

# Registered pharmacy inspection report

**Pharmacy Name:** Mount Nod Pharmacy, 126 Sutherland Avenue,  
Mount Nod, COVENTRY, West Midlands, CV5 7NJ

**Pharmacy reference:** 1038307

**Type of pharmacy:** Community

**Date of inspection:** 02/10/2024

## Pharmacy context

This is an independently-owned community pharmacy situated in a parade of shops in a residential area of Coventry. Its main activity is dispensing NHS prescriptions and it sells a range of over-the-counter medicines. It offers the NHS Pharmacy First Service, New Medicine service, phlebotomy service and seasonal flu vaccinations. The pharmacy supplies medicines in multi-compartment compliance to quite a few people living in the local area who need assistance in taking their medicines safely.

## 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 has safe and effective working practices. It identifies and manages the risks associated with its services well. And it keeps the records it needs to show that medicines are supplied safely and lawfully. Team members record and review their mistakes so that they can learn and improve from these events. The pharmacy keeps people's private information securely and it has procedures to safeguard vulnerable people.

### Inspector's evidence

The correct Responsible Pharmacist (RP) notice was displayed in the pharmacy and team members could explain their roles and responsibilities and the tasks they could not undertake in the absence of a pharmacist. They demonstrated good awareness about over-the-counter medicines that were liable to misuse and knew to seek further guidance from the pharmacist when selling such medicines.

The pharmacy had standard operating procedures (SOPs) to support its safe and effective delivery of services. The pharmacy manager explained that the pharmacy had recently updated its SOPs and team members including the RP on duty were in the process of reading and confirming their understanding of the SOPs. This was due for completion by the end of October.

The pharmacy had systems in place for managing mistakes identified during the dispensing process (near misses). Team members explained some of the actions they had taken to minimise picking errors and to mitigate the chances of such events recurring. For example, separating similar sounding medicines and highlighting medicines with similar names on the dispensary shelves to prompt vigilance when selecting such medicines. The pharmacy manager said all dispensing incidents were discussed during monthly safety review meetings and the pharmacy encouraged all team members to reflect on their own mistakes by recording and identifying learning points. A similar process was followed for recording mistakes identified following an incorrect supply to a person (dispensing errors). The pharmacy reported dispensing errors to the Learn from Patient Safety Events (LFPSE) service.

Records about RP, controlled drugs (CDs) and private prescriptions were generally kept in line with requirements. However, a sample of the pharmacy's private prescription register checked during the inspection showed that the name of the prescriber was either incorrect or omitted. This was pointed out to the pharmacy manager who gave assurances that the records would be corrected. Running balances on all CDs were kept and full balances were audited monthly. A random balance check of several CDs undertaken during the inspection were correct. A separate register was used to record patient-returned CDs, and these were recorded at the point of receipt. The pharmacy had current professional indemnity and public liability insurance in place.

The pharmacy had a complaints procedure. The pharmacy manager said that the superintendent pharmacist (SI) covered the pharmacy as RP regularly and had good oversight of any concerns or feedback received about the quality of services provided. They would personally contact or write to the person raising concerns to resolve any dissatisfaction.

The pharmacy had an information governance policy and all team members had completed mandatory training about managing people's confidential information safely. A privacy notice was displayed in the

retail area of the pharmacy explaining to people how their private information was handled. Patient medication records were password protected and team members used their own NHS smartcards to access electronic prescriptions. Confidential waste was separated and disposed of securely.

All team members had completed training about safeguarding vulnerable people relevant to their roles and responsibilities. And they could describe the types of concerns they may come across and how they could report these concerns directly to the SI or the pharmacy manager.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy's staffing levels are sufficient to manage its current workload safely. Its team members are well supported and can raise concerns or provide feedback with senior management to help improve pharmacy's services.

### Inspector's evidence

At the time of the inspection, a regular part-time pharmacist was on duty. The rest of the team comprised a pharmacy technician who was also the pharmacy manager, an accuracy checking technician, and a trainee medicine counter assistant. There were also two overseas-qualified pharmacists who had been working in the dispensary for some time but had not been enrolled on an accredited training programme in line with the requirements. This was discussed with the pharmacy manager and addressed during the inspection. An email to confirm their enrolment was sent to the inspector by the SI. The team was managing the workload efficiently throughout the inspection and people visiting the pharmacy were acknowledged promptly.

Team members were observed working well together and demonstrated a good rapport with people visiting the pharmacy. The pharmacy manager said that the pharmacy had been operating under the same ownership for many years and it had many loyal customers.

Team members received protected learning time at work to support mandatory training required under the Pharmacy Quality Scheme. They had recently completed training on winter health. Records about the training completed and relevant certificates were available, and some were displayed in the pharmacy.

