

# Registered pharmacy inspection report

**Pharmacy Name:** Medi Care Pharmacy, 15a Chace Avenue,  
Willenhall, COVENTRY, West Midlands, CV3 3AD

**Pharmacy reference:** 1038230

**Type of pharmacy:** Community

**Date of inspection:** 17/12/2019

## Pharmacy context

This community pharmacy is a next to a GP surgery in Coventry and is part of a small independent group of pharmacies. It dispenses NHS prescriptions that it mostly receives from the adjacent pharmacy. It supplies some medicines in multi-compartment compliance packs to help people organise their medicines. And it provides Medicines Use Review (MUR) and New Medicine Service (NMS) consultations to help people with 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
<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 adequately manages its risks. Its team members manage people's personal information properly. And they know how to protect vulnerable people. The pharmacy generally keeps the records that it needs to, and these are mostly accurate.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which covered its services. The SOPs were accessed on an E-learning platform and were kept updated by the pharmacy's head office. Team members had individual login accounts to the E-learning platform, so they could access the procedures and read them. The pharmacist's account showed that he had read the SOPs. The pharmacy's head office informed the pharmacy team about any updated SOPs to read. The responsible pharmacist's name and registration number were displayed on a notice in the retail area.

The pharmacy regularly asked people visiting it to complete satisfaction surveys. The previous survey's results were displayed in the pharmacy and were generally positive. Team members received verbal feedback and sometimes received gifts and cards from people who were happy with the team members' service. The pharmacy had a process to escalate and manage complaints. Information about the pharmacy's complaints process was in its practice leaflet.

Team members received training about safeguarding vulnerable adults and children. Some team members had received additional training from the Centre for Pharmacy Postgraduate Education (CPPE). The pharmacist had access to contact details for local safeguarding organisations. Team members would escalate their concerns to the pharmacist to be appropriately managed.

The pharmacy had procedures about information governance and confidentiality. Confidential waste was separated from other waste so that it could be shredded. Team members used their own NHS smartcards to access electronic prescriptions. A statement that the pharmacy complied with the Data Protection Act and NHS code of conduct on confidentiality was in its practice leaflet.

Dispensing errors and near misses could be recorded on the dispensing software. A recent dispensing error was seen which documented the incident and the actions that had been taken by the pharmacy in July 2019. Near misses could be recorded on software but there were no recent records. Team members described how near misses were identified and discussed with the pharmacist. The near misses weren't documented, and this may have meant that some learning opportunities were missed. The pre-registration pharmacy student showed several examples about dividers being used to separate similar-looking medicines. This had been completed for indapamide tablets which had been in similar packaging.

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 which were checked by the pharmacy team to make sure the records were accurate. Two CDs were chosen at random and the physical stock found matched the recorded running balances. The pharmacy kept appropriate records about CDs that had been returned by people. Other records about the responsible pharmacist and

private prescriptions were kept and maintained adequately.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to provide its services. Team members are competent in their roles and they know when to refer to the pharmacist. They have the right qualifications and they use ongoing training to keep their knowledge up to date.

### Inspector's evidence

At the time of the inspection there was the responsible pharmacist (the superintendent pharmacist), a second pharmacist, a pre-registration pharmacy student, a dispenser and a medicines counter assistant present. This staffing level was adequate to manage the pharmacy's workload. Team members were competent in their roles and knew when to refer to the pharmacist. The pharmacy's workload was organised and people visiting the pharmacy were served efficiently by team members. The pharmacy used rotas and calendars to help maintain the staffing level during absences.

There were several certificates displayed which showed that team members had pharmacy qualifications appropriate to their roles. Team members had access to E-learning modules about healthy living promotions and current pharmacy services. Team members didn't have time set aside to complete the modules and would sometimes access the training material at home. The team had access to trade magazines which were sent to the pharmacy and included information about current topics. The pharmacy's team members generally shared information through informal discussions and notes on people's medication records. They used a diary to make sure they followed-up tasks that needed to be completed.

The pharmacy didn't have formal targets. The regular pharmacist was one of the directors of the company and was the superintendent pharmacist. Informal discussions were used to share feedback with team members.

## Principle 3 - Premises ✓ Standards met

### Summary findings

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

### Inspector's evidence

The pharmacy was clean and tidy. Its team members kept workbenches tidy so that there was enough space to complete tasks safely. They used a separate area to store and assemble medicines in multi-compartment compliance packs. There was adequate heating and lighting throughout the pharmacy. The pharmacy had hot and cold running water available. The pharmacy had a suitably-sized consultation room which was appropriate for private consultations and conversations. And it had appropriate security arrangements to protect its premises.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy organises its services and adequately manages them. Its team members take the right actions when they receive information about medicine recalls. They store the pharmacy's medicines in appropriate conditions, so they are safe for people to use.

### Inspector's evidence

The pharmacy's layout and step-free access made it easier for people in wheelchairs to use the pharmacy. The pharmacy had leaflets that provided information about its services. 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 a fridge to store medicines that needed cold storage. The pharmacy's team members recorded daily fridge temperatures to make sure the fridge stayed at the right temperatures. CDs were stored appropriately. CDs which had gone past their 'use-by' date were separated from other stock to prevent them being mixed up.

The pharmacist said that the team checked expiry dates of medicines every six months, but it didn't keep records about when these checks had last taken place. The pharmacy highlighted medicines approaching their expiry dates and kept records about them. 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 bin was used to segregate cytotoxic and other hazardous medicines. However, the pharmacy didn't display a list to help its team members to identify cytotoxic or hazardous medicines.

The pharmacy did not currently have scanners to help verify the authenticity of its medicines and to comply with the Falsified Medicines Directive. The pharmacist had the required software and had arranged for the scanners to be installed in the pharmacy. The pharmacy received information about medicine recalls through emailed alerts. 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 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 this information was communicated to the pharmacist verbally. Information was also sometimes printed onto dispensing labels. Prescriptions were kept with checked medicines awaiting collection. Some prescriptions were valid for 28-days only and these were mostly highlighted by the pharmacy, so they could be supplied at the right time.

The pharmacist used stickers and notes to highlight dispensed medicines that needed more counselling. The pharmacy didn't keep records about relevant blood tests when it supplied warfarin to people and this may have made it harder for the team to keep track of this medicine. 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 treatment cards but didn't have the patient guide available. The inspector provided information to the pharmacist about where to find the patient guide. The pharmacy delivered some people's medicines. It kept records about these deliveries, but these didn't always include the recipient's signature. This may have made it harder for the pharmacy to prove that these deliveries were completed correctly.

The pharmacy supplied medication in multi-compartment compliance packs to some people to help them organise their medicines. The pharmacy kept appropriate records about medicines included in the packs and their administration times. A team member demonstrated how to record changes to medicines, but she couldn't find any records about changes. Patient information leaflets were supplied with the packs so that people could access up-to-date information about their medicines. Several assembled packs were checked, and they didn't include descriptions about the medicines inside. This may have made it more difficult for people to identify individual medicines inside the packs.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the right equipment and facilities to provide its services. Team members know how to report maintenance issues, so they can be appropriately managed. And 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 and maintained adequately. The pharmacy team referred maintenance issues to the superintendent pharmacist or head office. A light bulb that needed changing was quickly changed after it had been identified by team members. Confidential information was not visible to people visiting the pharmacy. Computers were password protected to prevent unauthorised access to people's medication records. The pharmacy had appropriate measures to accurately measure liquids and it had separate measures for CDs. 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.