

Registered pharmacy inspection report

Pharmacy Name: M W Phillips Chemists, 471 Stoney Stanton Road,
COVENTRY, West Midlands, CV6 5EA

Pharmacy reference: 1038296

Type of pharmacy: Community

Date of inspection: 06/05/2021

Pharmacy context

This is a community pharmacy in a residential area of Coventry. It mainly dispenses NHS prescriptions. And it offers a prescription delivery service, New Medicine Service (NMS) checks and provides medicines in multi-compartment compliance packs to people who need assistance in managing their medicines at home. The pharmacy also offers seasonal flu vaccinations. This inspection was undertaken during the Covid-19 pandemic.

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 written instructions to help make sure its services are delivered safely and effectively. Members of the pharmacy team generally keep the records required by law to show that medicines are supplied appropriately. And they know how to respond to concerns about vulnerable people. The pharmacy keeps people's private information securely. But members of the pharmacy team do not consistently record or review their mistakes. This may mean that they miss opportunities to learn and improve from these events.

Inspector's evidence

The pharmacy had a range of current standard operating procedures (SOPs) and members of the pharmacy team had read and signed the SOPs that were relevant to their roles and responsibilities. A correct Responsible Pharmacist (RP) notice was displayed in the pharmacy. The pharmacy manager was the RP on the day of the visit. Members of the pharmacy team were able to describe what action they would take in the absence of the RP and they were clear about the tasks they could not undertake in such situations.

The NHS SOPs relating to Covid-19 were in place and the RP confirmed that workplace risk assessments for Covid-19 had been completed at the start of the pandemic last year. Members of the pharmacy team had access to personal protective equipment (PPE) and were seen observing social distancing in the pharmacy. The pharmacy had Covid-19 self-test kits available for team members to test themselves bi-weekly and it was also a collection site for distributing lateral flow test kits to members of the public.

The RP said that there hadn't been many dispensing mistakes since he started working in the branch, a couple of years ago. The last record about a mistake that was detected before the medicine left the pharmacy (near miss) was made on 25/01/2021, involving ferrous fumarate and ferrous sulphate. Members of the pharmacy team had reviewed the incident and had separated the products on the shelf to prevent similar picking errors from happening again. The RP said that he would follow the company's SOP when dealing with any mistake that had reached a patient (dispensing error). This involved contacting the superintendent pharmacist and filling out an online form.

The pharmacy had appropriate insurance arrangements in place for the services it provided. Records about the RP, private prescriptions and unlicensed medicines were kept in line with requirements. A register for patient-returned controlled drugs (CDs) could not be located during the inspection. However, after the inspection, the RP confirmed that the register had been located and patient-returned CDs had been safely denatured. Members of the pharmacy team kept running balances of CDs. The recorded balances of several randomly selected CDs checked during the inspection, did not match the stock held in the cabinet. This was rectified during the inspection and entries were brought up to date by the RP.

The pharmacy's computers were password protected and members of the pharmacy team had all signed confidentiality agreements. Confidential waste was separated and shredded in the pharmacy. Prescriptions awaiting collection were stored securely and private information on them was not visible to people visiting the pharmacy. The RP used his own NHS smartcard to download electronic prescriptions.

The RP had completed Level 2 safeguarding training. The dispenser had completed Level 1 training and had read the pharmacy's safeguarding SOPs. Members of the pharmacy team had some awareness of the recent government's initiatives to support people affected by domestic abuse. But the pharmacy had not displayed any posters about the initiative and the RP said that there had been no enquiry about the initiative to date.

Principle 2 - Staffing ✓ Standards met

Summary findings

Members of the pharmacy team work well together, and they have the appropriate skills and qualifications to deliver pharmacy services safely. They have access to training resources to help keep their skills and knowledge up to date.

Inspector's evidence

At the time of the inspection, the pharmacy manager (RP), a qualified dispenser and a recently recruited member of staff were working. The team members appeared to work well together and were managing their workload comfortably. The RP said that he was intending to enrol the new member of staff on an accredited course after the probation period was successfully completed. A whistleblowing policy was in place and members of the pharmacy team demonstrated a good understanding of how they would raise a concern. Members of the pharmacy team had access to training modules on a tablet device supplied by an external provider to help keep their skills and knowledge up to date. But the onus was on team members to plan and complete the training modules and keep appropriate records of completed training. The RP had NMS targets set but he said that he did not feel under any undue pressure to achieve the targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are secure and adequate for the services it provides.

