

Registered pharmacy inspection report

Pharmacy Name: Hussain Chemists, 1 Harnall Lane East, COVENTRY,
West Midlands, CV1 5AE

Pharmacy reference: 1038254

Type of pharmacy: Community

Date of inspection: 08/05/2019

Pharmacy context

This is a community pharmacy located near a surgery in Coventry. The pharmacy is open six days a week. It sells a range of over-the-counter medicines and dispenses NHS and private prescriptions. It also supplies medicines in multi-compartment compliance packs to several people living at home. And it has some clients on substance misuse treatment.

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 has safe and effective working practices. It manages risks appropriately by recording and reviewing any mistakes its staff make. And it keeps people's private information safe. It asks people for their views and uses their feedback to improve its services where possible. It keeps the records required by law to ensure that medicines are supplied safely and legally. The team members understand how they can help to protect vulnerable people.

Inspector's evidence

The pharmacy had a range of up-to-date standard operating procedures (SOPs) for the services offered. The pharmacy team members had read and signed the SOPs relevant to their roles and responsibilities. The right Responsible Pharmacist (RP) sign was prominently displayed. Members of the pharmacy team were aware of the tasks they could or could not undertake in the absence of a RP. But these had not been set out in the SOPs.

The pharmacy had systems to review the safety and quality of its pharmacy services. The superintendent pharmacist (SI) described the procedure he would follow when recording dispensing errors but said no recent dispensing errors had occurred. Members of the pharmacy team recorded and reviewed near misses at regular intervals. The SI described some of the actions taken to prevent risks in the dispensing process such as segregating various strengths and forms of ramipril. Sound-alike and look-alike drugs such as diazepam, doxazosin, allopurinol, amitriptyline, amlodipine and atenolol had also been segregated. But some records of near misses included very brief details of contributory factors, and some just said 'double-check'. This could make it harder to carry out any meaningful analysis or identify emerging trends to enable members of the pharmacy team to mitigate errors effectively.

The pharmacy had a complaints procedure and information for people about this was included in the pharmacy's practice leaflet. Results of the most recent survey were posted on the NHS website and were generally very positive. And people's testimonials about the pharmacy had also been included. Members of the pharmacy team had received some feedback about not being provided advice on healthy living, and the SI said that they were now actively advising people where appropriate about the benefits of healthy eating and physical exercise and the importance of leading a healthy lifestyle.

The pharmacy had public liability and professional indemnity insurance in place. The pharmacy's records for RP, controlled drugs (CDs), private prescriptions and unlicensed medicines were maintained in line with requirements. CD running balances were checked monthly. The balance of stock checked at random matched the recorded balance in the register. CDs that people had returned were recorded in a separate register when they were received.

An information governance policy was in place and members of the pharmacy team had all signed confidentiality agreements. The pharmacy's confidential waste was segregated and collected by a waste contractor. Access to the pharmacy's computer was password protected and restricted to authorised team members. And computer terminals were positioned away from public view. Completed prescriptions were stored appropriately and people's personal details were not visible to the public. The pharmacy's privacy policy was advertised in the pharmacy and it informed people how the pharmacy

managed private information.

A safeguarding policy was in place and details of local safeguarding agencies were available in the pharmacy. The SI and the pre-registration student had completed Level 2 safeguarding training and the dispensers had completed training provided by the pharmacy's insurers.

Principle 2 - Staffing ✓ Standards met

Summary findings

Members of the pharmacy team have the appropriate skills and qualifications for their roles. They are supported by the superintendent pharmacist and undertake ongoing training. This helps them keep their knowledge and skills up to date.

Inspector's evidence

The SI, a pre-registration student, a medicine counter assistant and two dispensers were working at the time of the inspection. A trainee technician was on study leave. The SI was the responsible pharmacist for approximately 70% of the pharmacy's opening hours and a regular locum pharmacist was employed to cover the SI's days off and annual leave. The team members appeared to work well together and were managing their workload comfortably. The workflow in the pharmacy was well organised.

The team had access to on-going training to help keep their skills and knowledge up to date. The training modules were provided by the pharmacy's insurers and records of training completed were maintained electronically. The pre-registration student said that she was very well supported by her tutor (SI) and had protected training time each week.

The SI said that he routinely gave team members feedback on their performance and discussed their development needs. But this was not always recorded. The SI felt that they were a small team and he preferred to keep the process informal.

Members of the pharmacy team said they had worked for the pharmacy for many years and felt very comfortable to discuss any concerns they may have with their superintendent pharmacist who worked most days with them and was very approachable. There were no incentives or targets set.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are secure and adequate for the pharmacy services.

