

# Registered pharmacy inspection report

**Pharmacy Name:** Goes Pharmacy Ltd, 475 Holyhead Road,  
COVENTRY, West Midlands, CV5 8HU

**Pharmacy reference:** 1038252

**Type of pharmacy:** Community

**Date of inspection:** 27/06/2019

## Pharmacy context

This community pharmacy is located along a parade of shops in Coventry. Its main activity is dispensing NHS prescriptions to people in the local area. It supplies medicines to several nursing homes and it provides a phlebotomy service to people who are referred by local GP surgeries.

## 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
<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 generally manages its risks well. Its team members make improvements to the pharmacy so that the dispensing service is safer and more efficient. The pharmacy's team members manage people's personal information well. And they know how to protect vulnerable people. The pharmacy keeps the legal records that it needs to and generally makes sure that they are kept up to date.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs) that covered the pharmacy's services. Most of the pharmacy's team members had signed records to show that they had read the SOPs. A dispenser who had recently started employment at the pharmacy was still reading the SOPs. The SOPs had been last reviewed in December 2017.

The pharmacy had a safeguarding procedure which had been signed by its team members. Some team members had completed additional safeguarding training from the Centre for Pharmacy Postgraduate Education (CPPE). They said that there had not been any previous concerns about vulnerable people. The pharmacy had contact details of local safeguarding organisations available.

The pharmacy's team members were trained about protecting people's personal information. Training about information governance was in the pharmacy's SOPs. The pharmacy's practice leaflet also provided information to people about how their data was managed. A statement that the pharmacy complied with the Data Protection Act and NHS code of conduct on confidentiality was in the practice leaflet. Confidential waste was segregated and shredded regularly. Team members had their own NHS smartcards which they used to access electronic prescriptions.

The pharmacy provided regular surveys to people, so they could give their feedback. The results of the previous survey were positive. Team members said that they received additional verbal feedback. They said that complaints would be escalated to the responsible pharmacist and superintendent pharmacist. The pharmacy had a complaints procedure and provided information in its practice leaflet about its complaints process.

The pharmacy had a certificate displayed about its public liability and professional indemnity insurance, but this had expired in January 2019. The superintendent pharmacist later sent an updated certificate that showed that the pharmacy had current insurance arrangements. The pharmacy kept required controlled drug (CD) records which included their running balances. Three controlled drugs were chosen at random and their balances matched the records. Other records about the responsible pharmacist, returned CDs, unlicensed medicines and private prescriptions were maintained adequately.

The pharmacist said that she would report dispensing errors to the superintendent pharmacist so that appropriate records could be made. The pharmacy kept records about near misses in the dispensing process. The pharmacist usually made the records. She said that she would discuss individual records with the team members involved. There were limited records about trends, so some learning opportunities could have been missed. The team members described improvements that they had made to the pharmacy. This included clearing shelves to create more storage space for the pharmacy's

workload.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to safely provide its services. The pharmacy team works well together, and team members know when it is appropriate to refer to the pharmacist. The pharmacy's team members have suitable qualifications that are appropriate to their roles. And they complete some 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 (regular pharmacist), one pharmacy technician, one dispenser and one medicine counter assistant present. There was also a phlebotomist present to carry out the phlebotomy service. The staffing level in the pharmacy was appropriate to manage the workload. Absences were covered by the superintendent pharmacist or with overtime.

The pharmacy's team members said that they had informal discussions to pass messages to one another. The pharmacist said that conversations were also used to provide feedback to team members. She said that the superintendent pharmacist monitored the pharmacy's performance so that feedback could be provided. The responsible pharmacist said that there wasn't any undue pressure in the pharmacy. She said she felt well-supported by the superintendent pharmacist.

The pharmacy's team members completed tasks competently and they referred to the pharmacist when needed. There were several certificates on display which showed that most team members had pharmacy qualifications that were appropriate to their role. A dispenser had recently started employment at the pharmacy. She said that she had shown her certificate to the superintendent pharmacist. The pharmacy's team members said that they read leaflets to keep their knowledge up to date. The pharmacy technician said that she completed revalidation to show that her knowledge and skills were up to date and relevant to her role. There was limited ongoing training completed by the team and there wasn't any protected training time. This may have made it harder for the team members to keep their knowledge and skills up to date.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides its services from suitable premises and it has appropriate security arrangements. Its consultation room protects people's privacy when they receive services or have sensitive conversations. The pharmacy's team members manage space in the dispensary well and keep the pharmacy clean and tidy.

### Inspector's evidence

The pharmacy was generally clean and tidy. Space was restricted in the pharmacy's dispensary and this meant that clutter could sometimes build-up. The pharmacy's team members kept workbenches clear so that the workload was organised and managed more efficiently. The pharmacist said that the superintendent pharmacist was planning a refurbishment to provide more space in the dispensary and another consultation room.