Inspector's evidence

The pharmacy was fitted to a very basic standard. But it was kept clean and tidy. The pharmacy's retail area was of an adequate size and free of any obstructions. A Perspex screen had been fitted across the medicine counter to minimise the risk of Covid-19 transmission. The pharmacy had displayed notices encouraging members of the public to maintain social distancing, undertake regular hand washing and wear a face mask when entering the premises. The pharmacy's consultation room was private albeit very basic. The RP explained that due to the pandemic, most of the services involving face-to-face consultation had been suspended. And the consultation room was mainly used for the assembly of multi-compartment compliance packs. A clean sink with hot and cold running water was available for preparing medicines. The room temperature in the pharmacy was suitable for storing medicines and there was adequate lighting throughout the premises. Members of the pharmacy team had access to hygiene facilities and the premises could be secured against unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy provides its services safely and manages them well. It gets its medicines from reputable sources and stores them properly. It takes the right action in response to safety alerts, so that people get medicines and medical devices that are fit for purpose. Members of the pharmacy team identify higher-risk medicines and provide appropriate advice to help people use their medicines safely.

Inspector's evidence

The entrance to the pharmacy was at street level and the entrance door was wide enough to accommodate wheelchairs or pushchairs. The pharmacy's opening hours and a list of services offered by the pharmacy were advertised in the window. And there was a range of healthcare leaflets on display in the pharmacy. A prescription delivery service was offered to people who couldn't come to the pharmacy to collect their medicines. The pharmacy's delivery driver had been issued with PPE. To minimise the infection risks during the pandemic, he was not obtaining signatures from recipients for deliveries of medicines. But he annotated the delivery sheet accordingly to keep an audit trail.

The workflow in the pharmacy was organised. The dispenser used baskets during the dispensing process to prioritise workload and minimise the risk of prescriptions getting mixed up. 'Owing' notes were issued to provide an audit trail when prescriptions could not be fully supplied. Dispensed multi-compartment compliance packs were labelled with a description of the tablets or capsules contained within the pack to help people identify their medicines. And a record was maintained of people involved in dispensing and checking the packs. Patient information leaflets were routinely supplied. The RP showed how any changes to the medicines inside the packs were recorded on the individual's patient medication record. CD stickers were used to mark all CD prescriptions including the ones that were not stored in the CD cabinet, to alert team members about the 28-day validity period. The RP said that people receiving higher-risk medicines such as methotrexate were routinely reminded about the weekly dosage regimen. The pharmacy did not have any patients who were prescribed warfarin. Members of the pharmacy team were aware of the safety guidelines when supplying valproate to people in the at-risk group and had the necessary patient literature available. The pharmacy did not currently supply anyone in the at-risk group with valproate.

Medicines were obtained from licensed wholesalers and these were stored in an organised manner on the shelves. Stock medicines were date checked regularly but this was not recorded. There was evidence to show that short-dated medicines had been highlighted with red stickers so that they could be removed at an appropriate time. No date-expired medicines were found with in-date stock on the shelves. Medicines requiring cold storage were kept in a fridge and the temperatures were monitored daily. Temperature records seen were within the appropriate range of 2 and 8 degrees Celsius. But on the day of the inspection, the fridge temperature was 10.8 degrees Celsius. Subsequent to the inspection, the RP emailed to confirm that the temperature probe had fallen off and this had been addressed. And the fridge temperatures had remained within the required range. All CDs were stored in line with requirements. The pharmacy had a process to deal with safety alerts and medicines recalls. Records about these and the action taken by the team were kept, providing an audit trail.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides. And it maintains these appropriately.

Inspector's evidence

Members of the pharmacy team had access to the internet and a range of up-to-date reference sources. Pharmacy computers were password protected and confidential waste was managed appropriately. All electrical equipment appeared to be in good working order. A range of clean crown-stamped glass measures were available for measuring liquid medicines. The pharmacy had denaturing kits available to safely destroy obsolete CDs. And equipment for counting loose tablets and capsules was clean, with separate equipment reserved for cytotoxic medicines to prevent cross-contamination.

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.