General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: M W Phillips Chemists, 373 Green Lane, COVENTRY, West Midlands, CV3 6EJ

Pharmacy reference: 1038250

Type of pharmacy: Community

Date of inspection: 28/02/2024

Pharmacy context

This community pharmacy is in a residential area of Coventry. Its main activity is dispensing prescriptions to people living in the local area. And it supplies medicines in multi-compartment compliance packs to a handful of people who need assistance in managing their medication at home. The pharmacy also sells a small range of over-the-counter medicines. It has signed up to offer the NHS 'Pharmacy First' service though is still completing some of the training required for parts of this service.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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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 has written procedures to ensure that its services are delivered safely and effectively. It keeps people's private information securely and it has procedures to safeguard vulnerable people. However, team members do not always record or review their dispensing mistakes, so they could be missing opportunities to learn and improve from these events.

Inspector's evidence

A range of current standard operating procedures (SOPs) were available in the pharmacy and members of the pharmacy team had read the SOPs that were relevant to their roles and responsibilities. The pharmacy had systems to record mistakes that were made during the dispensing process. A template to record mistakes detected before the medicines were handed out (near misses) was available. The record viewed showed one near miss had been written down in February 2024. There was limited evidence to show that team members had reflected on the incident and how to prevent similar mistake in the future. Team members could explain the process they would follow to record and report mistakes that had reached people (dispensing errors).

The correct Responsible Pharmacist (RP) notice was on display and a recently recruited team member could explain the tasks they could not undertake in the absence of a pharmacist. They knew the types of over-the-counter medicines that could be misused and under what circumstances they needed to refer requests or queries to the RP for further guidance. The pharmacy did not sell Phenergan liquid or codeine linctus over the counter.

The pharmacy had current professional indemnity and public liability insurance. Records about RP, controlled drugs (CDs) and private prescriptions were kept in line with requirements. CD running balances were kept but audited infrequently. A random balance check of several CDs reconciled with the recorded balances in the register. The pharmacy had accepted patient-returned CDs but the register to record these could not be located at the time of the inspection. The RP said that the regular dispenser would know where this was kept. Not having ready access to this information could make it difficult for the pharmacy to detect or investigate any loss of these medicines in a timely manner.

The RP used their own NHS smartcard to access electronic prescriptions. Confidential waste was shredded in the pharmacy and people's private information was stored securely. The pharmacy's computers were password protected. The pharmacy's privacy policy informing people how their information was managed was available. But it was not visible to people visiting the pharmacy. The pharmacy had a complaints procedure and the RP explained that they would try and resolve complaints in-store and would escalate to the superintendent pharmacist (SI) where appropriate.

A chaperone policy was available and displayed in the pharmacy. The RP confirmed that they had completed Level 2 safeguarding training and they demonstrated some understanding of the actions they would take if they had concerns about children or vulnerable adults.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough team members to deliver its current workload adequately. Team members are supportive of each other, and they can raise concerns with their senior management where appropriate.

Inspector's evidence

The pharmacy was covered by different locums who worked regularly for the company. At the time of the inspection, a regular locum pharmacist, a recently recruited team member and a foundation trainee pharmacist from a different branch were on duty. The pharmacy's regular dispenser was on planned absence. The recently recruited team member was an overseas-qualified pharmacist and they had completed their masters qualification in public health in UK. The SI confirmed that they would be enrolled on a suitable accredited training course for the activities they undertook in the pharmacy after they had successfully completed their probationary period. The team members were supportive of each other, and they were managing workload adequately. People visiting the pharmacy were acknowledged promptly. Team members said that they would contact the SI if they had any concerns about the way the pharmacy operated. There were no targets or incentives set.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy’s premises are generally adequate for the services it provides. But the pharmacy could do more to improve its overall organisation and tidiness. And the pharmacy's consultation room needs attention to ensure services are provided in an environment that is fit for purpose.

