

Registered pharmacy inspection report

Pharmacy Name: B.J. Chemists, 197-199 Gulson Road, COVENTRY,
West Midlands, CV1 2HZ

Pharmacy reference: 1038249

Type of pharmacy: Community

Date of inspection: 23/07/2019

Pharmacy context

This community pharmacy is located close to Coventry city centre. Most people using the pharmacy live in the local area or are students of the local university. The pharmacy mainly dispenses NHS prescriptions. It also provides blood tests for people that use local GP surgeries.

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 generally manages its risks well. It has written instructions to help its team members complete tasks safely and efficiently. The pharmacy team makes improvements to prevent mistakes. Team members protect people's personal information. And they know how to protect vulnerable people. The pharmacy keeps necessary records and generally makes sure that they are accurate.

Inspector's evidence

The pharmacy regularly asked people using its services to complete satisfaction surveys. The previous survey's results were positive. The pharmacy's team members said that people visiting the pharmacy sometimes provided verbal feedback and gifts. The pharmacy had a standard operating procedure (SOP) about managing complaints. Formal complaints would be managed by the pharmacy owner.

The pharmacy had SOPs which covered its services. The SOPs were reviewed regularly to keep them up to date, and the reviews were documented. They were generally due to be reviewed in 2020. The pharmacy's team members had mostly signed the SOPs to show that they had been read. One team member had not signed the SOPs about controlled drugs (CDs), storing and ordering medicines and the responsible pharmacist. The pharmacist said that the team member had read the SOPs but had forgotten to sign the records. He said that he would make sure the team member signed the appropriate records to show that they had read the relevant SOPs.

The pharmacy team received training about safeguarding and protecting vulnerable people. The pharmacist had completed additional training from the Centre for Pharmacy Postgraduate Education (CPPE). The pharmacy's SOPs provided information about identifying and managing safeguarding concerns. The pharmacy had contact details to refer its concerns to local safeguarding organisations. Team members said that there had been no previous concerns.

The pharmacy had SOPs about information governance and confidentiality. Most team members had their own NHS smartcards to access electronic prescriptions. The pharmacist said that a new team member was in the process of getting a smartcard. Information about how the pharmacy managed people's personal information was displayed in the retail area. The pharmacy had a shredder which its team members used to destroy confidential information.

The pharmacy kept records about mistakes which happened when dispensing medicines. An electronic record dated in 2017 recorded contributing factors and actions to reduce a mistake. The pharmacy kept records about near misses, however the latest record that could be found by the pharmacy team during the inspection was dated in 2014. The superintendent pharmacist later emailed the inspector a copy of the up-to-date near miss log and said that near misses or mistakes rarely occurred.

Insurance certificates could not be found by the pharmacy team. The superintendent pharmacist later emailed the inspector copies of certificates which showed that there were current arrangements for employer's liability, public liability and professional indemnity insurance.

CD records were kept according to the necessary requirements. The CD records included running balances of the stock. The running balances were checked by the pharmacy's team members to make

sure that the records were accurate. Two CDs were chosen at random and the physical stock matched the recorded running balances. 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 safely provide its services. Its team members are suitably supervised when they help provide the pharmacy's services. They undertake adequate training to make sure they have the necessary knowledge and skills to provide the pharmacy's services appropriately.

Inspector's evidence

At the time of the inspection there was the responsible pharmacist (pharmacy manager), one pharmacy technician and one dispenser present. The pharmacy's staffing level was adequate to manage its workload. The pharmacy employed several part-time staff which meant it was easier to maintain its staffing level.

Most team members had appropriate pharmacy qualifications or were training towards these. The dispenser had been employed at the pharmacy for around two weeks and was suitably supervised by the pharmacist or pharmacy technician. The dispenser described the initial training that she received during her induction. A pharmacy technician was undertaking training, so that she could complete accuracy checks of dispensed medicines. The pharmacist said that the pharmacy's team members kept their knowledge and skills up to date by learning about new medicines or products from pharmaceutical companies. He said that team members completed training about healthy living and dementia to provide support to the local community. Team members completed training to provide the 'Stop Smoking Service'.

The pharmacy's team members were clear about their roles and knew when it was appropriate to refer issues to the pharmacist. Informal discussions were used to share messages within the pharmacy team. Team members said that they were comfortable to provide feedback or suggestions to improve the pharmacy's services. They said that there were no formal targets in the pharmacy. The pharmacist said that he expected team members to help manage the pharmacy's workload and to provide good customer service. He said that he discussed issues with individual team members so that he could provide feedback about their performance. The pharmacist said that he was adequately supported by the superintendent pharmacist and was not under any undue pressure.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides its services from suitable premises and it has appropriate security arrangements. The pharmacy's consultation room provides enough privacy for people receiving private services.