The pharmacy's consultation room was suitable for private consultations and conversations. The room was usually used to provide the phlebotomy service. The pharmacist said that she would wait for an appointment to finish if the consultation room was needed to talk to another person. There was adequate heating and lighting throughout the pharmacy. The pharmacy had hot and cold running water. And it had appropriate security arrangements to protect its premises.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy generally manages its services well. It keeps its services organised and makes sure they are provided safely. The pharmacy stores medicines appropriately and its team members generally make sure people use their medicines safely. The pharmacy's team members check that stocked medicines remain fit for purpose, but they could improve the records they keep about their processes.

### Inspector's evidence

Team members said that the pharmacy was not close to a particular GP surgery. They said people from several GP surgeries used the pharmacy. There were leaflets available that provided information about the pharmacy and its services. There was a step at the pharmacy's entrance which may have made it difficult for some people to enter the pharmacy. Team members said that they would help people who needed more support.

The pharmacy provided a phlebotomy service. Eligible people from local GP surgeries were provided information about the service and booked appointments for blood tests. A phlebotomist provided the service from the pharmacy. Blood samples were appropriately labelled and couriered to a laboratory to be tested. The pharmacist said that the service was regularly checked by external organisations to make sure it was being provided properly.

The pharmacy supplied medicines to four care homes which provided care services for around 60 people. The pharmacy kept appropriate records about medicines, administration times and changes to medicines. The workload was arranged across four weeks. The prescription ordering, and dispensing process started around two weeks before the medicines were due. This allowed enough time for queries to be resolved. The pharmacy technician and the pharmacist managed the service provided to the care home. They said that they were also training another team member to reduce any disruptions to the service. Medicines were supplied in multi-compartment compliance packs and included the initials of the dispenser and checker. Patient information leaflets were provided to the homes every month. The pharmacist visited the care homes every few months to discuss the service with care home staff and to resolve any queries.

The pharmacy supplied medicines in multi-compartment compliance packs to around 53 people to help people take their medicines safely. The workload was arranged across four weeks. The pharmacy kept individual records about medicines, changes to medicines, administration times and GP surgeries. The packs included descriptions which helped to identify individual medicines. Team members said that patient information leaflets were provided to people every month.

The pharmacy had invoices that showed its medicines were obtained from licensed wholesalers. A fridge was used to store medicines that needed cold storage. The pharmacy kept appropriate records about daily fridge temperature checks to make sure these medicines were kept at the right temperatures. CDs were stored appropriately. Expired CDs were separated from other stock.

Stickers were used to highlight medicines that were approaching their expiry date. The pharmacy team said that expiry dates of stocked medicines were checked every month. But the pharmacy did not keep records which showed when the checks had occurred and how frequently they happened. A sample of

medications was chosen at random and were in date. Bottles of liquid medicines were labelled with the date when they were first opened. This was to make sure they remained safe to use. Expired and returned medicines were segregated and placed in pharmaceutical waste bins. These bins were kept safely away from other medicines. Team members were not sure if cytotoxic or hazardous medicines needed to be separated so the pharmacy could not be sure if these medicines were properly disposed of.

The pharmacy kept records about medicines recalls that had been received. But the latest record that could be found was about a recall in February 2019. The pharmacy's team members were not sure if any recent recalls had been actioned and said that the superintendent pharmacist generally checked the recalls. The pharmacy had scanners to help check the authenticity of its medicines. Team members said that its software supplier was updating its system so that the pharmacy could comply with the Falsified Medicines Directive.

Most people ordered their prescriptions directly with GP surgeries because some surgeries did not allow pharmacies to order prescriptions. The pharmacy's team members said that they could order prescriptions for vulnerable people who needed more support with their medicines. The pharmacy kept records about prescriptions it ordered. 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. Team members said that they verbally informed the pharmacist about interactions. They said that these warnings could also be printed. The pharmacist said that new medicines and paediatric medicines were highlighted so that she could complete additional checks and provide appropriate advice.

The pharmacist said that people who were supplied warfarin were not always asked about relevant blood test results. This could make it harder for the pharmacy to provide appropriate advice about this medicine. The pharmacist was aware about pregnancy-prevention advice to be provided to people in the at-risk group who received sodium valproate. The pharmacy had patient guides and treatment cards but there were not up to date. The inspector provided information to the pharmacist about updated guidance materials that could be used.

The pharmacy delivered some people's medicines. It kept records about its deliveries. Records included recipient signatures which provided additional proof of delivery. Names and addresses were recorded on the record sheet. so it may have been possible for people to see the details of other deliveries. The pharmacy team discussed different ways to record deliveries to make sure the names and addresses of others weren't seen.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the right equipment to safely provide its services and it is appropriately maintained. It stores confidential information properly and its team members use up-to-date reference sources.

### Inspector's evidence

The pharmacy's equipment appeared to be good working order and was maintained adequately. Maintenance issues were referred to the superintendent pharmacist to be resolved. Confidential information could not be seen from the public areas of the pharmacy. Computers were password protected to prevent unauthorised access to patient medication records.

Sinks had running hot and cold running water. Crown-stamped measures were available in the pharmacy to accurately measure liquids. The pharmacy had access to the internet and had up-to-date reference sources.

### 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.