Inspector's evidence

The pharmacy’s entrance was step free and its front fascia was in an adequate state of repair. The retail area of the pharmacy had very limited space but there was some seating available for people waiting for services. Some fixtures and fittings were in a poor state of repair. The dispensary had just about enough space to store medicines safely, but it was very cluttered. Some stock medicines were not stored in an organised fashion. And this could increase the chance of mistakes happening. A sink with hot and cold running water was available for preparing medicines. There was adequate lighting throughout the premises and the ambient temperatures were suitable for storing medicines.

A private signposted consultation room could be accessed via the dispensary. But the room doubled-up as a storage room. It was cluttered and in a poor state of repair and presented a poor impression to members of the public using the room. And some stock prescription-only medicines were stored in the room. The RP said that people in the consultation room were always supervised and it was not possible for people to access stock medicines. The pharmacy could be secured against unauthorised access when it was closed.

Principle 4 - Services ✔ Standards met

Summary findings

Overall, the pharmacy delivers its services adequately and people with different needs can access its services. It obtains its medicines from reputable sources. However, it doesn't always keep records about medicines recalls and safety alerts. This makes it more difficult for the pharmacy to provide assurances that it addresses concerns about relevant medicines safety alerts and recalls appropriately and in a timely manner.

Inspector's evidence

The pharmacy offered a range of services and information about these was displayed by the entrance to the pharmacy. There were also some healthcare leaflets displayed on the health living notice board. But these were stored haphazardly and detracted from the pharmacy's professional image. The RP used his local knowledge to signpost people to other healthcare providers where appropriate. The pharmacy offered a prescription delivery service, and it kept records to show that medicines were delivered safely.

Baskets were used during the dispensing process to help prioritise workload and minimise the changes of prescriptions getting mixed up. Dispensing labels were initialled at the dispensing and checking stages. The pharmacy supplied medicines in multi-compartment compliance packs and patient information leaflets were routinely supplied. A completed pack checked during the inspections did not include all the descriptions of the medicines contained within the pack. This could make it harder for people or their carers to identify individual medicines contained in the packs.

The pharmacy had signed up to deliver the NHS 'Pharmacy First' service at the beginning of February. The RP said that they had completed the relevant training for consultations about ear infections and urinary tract infections. And they were in the process of completing dermatology training. However, the RP commented that the uptake of the service in the pharmacy had been negligible so far.

Team members knew about the recent changes regarding supplying valproate-containing medicines in their original pack. And they knew about information that needed to be provided to people about pregnancy prevention when supplying valproate-containing medicines.

The pharmacy used licensed wholesalers to obtain its medicines. But the medicines could have been better organised on the shelves to minimise the chances of mistakes happening. Pharmacy-only medicines were restricted from self-selection.

All CDs were stored securely and prescriptions for CDs not requiring storage in the cabinet had been marked to minimise the chances of these being handed out when no longer valid. Temperature-sensitive medicines were stored appropriately. Maximum and minimum temperatures were recorded, and records seen showed that temperatures had remained within the required range of 2 and 8 degrees Celsius. Short-dated medicines had been marked for removal at an appropriate time. Stock medicines were randomly checked during the inspection and no date-expired medicines were found amongst in-date stock. Medicines returned for disposal were stored in designated bins.

The pharmacy received alerts and recalls about medicines from its head office. However, the last

actioned alert in the folder was from 21/09/2023. The RP said that the pharmacy was no longer printing the alerts and recalls. This could make it harder for team members to show that they were addressing concerns about medicines not fit for purpose in a timely manner.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities to provide its services adequately.

Inspector's evidence

The pharmacy had equipment for counting loose tablets and calibrated glass measures available. Medicine bottles were capped to prevent contamination. All electrical equipment appeared in an adequate state of repair and in working order. Team members had access to reference sources and the pharmacy had a cordless telephone which meant that conversations could take place in private if required. Patient medication records were password protected and confidential information was stored securely.

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.