A whistleblowing policy was available and a team member said that the SI encouraged an open and honest culture in the pharmacy. Another team member said that the pharmacy manager had worked for the pharmacy for over thirty years and supported the team very well. And they felt comfortable about raising concerns or give feedback to help improve the pharmacy's services. There were no specific targets or incentives set for team members.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are clean and they are suitable for providing healthcare services. They are secure against unauthorised access, and they are accessible to people with mobility challenges.

### Inspector's evidence

The pharmacy's front fascia and its public facing areas were in a good state of repair. Its entrance had a ramp from the outside pavement and automatic doors to help assist people with mobility difficulties. It had several rooms on the first floor that were rented to other healthcare professionals such as physiotherapist and chiropodists. A lift was available to enable people with mobility issues to access the rooms on the first floor.

The dispensary was clean and tidy. It had enough space to undertake dispensing activities and store medicines safely. Two clean, signposted consultation rooms were available on the main floor. The rooms were spacious and suitable for private consultations. The sinks in the dispensary and the consultation rooms were clean and they had hot and cold running water. A chaperone policy was displayed in the pharmacy. There was enough lighting throughout the premises and the ambient temperatures were suitable for storing medicines. The premises could be secured to prevent unauthorised access.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy offers a range of services which are accessible to people with diverse needs. It provides its services safely and manages them well. Team members take extra care when supplying higher-risk medicines to make sure people take these medicines safely and effectively. The pharmacy obtains its medicines from licensed wholesalers and its team members take the right action in response to safety alerts and medicine recalls so that people get medicines and medical devices that are fit for purpose.

### Inspector's evidence

The pharmacy's opening hours and the services it offered were displayed at the entrance. A range of leaflets and posters were displayed providing information on various healthcare-related topics. Team members used local knowledge to signpost people to other providers when a service required was not offered at the pharmacy. Most team members were multilingual and could communicate well with people whose first language wasn't English. A prescription delivery service was offered to people who couldn't come to collect their medicines from the pharmacy and delivery records were kept to show medicines were delivered safely.

The dispensing service was well organised and team members used baskets during the dispensing process to minimise the chances of prescriptions getting mixed up. Dispensing labels were initialled at the dispensing and checking stages to create an audit trail to show the team members involved in each task. 'Owing slips' were issued to people when prescriptions could not be fully completed when first dispensed.

The pharmacy was delivering the NHS Pharmacy First service and team members had all completed relevant training to deliver the service safely. All documentation and patient group directions were available in the pharmacy. The RP said that the service had been well received and treatment for urinary tract infections was the most frequently requested.

The pharmacy supplied medicines in multi-compartment compliance packs to quite a few people who needed assistance in managing their medicines safely at home. The packs were assembled in a separate room to minimise the chances of any distractions or interruptions. Records were kept for each person so that any changes in the medication regime could be documented, monitored, and queried where appropriate. Hygroscopic and higher-risk medicines such as CDs, sodium valproate, nicorandil, and methotrexate were not supplied in compliance packs. Team members labelled the compliance packs with a description of each medicine to help people or their carers identify medicines correctly. Patient information leaflets were supplied every time the packs were sent out to people.

Team members were aware about the guidance for supplying valproate-containing medicines and the requirement to supply them in their original packs. The pharmacy manager said that the team was mindful of not covering any warnings on the packs when attaching the dispensing labels.

Stock medicines were obtained from licensed wholesalers and were stored in an organised manner. Prescriptions for CDs not requiring secure storage were marked with the prescription expiry date to ensure these were not handed out beyond their 28-day validity period. CDs requiring secure storage were stored in line with requirements and access to the cabinet was appropriately managed.

Temperature-sensitive medicines were stored in a medical fridge and temperatures were recorded daily. Records showed that temperatures had remained within the required range of between 2 and 8 degrees Celsius. The pharmacy had date-checking procedures for stock medicines and short-dated medicines had been marked for removal at an appropriate time. No date-expired medicines were found amongst in-date stock when checked during the inspection. Waste medicines were stored in designated bins ahead of collection by a specialist waste contractor.

The pharmacy received information about safety alerts and medicine recalls via emails from the NHS and the MHRA. Team members could explain how these were dealt with. Records of previously actioned alerts showed that the team members had addressed these in a timely manner.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

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

### Inspector's evidence

Team members had access to current reference sources. The pharmacy had calibrated measures available and the equipment for counting loose tablets and capsules was clean. Medicine containers were capped to prevent cross-contamination. People's confidential information on the pharmacy's computer system was stored securely and team members had access to cordless phones so they could converse in private if necessary. All other equipment was in good working order.

### 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.