

Registered pharmacy inspection report

Pharmacy Name: K K Mistry Pharmacy Limited, 34 Station Avenue,
Tile Hill Village, COVENTRY, West Midlands, CV4 9HS

Pharmacy reference: 1038299

Type of pharmacy: Community

Date of inspection: 26/01/2023

Pharmacy context

This is a family-owned community pharmacy located in a residential area of Coventry. Its main activity is dispensing NHS prescriptions which it mainly receives from a nearby surgery. The pharmacy sells a range of over-the-counter medicines, offers a smoking cessation service, and seasonal flu vaccinations. It also provides substance misuse treatment to a handful of people. And it supplies medicines in multi-compartment compliance packs to people who need support in managing their medicines at home.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	4.3	Standard not met	The pharmacy fails to store all its medicines in a manner that is suitable for the risks associated with them.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

Overall, the pharmacy manages its services adequately. It generally keeps the records it needs to to provide assurances that its medicines are delivered safely and legally to people. Members of the pharmacy team protect people's private information appropriately. And they understand how they can help protect vulnerable people. It has not reviewed its written procedures recently. So its team members may not be following current best practice. And it could do more to use mistakes as opportunities to learn and improve its services.

Inspector's evidence

The pharmacy's standard operating procedures (SOPs) for the services it offered were last reviewed in 2019. Members of the pharmacy team had read and signed the SOPs. And they could explain the tasks they could not undertake in the absence of a pharmacist. A correct Responsible Pharmacist (RP) notice was displayed.

The pharmacy had systems to record dispensing incidents. But the locum pharmacist on duty on the day of the visit wasn't sure where the records of dispensing mistakes were kept. He said that he would normally follow the SOP and make sure the superintendent pharmacist (SI) had been informed of any dispensing errors. The pharmacy technician said mistakes that were identified before reaching a person (near misses) were discussed and corrected. But there was little evidence to show that the pharmacy had proactively taken any action to prevent similar events from happening again.

The pharmacy had current professional liability and public indemnity insurance. Records about RP, controlled drugs (CDs), unlicensed medicines and private prescriptions were generally in order except some CD registers did not state the form and strength of the CD at the top of each page. Running balances of CDs were kept and recorded balances of some randomly selected CDs checked during the inspection matched the stock held in the cabinet. A separate register was used to record patient-returned CDs.

The pharmacy had a process for managing complaints and these were mainly dealt with by the owner of the pharmacy. And it was registered with the Information Commissioner's Offices (ICO). Access to patient medication records (PMR) was password protected and confidential waste was managed appropriately.

Members of the pharmacy team understood safeguarding requirements and the locum pharmacist on duty had completed level 2 safeguarding training.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its current workload adequately. Its team members work well together and they understand their roles and responsibilities.

Inspector's evidence

A locum pharmacist was the RP on the day of the visit. He was supported by a pharmacy technician and a previously-registered pharmacist (owner). The team were managing their workload adequately. The technician said that she completed her mandatory continuous professional development (CPD) to remain on the register and had worked in the pharmacy for the over thirty years. And further commented that the pharmacy had many loyal customers. The team demonstrated a good rapport with people visiting the pharmacy. There were no targets or incentives set for team members.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are secure, and they are adequate for the services it provides. The pharmacy could do more to improve the dispensary's overall organisation and tidiness.

Inspector's evidence

The pharmacy was fitted to a very basic standard. The dispensary had just about enough space to undertake dispensing activities safely. But it was very cluttered, and its floor spaces were somewhat obstructed. Stock medicines were not stored in an organised fashion. And this could increase the chances of mistakes happening. There was adequate lighting throughout the premises and the ambient temperatures were suitable for storing medicines. A sink was available with hot and cold running water for preparing liquid medicines. A basic consultation room was available for people to have private conversations with team members. The pharmacy could be secured against unauthorised access.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy does not store all its medicines in a manner that is suitable for the risks associated with them. But overall, the pharmacy manages its services adequately. People with different needs can access its services. It obtains its medicines from reputable sources. And it has a process to manage safety alerts and recalls about medicines. But its team members cannot readily access the records about what it has done in response to these. So, it is harder for the pharmacy to demonstrate how it has made sure people are only supplied with medicines that are fit for purpose.

Inspector's evidence

The premises were accessible to people with wheelchairs and pushchairs. The pharmacy's opening hours and the services it offered were advertised in-store. Members of the pharmacy team understood the signposting arrangements and used local knowledge to refer people to other healthcare providers where appropriate. A prescription delivery service was offered mainly to elderly and housebound people.

Most of the pharmacy's activity was dispensing NHS prescriptions. The workflow in the pharmacy was adequately organised and baskets were used during the dispensing process to minimise the chances of mistakes and to help prioritise workload. The pharmacy supplied medicines in multi-compartment compliance packs, and these were labelled with a description of the medicines so that people or their carers could identify their medicines correctly. The technician said that patient information leaflets (PILs) were routinely supplied each month when the packs were delivered to people.

Members of the pharmacy team were aware of the risks involved in supplying valproate-containing medicines to people in the at-risk group. The pharmacy's stock packs seen on the shelves had warning cards and alert stickers attached. The pharmacy had additional information leaflets and patient cards available to supply to people when dispensing smaller quantities.

The pharmacy obtained its medicines from reputable sources and specials were obtained from specials manufacturers. No extemporaneous dispensing was carried out. Medicines requiring cold storage were kept in three fridges. The maximum and minimum fridge temperatures were checked during the inspection and they were at the required range of 2 and 8 degrees Celsius. But the pharmacy had not kept routine fridge temperature records since November 2022, making it harder for the pharmacy to show that its medicines requiring cold storage had always been stored at an appropriate temperature.

The pharmacy had date checking procedures and some short-dated medicines on the shelves had been marked for removal at an appropriate time. The technician said that she had recently date-checked stock medicines but forgot to keep a record. Stock medicines were randomly checked during the inspection and no date-expired medicines were found in amongst stock.

The pharmacy did not store all CDs in line with requirements. Denaturing kits were available to destroy waste CDs safely. Access to the CD keys was managed appropriately. The pharmacy had a process to deal with safety alerts and recalls about medicines. But members of the pharmacy team didn't know where the records about these were kept.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy generally has the equipment and facilities it needs for the services it provides. And it maintains its equipment adequately.

Inspector's evidence

The pharmacy's computers were password protected and members of the pharmacy team had access to current reference sources. There was a range of crown-stamped measures available for measuring liquid medicines and the equipment of counting loose tablets was clean. Medicine containers were capped to prevent cross-contamination and all other equipment appeared to have been maintained adequately.

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.