

# Registered pharmacy inspection report

**Pharmacy Name:** Chemicare Pharmacy, 48 Kenpas Highway,  
COVENTRY, West Midlands, CV3 6BP

**Pharmacy reference:** 1038272

**Type of pharmacy:** Community

**Date of inspection:** 07/03/2024

## Pharmacy context

This community pharmacy is under new ownership and it is located on a busy road in Coventry. It is open from 9am to 9pm, Monday to Saturday and 10am to 2pm on Sundays. Its main activity is dispensing prescriptions. It also sells a range of medicines over the counter 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 offers seasonal flu vaccinations, lateral flow tests, contraception service, the NHS hypertension case-finding service, New Medicine Service (NMS) and NHS Pharmacy First service.

## 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
<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

Overall, the pharmacy manages the risks associated with its services adequately. It has written procedures to help deliver services safely and effectively. And it keeps all its records required by law. Members of the pharmacy team understand how they can help to protect vulnerable people and they keep people's confidential information securely. But they do not always fully review their dispensing mistakes, so they could be missing opportunities to learn from these events.

### Inspector's evidence

A range of current standard operating procedures (SOPs) were available in the pharmacy and team members had read the SOPs that were relevant to their roles and responsibilities. The correct Responsible Pharmacist (RP) notice was on display and a 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 need to refer requests or queries to the RP for further guidance. The pharmacy did not sell codeine linctus or Phenergan liquid 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 and audited at regular intervals. A random balance check of several CDs reconciled with the recorded balances in the register. The pharmacy kept a separate register to record patient-returned CDs. And these were recorded at the point of receipt.

The pharmacy had systems to record mistakes that were made during the dispensing process. Team members tried to record mistakes that were spotted before medicines were handed out (near misses). But there was limited evidence to show that team members had reflected on these incidents and how to prevent similar mistakes in the future. The RP could explain the process they would follow to record and report dispensing mistakes that had reached people (dispensing errors). But commented that they had not had any dispensing errors to report since commencing their employment about six months ago.

The RP used their own NHS smartcard to access electronic prescriptions and the pharmacy's computer systems were password protected. Confidential waste was shredded in the pharmacy and people's private information was stored securely. The pharmacy had a complaints procedure and the RP explained that team members would try and resolve complaints in-store and would escalate to the pharmacy manager or the superintendent pharmacist (SI) where appropriate.

A chaperone policy was displayed in the consultation room. The RP had completed Level 3 training about safeguarding and demonstrated good understanding of what to do if they had concerns about a vulnerable person.

## 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's opening hours were covered by a pharmacy manager, a regular pharmacist and regular locum pharmacists. At the time of the inspection, a regular pharmacist, a qualified dispenser and two members of staff were working. Two members of staff had begun working for the pharmacy since the change of ownership last year but had not yet been enrolled on a training course. And were conducting tasks in the dispensary for which they were not trained to undertake. After the inspection, the pharmacy manager emailed the inspector to confirm that both team members had been enrolled on an appropriate training program.

The team members were supportive of each other, and they were managing the workload adequately. People visiting the pharmacy were served promptly. Team members said that they would contact the SI or the pharmacy manager if they had any concerns about the way the pharmacy operated. And the SI visited the branch frequently. Team members had completed various mandatory training courses such as antimicrobial stewardship required under Pharmacy Quality Scheme. There were no targets or incentives set.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are kept secure and they are suitable for the services provided. And people visiting the pharmacy can have a conversation with a team member in private.

### Inspector's evidence

The pharmacy's entrance was stepped but there was a notice to the entrance of the pharmacy for people with mobility difficulties about seeking assistance. The retail area of the pharmacy was free of any trip or slip hazards and there was some seating available for people waiting for services. The dispensary had enough space to store medicines and undertake dispensing activities safely. A clean sink with hot and cold running water was available for preparing medicines. There was enough lighting throughout the premises and the ambient temperatures were suitable for storing medicines. A signposted consultation room was available for services and to enable people to have private conversations if required. The room was private, kept tidy, and it had enough space for the services undertaken. The room was not lockable but the RP said that no person-identifiable information was stored in the room. The pharmacy could be secured against unauthorised access when it was closed.

## Principle 4 - Services ✓ Standards met

### Summary findings

Overall, the pharmacy provides a range of services and people with different needs can access its services. It obtains its medicines from reputable sources and it addresses concerns about medicines to ensure people get medicines and medical devices that are fit for purpose. But team members could do more to ensure they understand the requirements of safely denaturing certain medicines before they dispose of them.

### Inspector's evidence

The pharmacy offered a range of services and information about these was displayed by the entrance to the pharmacy. There was also a range of healthcare leaflets displayed in the retail area of the pharmacy. Team members used their local knowledge to signpost people to other healthcare providers where appropriate. A prescription delivery service was offered to people who could not attend the pharmacy in person and delivery records were kept to show that medicines were delivered safely.

The workflow in the pharmacy was organised and baskets were used during the dispensing process to help prioritise workload and minimise the chances of medicines getting mixed up. Dispensing labels were initialled at the dispensing and checking stages to show team members involved during each stage of the process. The pharmacy supplied medicines in multi-compartment compliance packs to a few people and these were labelled with the descriptions of the medicines contained in the packs to help people or their carers identify individual medicines. Patient information leaflets were provided with those packs seen during the inspection.

The pharmacy had signed up to deliver the NHS 'Pharmacy First' service and the RP said that approximately ten people had accessed the service to date. Most of these were self-referrals. Team members had all completed the relevant training required to deliver the service safely. And relevant training records and accompanying patient group directions were available in the pharmacy.

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

The pharmacy used licensed wholesalers to obtain its medicines. Pharmacy-only medicines were restricted from self-selection. All relevant 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. Medicines returned for disposal were stored in designated bins. However, there were some gabapentin capsules found in the designated bins that required denaturing before they were disposed of. This was pointed out to the RP and it was addressed during the inspection.

Temperature-sensitive medicines were stored appropriately. Maximum and minimum temperatures were recorded and records showed that temperatures had remained within the required range of 2 and 8 degrees Celsius. Team members kept records of short-dated medicines and these were marked for removal from in-date stock at an appropriate time. Stock medicines were randomly checked during the inspection and no date-expired medicines were found amongst in-date stock. The pharmacy had a process to deal with safety alerts and medicine recalls. Records about these and the action taken by

team members were kept, providing an audit trail.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

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

### Inspector's evidence

The pharmacy had appropriate equipment for counting loose tablets and had calibrated glass measures available for dispensing liquids. Medicine bottles were capped to prevent contamination. All electrical equipment appeared to be in good working order. Team members had access to current 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.