

Registered pharmacy inspection report

Pharmacy Name: Allesley Chemist, 134 Birmingham Road, Allesley,
COVENTRY, West Midlands, CV5 9HA

Pharmacy reference: 1038221

Type of pharmacy: Community

Date of inspection: 28/01/2020

Pharmacy context

This community pharmacy is located along a parade of shops in a large village. It runs a phlebotomy clinic to provide blood tests to people. It dispenses NHS prescriptions that it mainly receives from a local GP surgery. The pharmacy supplies some medicines in multi-compartment compliance packs to help people organise their medicines.

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 adequately manages its risks. It learns from mistakes and makes improvements to its dispensing process. The pharmacy keeps the legal records that it needs to and generally makes sure these are accurate. Its team members manage people's personal information properly. And they know how to protect vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which covered its services. The SOPs were regularly reviewed to keep them up to date. The SOPs were signed by the pharmacy's team members to show that they had read them. The responsible pharmacist's name and registration number were displayed on a notice in the retail area.

The pharmacy asked people visiting the pharmacy to complete annual satisfaction surveys. The previous survey's results were positive. Team members also received verbal feedback. Formal complaints would be escalated to the responsible pharmacist and superintendent pharmacist. The pharmacy had a procedure to manage complaints.

The pharmacy's team members received training about safeguarding vulnerable people. The training was provided in the pharmacy's SOPs. Some team members had received additional training from the Centre for Pharmacy Postgraduate Education (CPPE). The pharmacy had contact details for local safeguarding organisations which made it easier to escalate concerns. Team members said that there had been no previous safeguarding concerns and said they would refer their concerns to the pharmacist.

Team members received training about managing people's personal information properly. Guidance was provided in the pharmacy's SOPs and the team members had verbal discussions to update them about their requirements. A team member was able to clearly explain her role in protecting people's confidentiality. Confidential waste was separated from other waste so that it could be shredded. Team members had their own NHS smartcards to access electronic prescriptions.

The pharmacy made records about dispensing errors and near misses. Its latest near miss record was dated in September 2019. The superintendent pharmacist said that there hadn't been any near misses after this time. The pharmacy completed reviews about its errors and near misses to make improvements in the pharmacy. There were several labels seen affixed to storage shelves to highlight similar medicines to team members. Different strengths of apixaban were clearly separated and labelled to help team members to select the right medicine. A note had been made a medication record to prevent an error from reoccurring.

Certificates were displayed which showed that there were current arrangements for employer's liability, public liability and professional indemnity insurance. The pharmacy kept required records about controlled drugs (CDs). The records included running balances to check if the records were accurate. Two CDs were chosen at random and the physical stock found of one matched the recorded running balance. The other CD showed that the running balance had been calculated incorrectly and this was highlighted to the superintendent pharmacist so it could be corrected. Records about CDs

returned by people were generally maintained adequately. The pharmacy kept records about the responsible pharmacist, but the records didn't always include the time that the pharmacist finished their shift. This was highlighted to the superintendent pharmacist so it could be corrected. Private prescription records were kept and maintained adequately.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide its services. Its team members are competent in their roles and they are comfortable to provide feedback or suggestions about the pharmacy. They receive ongoing training to keep their knowledge and skills up to date.

Inspector's evidence

At the time of the inspection there was the responsible pharmacist (a regular locum pharmacist), superintendent pharmacist, three dispensers and a medicines counter assistant present. The staffing level was adequate to manage the pharmacy's workload. Absences were generally covered with overtime. Certificates were displayed which showed that most team members had pharmacy qualifications appropriate to their roles. An apprentice dispenser was receiving training from a local college to achieve a pharmacy qualification. The superintendent pharmacist provided information to the team members about ongoing training and courses to complete. The pharmacy's team members had completed several online modules that were focussed on promoting healthy lifestyles. Several certificates were available which showed the range of modules that had been completed. Team members generally completed the online modules in their own time, outside of work.

The pharmacy team had monthly meetings or received newsletters to share information and learning. Other messages were communicated through informal discussions or notes. Team members were comfortable to share feedback and suggestions about the pharmacy's services. They recently discussed whether to continue using their consultation room as a site for a third-party telehealth company. The pharmacy's team members received annual appraisals, so they had feedback about their performance. The pharmacy had targets for MURs, and its progress towards the target was tracked. Team members said that there was no undue pressure to achieve the target.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides its services from suitable premises. It has enough space to store and dispense medicines. And it has appropriate security arrangements to protect its premises.

Inspector's evidence

The pharmacy was clean and tidy. It had a large retail area which easily accommodated people visiting the pharmacy. The pharmacy had a separate area to assemble multi-compartment compliance packs. Its team members kept workbenches tidy so that there was enough space to complete tasks safely. There was adequate heating and lighting throughout the pharmacy. The pharmacy had hot and cold running water available. Two suitably-sized consultation rooms were used for private consultations and conversations. The pharmacy allowed Medicspot, a telehealth company, to book appointments in its consultation room. The company contacted the pharmacy if there were any bookings to make sure that the room was available. The pharmacy had a second consultation room which was usually used for the phlebotomy clinic. The pharmacy had appropriate security arrangements to protect its premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy adequately manages its services. It stores its medicines appropriately, so they are safe to people to use. The pharmacy's team members identify higher-risk medicines so they can provide people with the right advice.

