

Registered pharmacy inspection report

Pharmacy Name: Humber Pharmacy, 9 Humber Road, COVENTRY,
West Midlands, CV3 1AT

Pharmacy reference: 1038251

Type of pharmacy: Community

Date of inspection: 07/02/2024

Pharmacy context

This is a community pharmacy in a residential area of Coventry, West Midlands. The pharmacy dispenses NHS and private prescriptions. It offers local deliveries and phlebotomy services. The pharmacy also provides a few people's medicines inside multi-compartment compliance packs if they find it difficult to manage their medicines at home.

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 identifies and manages the risks associated with its services in a satisfactory way. Members of the pharmacy team deal with their mistakes responsibly. But they are not always documenting and formally reviewing the necessary details. This could mean that they may be missing opportunities to spot patterns and prevent similar mistakes happening in future. Team members understand their role in protecting the welfare of vulnerable people. And the pharmacy largely keeps the records it needs to by law.

Inspector's evidence

At the point of inspection, most of the pharmacy's regular members of staff were not present, and some concerns were noted. After discussing and raising them with the superintendent pharmacist (SI), they were swiftly rectified immediately after the inspection and evidence was obtained to verify this.

The team knew which activities could take place in the absence of the responsible pharmacist (RP). Staff were clear on their roles and responsibility, and members of the pharmacy team knew what their tasks involved. The pharmacy had electronic standard operating procedures (SOPs) to provide its team with guidance on how to complete tasks appropriately. Some staff recalled reading and signing the SOPs, and after the inspection, this was confirmed as work in progress for the team. However, there were also several versions of older SOPs present which could cause confusion for the team. This was discussed with the SI. In addition, the inspection took place mid-morning and an incorrect notice to identify the pharmacist responsible for the pharmacy's activities was on display. This was remedied when highlighted.

The pharmacy had some systems in place to identify and manage risks associated with its services. The RP described handling dispensing incidents which reached people and complaints in a suitable way, the relevant details were recorded and investigated appropriately. The dispensary bench was kept clear of clutter and prescriptions were seen to be processed in an ordered way. There was evidence that look-alike and sound-alike medicines had been identified and highlighted. However, staff were not routinely recording errors that occurred during the dispensing process (near miss mistakes). The last details seen recorded were from October 2023. Staff said that they were informed about their mistakes. However, the details were not being regularly or formally identified, collated, or reviewed. This could make it harder to identify any patterns or trends.

The RP had been trained to level two to safeguard the welfare of vulnerable people through the Centre for Pharmacy Postgraduate Education (CPPE). Members of the team could recognise signs of concern; they had been trained appropriately. However, the pharmacy did not have contact details available for the local safeguarding agencies. This could lead to delays in the event of a concern.

The pharmacy had some processes in place to ensure people's confidential information was protected but some areas for improvement were identified. This related initially to bagged items awaiting collection and NHS smart cards (see below). Staff ensured that no confidential material was left on the front counter. They shredded confidential waste and the pharmacy's computer systems were password protected. However, few members of the team held functioning NHS smart cards to access electronic prescriptions. One team member's NHS smart card was seen to be in use when they were not present

at the pharmacy and their password was known. This limited the pharmacy's ability to control access to people's private information. In addition, at the point of inspection, sensitive details on some people's bagged items waiting collection could be viewed by people using the pharmacy from the way that they had been stored. The latter was rectified on the day of the inspection and the SI later confirmed that the issues with everyone's NHS smart cards had also been resolved.

The pharmacy had current professional indemnity and public liability insurance. A sample of registers seen for controlled drugs (CDs) had been maintained in accordance with legal requirements. On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. Records of CDs that had been returned by people and destroyed at the pharmacy had also been maintained. The RP record was mostly complete, but some details of when the pharmacist's responsibility had ceased were missing. Within the electronic register for supplies made against private prescriptions, some details of the prescribers were missing or were seen to be incomplete. This could make it harder for the pharmacy to find these details in the event of a future query. This was discussed with the SI.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has an adequate number of staff to manage its workload safely. The pharmacy provides its services using a team with various levels of experience. Team members are suitably trained or now undertaking the appropriate training. And the company provides them with resources so that they can complete regular and ongoing training. This keeps their skills and knowledge up to date.

Inspector's evidence

During the inspection, the pharmacy team consisted of a locum pharmacist, a trainee medicines counter and dispensing assistant who mostly worked on the counter (MCA), a trained phlebotomist who only provided this service, and an overseas pharmacist. The latter only worked for a few hours, sold medicines over the counter, and worked as a dispenser (see below). The regular pharmacist and manager had very recently left employment. A new pharmacist manager had recently started, which meant that certain processes were still being streamlined and some members of staff were also off sick. Overall, the pharmacy had enough staff to support the workload and the team was up to date with this.

The trainee MCA asked relevant questions before selling medicines and was aware of medicines which could be abused. Staff knew when to refer to the pharmacist appropriately. However, at the point of inspection, the overseas pharmacist had not been enrolled onto any accredited training for their current role. This was therefore not in line with the GPhC's 'Requirements for the education and training of pharmacy support staff'. This specifies that support staff must be enrolled on a training course as soon as practically possible and within three months of starting their role. This member of staff had worked at the pharmacy for over a year. However, confirmation was received following the inspection that the company had subsequently enrolled this member of staff onto the appropriate accredited training.

