he was not obtaining signatures from recipients for deliveries of medicines. But he annotated the delivery sheet accordingly to keep an audit trail.

The workflow in the pharmacy was organised. The technician used baskets during the dispensing process to prioritise workload and minimise the risk of prescriptions getting mixed up. 'Owing' notes were issued to keep an audit trail when prescriptions could not be fully supplied. Dispensed multi-compartment compliance packs were labelled with a description of the tablets or capsules contained within the pack to help people identify their medicines. And a record was maintained of team members involved in the assembly and checking of the packs. But patient information leaflets were not routinely supplied. This means that people are not provided with all the information they need to take their medicines safely. The pharmacy manager showed how any changes made to people's medicines were recorded on the individual's patient medication record.

Members of the pharmacy team used CD stickers to mark all CD prescriptions including the ones that were not stored in the CD cabinet to make sure these medicines were not handed out beyond their 28-day validity period. The pharmacy manager was aware of the safety guidelines when supplying sodium valproate to people in the at-risk group and the pharmacy had the necessary patient literature available. The pharmacy had one person in the at-risk group and the pharmacy manager confirmed that they had been counselled about pregnancy prevention programme and appropriate information leaflets were supplied. The pharmacy manager said dispensed prescriptions for higher-risk medicines were routinely marked so that appropriate advice was given to people at handout. There were no examples of higher-risk medicines found on the shelves awaiting collection.

Medicines were obtained from licensed wholesalers and these were stored in an organised manner on the shelves. Stock medicines were date checked at regular intervals and this was recorded. The records seen during the inspection were up to date and no date-expired medicines were found with stock medicines. Medicines requiring cold storage were stored in a refrigerator and the maximum and minimum temperatures were recorded daily. Temperature records seen during the inspection were within the required range of 2 and 8 degrees Celsius. Waste medicines had been stored in designated

bins and stored securely. All CDs were stored in line with requirements. The pharmacy had a process to deal with safety alerts and medicines recalls. Record about these and the action taken by the team were kept, providing an audit trail.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides. And it maintains these appropriately.

### Inspector's evidence

Members of the pharmacy team had access to the internet and a range of up-to-date reference sources. The pharmacy computers were password protected and confidential waste was managed appropriately. All electrical equipment appeared to be in good working order. A range of clean calibrated glass measures were available for measuring liquid medicines. The pharmacy had denaturing kits available to safely destroy waste CDs. And equipment for counting loose tablets and capsules was clean.

### 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.