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. There was adequate heating and lighting throughout the pharmacy. The pharmacy had hot and cold running water available. The pharmacy had a consultation room which was suitable for its services and private conversations. And it had appropriate security arrangements to protect its premises.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy organises and delivers its services safely. The pharmacy makes sure that people can easily access its services in person or at home. Its team members manage its medicines appropriately and they generally make sure that people using higher-risk medicines get the right advice.

Inspector's evidence

The pharmacy's layout and step-free access made it more accessible to people in wheelchairs. It had leaflets which provided information about the pharmacy and its services. Leaflets were displayed which provided information about how the pharmacy managed confidentiality and complaints.

The pharmacy provided blood tests to eligible people who were patients at local GP surgeries. People booked appointments by contacting the pharmacy. People could also receive the service without an appointment, on a walk-in basis. The pharmacist described annual training that was provided to the team members involved by a local hospital. The pharmacy kept appropriate records about the blood tests it provided. It had a written process that it followed to safely provide the service. The pharmacist said that the pharmacy was regularly audited to make sure that it provided the service properly.

The pharmacy kept invoices which showed that its medicines were obtained from licenced wholesalers. Stock that required cold storage was kept in a fridge. The pharmacy kept fridge temperature records, so it could monitor storage conditions for these medicines. CDs were stored appropriately. Expired CDs were separated from other stock to prevent them being mixed up. The pharmacist said that expiry dates of medicines were checked when stock was received and every six months. The pharmacy kept records about checks that it completed and expired medicines. Medicines that were approaching their expiry date were highlighted to the team. Several medicines were checked at random and were in date. The pharmacy generally marked the date onto medication bottles when they were opened. This helped the team members to know that the medicine was suitable if they needed to use it again. However, there were two opened bottles (co-trimoxazole and Epilim) that had not been marked and these were highlighted to the pharmacist, so they could be appropriately managed.

Expired and returned medicines were separated from stock and placed in to pharmaceutical waste bins. These bins were kept safely away from other medicines. A separate bin was used to segregate hazardous medicines. A list was used to help identify these medicines.

The pharmacy supplied medicines in multi-compartment compliance packs to around 30 people. It kept electronic records about medicines and their administration times for people that received the packs. The pharmacist said that notes about changes to medicines were highlighted on people's medication records. There were no assembled packs to see during the inspection. The pharmacist said that assembled packs included descriptions to help people recognise individual medicines. He said that the pharmacy provided patient information leaflets for the medicines that were supplied.

The pharmacy's team members said that people generally ordered their own prescriptions and preferred their medicines delivered. They described the process for processing electronic prescriptions and highlighting interactions to the pharmacist. The pharmacy's dispensing software produced labels

that were stuck onto medicine packaging. The labels included instructions about the dose to take. The labels were not usually initialled by the dispenser or accuracy checker, so it may have been harder for the pharmacy to know who dispensed a medicine. And it may be more difficult to investigate an error. The pharmacist said that it was generally the same pharmacist who accuracy-checked medicines.

Most dispensed medicines were delivered. The pharmacy employed one delivery driver who delivered most medicines. The pharmacist said that he would occasionally deliver some medicines. The pharmacy kept records about daily deliveries that had been completed but these did not include the recipient's signature. This may have made it more difficult for the pharmacy to demonstrate that the delivery had been completed correctly. The superintendent pharmacist described a new process for recording deliveries and recipient signatures that was being implemented.

Dispensed medicines in the pharmacy that were waiting to be collected by people were reviewed by team members every 28 days. People were contacted to collect their medicines if they hadn't been collected after this time. Notes were sometimes used to highlight specific advice to provide to people. The pharmacist said that he telephoned people receiving deliveries to make sure he passed on necessary advice.

The pharmacist said that people who received warfarin provided relevant information about blood tests. This meant that he knew they were receiving appropriate testing and supervision. The pharmacist knew about pregnancy-prevention advice to be supplied to people in the at-risk group who received sodium valproate. The pharmacy had guidance materials to provide in addition to the advice, but these were out-of-date versions. The inspector provided information to the pharmacist about where to locate updated patient guides and treatment cards.

The pharmacy had scanners and software to help verify its medicines' authenticity in line with the Falsified Medicines Directive. The received information about medicine recalls. It kept records about recalls it had received and the actions that had been taken. This included a recent recall about paracetamol.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy uses suitable equipment and facilities to provide its services. Its team members know how to properly manage maintenance issues. They use up-to-date reference sources.

Inspector's evidence

The pharmacy's equipment appeared to be in good working order and was maintained adequately. Maintenance issues were referred to the superintendent pharmacist, so they could be resolved. The pharmacist said that he had access to contact details for contractors if urgent repairs were needed. Confidential information was not visible to people visiting the pharmacy. Computers were password protected to prevent unauthorised access to people's medication records. Crown-stamped measures were available in the pharmacy to accurately measure liquids. The pharmacy had suitable equipment to count loose tablets. The pharmacy 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.