Inspector's evidence

The pharmacy's layout and step-free access made it easier for people in wheelchairs to use the pharmacy. The superintendent pharmacist said that the pharmacy's practice leaflets were available on its website (allesleypharmacy.co.uk). Practice leaflets were not displayed in the pharmacy's retail area. This may have made it harder for some people to access information about the pharmacy and its services.

The pharmacy provided a phlebotomy service to eligible people from local GP surgeries. It employed two phlebotomists to help provide this service. They received annual assessments to keep their knowledge up to date. The pharmacy took bookings for the service and people could also access the service on a walk-in basis. The samples were couriered every day so they could be tested. The pharmacy kept appropriate records about the blood samples it took from people.

The pharmacy supplied medicines to a nursing home which provided care to several people. The medicines were assembled into multi-compartment compliance packs to help the medicines be better organised. The nursing home staff ordered prescriptions from the GP surgery. The pharmacy received prescriptions with enough time to dispense and check the medicines supplied to the home. A team member was responsible for identifying missing prescription items and changes to medicines. The superintendent pharmacist liaised with the nursing home staff to address any issues.

The pharmacy supplied medicines in multi-compartment compliance packs to some people in the community. People generally ordered their own prescriptions. The pharmacy kept electronic records about medicines and their administration times. It made notes about medicines that should be supplied outside of the packs. The pharmacists dealt with any changes to these medicines when it was reported to them. Assembled packs were not always annotated with descriptions so it may have been more difficult to identify medicines in the packs. Patient information leaflets were supplied every month which contained information about the appearance of medicines.

Most people ordered their prescriptions themselves. The pharmacy ordered prescriptions for some people. It kept records about prescription orders it had made so that its team members could check the prescriptions included all the required medicines. The pharmacy had invoices which showed that its medicines were obtained from licenced wholesalers. It used two fridges to store medicines that needed cold storage. The pharmacy's team members recorded daily fridge temperatures to make sure the fridges stayed at the right temperatures. CDs were stored appropriately. CDs which had gone past their 'use-by' date were clearly separated from other stock to prevent them being mixed up.

The pharmacy checked its stock's expiry dates every six months. It kept records about the checks that it completed and medicines that had gone past their 'use-by' date. The latest records dated from December 2019. Medicines that were approaching their expiry date were highlighted to the team.

Several medicines were checked at random and were in date. The pharmacy wrote the date onto medication bottles when they were first opened. This helped the team members to know that the medicine was suitable if they needed to use it again. Date-expired and medicines people had returned were placed in to pharmaceutical waste bins. These bins were kept safely away from other medicines. A separate bag was used to separate cytotoxic and other hazardous medicines. The pharmacy did not have a list displayed which may have made it harder to identify these medicines. Team members said that they would identify these medicines through their experience or by asking the pharmacist on duty.

The pharmacy did not currently have equipment and software to help verify the authenticity of its medicines and to comply with the Falsified Medicines Directive. The superintendent pharmacist had arrangements to make the pharmacy compliant with the directive. The pharmacy received emailed information about medicine recalls. It kept records about the recalls it had received and the actions that had been taken. This included a recent recall about ranitidine.

Dispensers used baskets to make sure prescriptions were prioritised and medicines remained organised. Computer-generated labels contained relevant warnings and were initialled by the dispenser and checker to provide an audit trail. The pharmacy's dispensing software highlighted interactions to the team and these were printed to pass this information to the pharmacist. Prescriptions were kept with checked medicines awaiting collection. CDs were appropriately highlighted to make sure they were supplied before the prescription's validity date ended.

The pharmacists used stickers and notes to highlight dispensed medicines that needed more counselling. This included methotrexate, lithium and some insulins. The pharmacy kept records about relevant blood tests when they supplied warfarin to people. The pharmacy team was aware about pregnancy prevention advice to be provided to people in the at-risk group taking sodium valproate. The pharmacy had up-to-date guidance materials to support this advice. The pharmacy delivered some people's medicines. It kept records about its deliveries, but these usually did not include the recipient's signature. This may have reduced its proof about the deliveries being completed correctly.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment and facilities to provide its services. Its team members know how to refer maintenance issues, so they are appropriately managed. They use up-to-date reference sources when they provide the pharmacy's services.

Inspector's evidence

The pharmacy's equipment appeared to be in good working order. Team members referred maintenance issues to the superintendent pharmacist so the issues could be resolved. Confidential information was not visible to people visiting the pharmacy. Computers were password protected to prevent unauthorised access to people's medication records. Clean, crown-stamped measures were available in the pharmacy to accurately measure liquids. The pharmacy had suitable equipment to count loose tablets. The pharmacy's team members accessed up-to-date reference sources on the internet.

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.