Inspector's evidence

The front fascia of the pharmacy appeared dated but adequately maintained. The pharmacy was spacious, clean and well organised. And its fixtures and fittings were in an adequate state of repair. The dispensary was clean and well organised. There was adequate storage. The pharmacist's workstation was kept tidy and stock medicines were stored in an organised fashion.

A consultation room was available for private conversations and counselling. The room was well-lit, clean and people's conversations would not be overheard. Members of the pharmacy team had access to adequate hygiene facilities and a staff room. The premises were lockable and secured against unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally provides its services safely and effectively. It gets its medicines from reliable sources and stores them appropriately. And it takes the right action if any medicines or devices are not safe to use, to protect people's health and wellbeing.

Inspector's evidence

The entrance of the pharmacy was at street level and was step free. The retail area of the pharmacy was clear of slip or trip hazards and could accommodate wheelchairs and prams. There were a couple of chairs available for people waiting for services. The pharmacy's opening hours and a list of services available were published within the pharmacy's information leaflet and were advertised within the store.

The SI said that members of the pharmacy could speak to people in several languages including Urdu, Arabic, Kurdish and Punjabi. And used local knowledge to signpost people to other providers when a service required was not offered at their pharmacy. The pharmacy offered a delivery service mainly to housebound and vulnerable people.

The workflow in the dispensary was well organised. Different coloured baskets were used during the dispensing process to prioritise workload and minimise the risk of prescriptions getting mixed up. Owing slips were issued to provide an audit trail when a prescription could not be fully supplied. 'dispensed by' and 'checked by' boxes were initialled on the dispensing labels to provide an audit trail of which members of staff had been involved in these stages.

The pharmacy had approximately 35 clients who received substance misuse treatment. Pre-packs included the necessary labelling and people were routinely advised to store their medicines safely and to keep their medicines out of the reach and sight of children. People were monitored for any missed doses and concerns were shared with the local community drug team.

The pharmacy supplied medicines in multi-compartment compliance packs to approximately 30 people who had difficulties in managing their medicines. There was a dispensing audit trail on the compliance pack looked at and a brief description of each medicine contained within the pack was provided. And patient information leaflets were routinely supplied.

The SI was aware of the valproate pregnancy prevention programme and knew which people needed to be provided with additional advice about its contraindications and precautions. The pharmacy did not have any people in the at-risk group. The SI could not recall receiving a valproate resource pack but said he would order guides and information leaflets from the manufacturer.

Prescriptions for CDs not requiring secure storage such gabapentin and pregabalin were marked with their validity dates to help ensure that medicines were not handed out after the prescription had expired. Prescriptions for higher-risk medicines were not marked but the SI said that members of the pharmacy team were aware of ensuring that the duty pharmacist was alerted during handout so that the appropriate advice was offered when handing out these prescriptions. Therapeutic monitoring (INR) levels were not routinely recorded on the patient's medication records. This could make it harder for

the pharmacists to demonstrate that they have provided appropriate advice to people if there was a future query.

Medicines were obtained from licensed wholesalers and unlicensed medicines were obtained from specials manufacturers. No extemporaneous dispensing was carried out. Pharmacy-only medicines were stored out of reach of the public. The pharmacy was not yet fully compliant with the Falsified Medicines Directive (FMD). The superintendent pharmacist said he had the relevant equipment in place but has not had chance to implement the appropriate SOPs.

Medicines requiring cold storage were kept in a pharmaceutical refrigerator and stored between 2 and 8 degrees Celsius. The maximum and minimum fridge temperatures were monitored and recorded daily. All CDs requiring secure storage were stored appropriately and access was controlled by the duty pharmacist. The pharmacy had denaturing kits available to dispose of waste CDs. Other medicines returned by people were segregated into designated bins and disposed of appropriately.

Stock medicines were date checked regularly and the checks were recorded. Short-dated medicines were marked so that they could be identified and removed at an appropriate time. The pharmacy had a process to deal with safety alerts and medicines recalls. Records of these and the actions taken by the pharmacy team members were kept in the pharmacy to provide an audit trail.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy generally has the equipment and facilities it needs to provide its services safely.

Inspector's evidence

The pharmacy had access to the internet and various up-to-date reference sources. The pharmacy had a range of crown stamped glass measures and equipment for counting loose tablets and capsules.

All electrical equipment appeared to be in good working order. Access to the pharmacy computers and patient medication record system was restricted to the members of the pharmacy team and was password protected. Computer terminals were not visible to customers. A private consultation room was available for private counselling conversation and counselling. All confidential information was stored appropriately.

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.