As they were a small team, meetings and discussions took place regularly. Staff performance was said to be an informal process. Staff in training completed their course material mostly at home. The owner of the pharmacy provided staff with resources for ongoing training, completion of which was said to be monitored.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide an adequate environment to deliver services from. The pharmacy is secure. And people can have conversations with team members in a private area. But parts of the pharmacy are not kept sufficiently clear of clutter.

Inspector's evidence

The pharmacy's premises consisted of a small retail area with limited space in the dispensary. More storage and staff areas were present upstairs but they were extremely cluttered. The SI explained that the pharmacy was due to be re-fitted which had been delayed due to the re-fitters going out of business. As the manager had left, staff had subsequently become behind with housekeeping tasks. Assurances were provided that this was due to be cleared. The lighting and ambient temperature within the pharmacy was appropriate for storing medicines and safe working. The premises were also secure from unauthorised access. The dispensary was screened well which provided appropriate privacy when dispensing prescriptions. It had adequate space for staff to carry out dispensing tasks safely in line with the pharmacy's volume of dispensing and dispensing benches were kept clear of clutter. However, there were assembled bags of prescriptions stored on the floor. This presented a tripping hazard for staff.

There was a clean sink in the dispensary for preparing medicines and the pharmacy had hot and cold running water. However, the sink in the staff WC and the consultation room required cleaning. Team members explained that there had been problems with the drains which were in the process of being rectified. The pharmacy also had a separate consultation room which was used to hold private conversations and provide services. The room was being used for phlebotomy services; it was small but accessible for people using wheelchairs and somewhat cluttered. There was a sign in the retail space to advise people that a consultation room was available and seating available outside for people waiting for their appointments.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is open for extended hours. This helps people to access their medicines more easily. The pharmacy largely provides its services safely. It obtains its medicines from reputable sources, stores as well as generally manages them appropriately. But the pharmacy's team members are not identifying people who receive higher-risk medicines or making the relevant checks. This makes it difficult for them to show that people are provided with appropriate advice when these medicines are supplied.

Inspector's evidence

The pharmacy was open from 9am to 9pm Monday to Saturday, and from 9am to 8pm on Sundays. Details about the company's services as well as the pharmacy's opening times were clearly advertised, and the pharmacy had a few posters on display to provide information about various health matters. People could enter the pharmacy through the front door, from the street which was step-free. The pharmacy's retail area consisted of clear, open space which further assisted people with restricted mobility or using wheelchairs to easily enter and access the pharmacy's services. Team members were multilingual. This assisted people whose first language was not English.

The workflow in the dispensary involved staff preparing each individual prescription, people waiting for their prescriptions took priority and medicines were checked for accuracy by the RP. The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer. Once staff generated the dispensing labels, there was a facility on them to help identify who had been involved in the dispensing process. Team members routinely used these as an audit trail.

Most of the services were said to be offered by the regular pharmacist who was not present during the inspection. People's medicines were delivered to them, and the team kept specific records about this service. This helped verify and trace who had received their medicines in this way. CDs and fridge lines were highlighted. Failed deliveries were brought back to the pharmacy, notes were left to inform people about the attempt made and no medicines were left unattended.

Staff were unaware of the additional guidance when supplying sodium valproate and the associated Pregnancy Prevention Programme (PPP). It was unclear if the pharmacy had identified people at risk, who had been supplied this medicine and no educational material was seen to be available to provide upon supply of this medicine. Team members explained that prescriptions for people which required counselling were highlighted but people prescribed other higher-risk medicines or medicines that required ongoing monitoring were not routinely identified. The team did not ask relevant questions or details about their treatment nor was this information regularly recorded. This was discussed with the SI following the inspection.

The pharmacy used licensed wholesalers to obtain medicines and medical devices. Medicines stored in the dispensary, however, could have been stored in a more organised way. The team checked medicines for expiry regularly but there were gaps in some of the records to verify when this had taken place. Short-dated medicines were identified and on randomly selecting some of the pharmacy's stock, there were no medicines seen which were past their expiry date. CDs were stored securely and the keys to the cabinet were maintained in a way which prevented unauthorised access. Medicines requiring

refrigeration were stored in a suitable way. The latter included storing insulin inside clear bags which helped easily identify the contents on hand-out. Out-of-date and other waste medicines were separated before being collected by licensed waste collectors. Medicines which were returned to the pharmacy by people for disposal, were accepted by staff, and stored within designated containers. This did not include sharps or needles which were referred elsewhere appropriately. Drug alerts were received electronically via email. Staff explained the action the pharmacy took in response and relevant records were kept verifying this.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. And team members use them appropriately to keep people's confidential information safe.

Inspector's evidence

The pharmacy's equipment was suitable for its intended purpose. This included standardised conical measures for liquid medicines and triangle tablet counters. The pharmacy also had an appropriately operating pharmacy fridge, a legally compliant CD cabinet and current reference sources. Portable telephones helped conversations to take place in private if required. The pharmacy's computer terminals were password protected and their screens faced away from people using the pharmacy. This helped prevent unauthorised access.

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.