

# 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:** 19/09/2023

## Pharmacy context

This is an independently owned community pharmacy situated in a residential area of Coventry. Its main activity is dispensing NHS prescriptions which it 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 some people who need additional support in managing their medication at home.

## 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 its services adequately. It keeps the records it needs to by law, to show that medicines are supplied to people safely and legally. Team members protect people's confidential information appropriately. And they understand how they can help protect vulnerable people. The pharmacy has not reviewed its written procedures recently. So, its team members may not always be following current best practice. And it could do more to record and review its dispensing mistakes so that opportunities to learn and improve its services are utilised.

### Inspector's evidence

The superintendent pharmacist (SI) was the responsible pharmacist (RP) on duty on the day of the inspection. The correct RP notice was on display and team members understood their role and responsibilities. And they could explain the tasks they could not undertake in the absence of a pharmacist. The pharmacy's standard operating procedures (SOPs) were last reviewed in 2019. Team members had read and signed the SOPs. The SI said that he was in the process of implementing new SOPs.

Team members were aware of the risks associated with look-alike and sound-alike medicines. The SI explained the procedure he would follow to record and report dispensing mistakes that had reached people (dispensing errors). When these occurred, the SI said that the incident was reported to the National Reporting and Learning System (NRLS). And further commented that there hadn't been any recent dispensing incidents to report. Mistakes that were detected before the medicine left the pharmacy (near misses) were discussed amongst the team members and corrected. The pharmacy did not routinely keep records about near misses. The SI that the pharmacy team consisted of three people, and it was much quicker to discuss these and identify learning points to help prevent similar mistakes from recurring.

The pharmacy had current professional liability and public indemnity insurance. Records about RP, controlled drugs (CDs), unlicensed medicines and private prescriptions were in order. Running balances of CDs were kept and checked at the point of dispensing. Full audits were done infrequently. Balance checks carried out at random during the inspection matched the physical stock held in the cabinet. A separate register was used to record patient-returned CDs. Several entries in this register were incomplete; the date and the person who had undertaken the destruction had not been recorded. This could make it harder to investigate any issues if they occur.

The pharmacy was registered with the Information Commissioner's Office (ICO). Access to the patient medication record (PMR) was password protected and team members used their own smartcards to access electronic prescriptions. Prescriptions awaiting collection were stored securely and confidential waste was shredded in the pharmacy. There were SOPs about safeguarding vulnerable adults and children. And team members had undertaken safeguarding training relevant to their roles and responsibilities.

## 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

The pharmacy team consisted of the SI, a pharmacy technician, and a previously-registered pharmacist (owner). The team members were managing their workload adequately. The pharmacy had been under the same ownership for over thirty years and had many loyal customers. Team members demonstrated a good rapport with people visiting the pharmacy. The SI and the pharmacy technician completed their annual mandatory continuous professional development (CPD) to help keep their skills and knowledge current.

## 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 its overall organisation and tidiness.

### Inspector's evidence

The pharmacy was fitted to a basic standard. The dispensary had just about enough space to undertake dispensing activities safely. But it was cluttered, and its floor spaces obstructed. This could increase the risk of trip or slip hazards. There was adequate lighting throughout the premises and the ambient temperatures were suitable for storing medicines. A sink was available for preparing medicines and it had hot and cold running water. 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 met

### Summary findings

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. But its records about these could be improved to show the actions its team members take in practice to provide assurances that people are supplied with medicines that are fit for purpose.

### Inspector's evidence

The pharmacy's opening hours and the services it offered were displayed at the entrance. Team members used their local knowledge to signpost people to other providers where appropriate. A prescription delivery service was offered mainly to elderly and housebound people.

The pharmacy's main activity was dispensing NHS prescriptions. The workflow in the pharmacy was adequately organised albeit there was very limited space in the dispensary. Baskets were used during the dispensing process to minimise the chances of mistakes happening and to prioritise workload. Team members initialled dispensing labels to show who had been involved in dispensing and checking prescriptions.

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 medicines correctly. Patient information leaflets (PILs) were supplied on request. The technician said that most people were on the same medication for a number of years and did not want PILs to be supplied each month. However, the inspector pointed out that it was the pharmacy's obligation to supply PILs when supplying medicines to people. Team members were aware of the risks involved in supplying valproate-containing medicines to people in the at-risk group. The pharmacy's stock packs had warning cards and alert stickers attached.

The pharmacy obtained its medicines from reputable sources. But these were not always well-organised on the shelves. And this could increase the chances of dispensing mistakes happening. Pharmacy-only medicines were restricted from self-selection. Team members knew to be vigilant when selling higher-risk over-the-counter medicines such as pseudoephedrine and codeine-containing painkillers. The pharmacy did not sell codeine linctus over the counter.

There was some evidence to show that medicines with short shelf-lives had been marked for removal at an appropriate time. But the pharmacy did not routinely keep date-checking records. Medicines were randomly checked during the inspection, and no date-expired medicines were found amongst in-date stock. Waste medicines were stored in designated containers. All CDs were stored in line with requirements. Access to the CD cabinet was managed appropriately.

Medicines requiring cold storage were kept in the pharmacy's three fridges. Maximum and minimum fridge temperatures were monitored and recorded. But some records showed that the temperatures were outside the required range of 2 and 8 degrees Celsius. And no remedial actions had been recorded to show what action team members had taken to address the issue. This limits the pharmacy's ability to provide assurances that its cold chain medicines are always stored at an appropriate temperature. Fridge temperatures were checked during the inspection and they were within the required range. One

of the fridges had reached its maximum storage capacity. This could restrict the circulation of air in the fridge and in turn affect the integrity of cold chain medicines. The inspector pointed out that a similar issue was raised during the previous inspection. The owners agreed to move the stock around and if required an additional fridge will be procured. The pharmacy received alerts and recalls about medicines. The SI could explain how these were dealt with. But the pharmacy did not routinely keep records of what action it took in response to these.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

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

### Inspector's evidence

Team members had access to current reference sources. The equipment for counting loose tablets and capsules was clean and there were crown-stamped measures available for measuring liquid medicines. Medicine containers were capped to prevent contamination. The pharmacy's computer terminals were not visible to people visiting the pharmacy and people's private information was stored securely. A cordless phone was available so that team members could make phone calls out of earshot of waiting customers if needed.

### 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.