

Registered pharmacy inspection report

Pharmacy Name: West Midlands Co-Operative Chemists Ltd, 46 Linden Avenue, KIDDERMINSTER, Worcestershire, DY10 3AB

Pharmacy reference: 1038848

Type of pharmacy: Community

Date of inspection: 10/02/2020

Pharmacy context

This is a community pharmacy in the eastern residential area of the town of Kidderminster. It is next door to a doctors' surgery. Most people using the pharmacy are elderly. The pharmacy dispenses NHS and private prescriptions and sells some over-the counter medicines. It also supplies several medicines in multi-compartment compliance aids to help vulnerable people in their own homes to taken their medicines.

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	2.2	Good practice	The pharmacy team members are encouraged to develop and keep their skills up to date. And, they are given time at work to do this.
		2.5	Good practice	The team are comfortable about providing feedback to the manager to improve services and he acts on this.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.2	Good practice	The team members make sure that people have the information that they need to use their medicines properly. And, they intervene if they are worried about anyone.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy's working practices are safe and effective. The work areas are limited in size but, the team's practices, mitigate this risk. The pharmacy is appropriately insured to protect people if things go wrong. It mainly keeps the up-to-date records that it must by law. The team members keep people's private information safe and they know how to protect vulnerable people. But, they could be better at recording and learning from 'near miss' mistakes to prevent them from happening again.

Inspector's evidence

The pharmacy team identified and managed most risks. All dispensing errors and incidents were recorded, reviewed and appropriately managed. There had been a recent hand-out error. Because of this, only one basket at a time was now placed in the checking area. This should reduce the risk of a future recurrence. Near misses were recorded but insufficient information was documented to allow any useful analysis. No learning points or actions were recorded to reduce the likelihood of similar recurrences. General trends were however identified such as recent quantity errors but, no specific actions were put in place to prevent these from happening in the future.

The main dispensary was limited in size but the staff did their best to manage this. There were two labelling computers, a small assembly area and a separate checking area. Baskets were stored on top of one another which increased the risk of errors. However, the pharmacist only placed one basket at a time in the checking area and this mitigated the risk. In addition, four independent people were usually involved in the dispensing process and this also reduced the risk of errors. Multi-compartment compliance aids were assembled in a small, separate area in the stock room. Shelves above the bench were used for those compliance aids waiting to be checked in order to keep the assembly bench as clear as possible.

Coloured baskets were used and distinguished prescriptions for patients who were waiting, those calling back, those for collection and those for delivery. There was a clear audit trail of the dispensing process and all the 'dispensed by' and 'checked by' boxes on the labels examined had been initialled.

Up-to-date, signed and relevant standard operating procedures (SOPs) were in place and these were reviewed every two years, or sooner, if necessary, by the superintendent pharmacist. The roles and responsibilities were set out in the SOPs and the staff were clear about their roles. The questions to be asked of customers requesting to buy medicines was displayed on the till. The pharmacy had few medicines for sale. But, the medicine counter assistant (MCA) said that she would refer all medicine sale requests for patients who were also taking prescribed medicines, to the pharmacist. She was aware of 'prescription only medicine' (POM) to 'pharmacy only medicine' (P) switches, such as Viagra Connect and referred requests for these to the pharmacist.

The staff were clear about the complaints procedure and reported that feedback on all concerns was encouraged. The pharmacy did an annual customer satisfaction survey. But, the latest survey that was uploaded on the NHS England website was done in 2017. The pharmacist said that most complaints that the pharmacy had received lately were about waiting times. It was located next door to a surgery and so they had several acute 'walk-in' patients. Because of the feedback, the staff now gave people realistic and longer waiting times.

Public liability and professional indemnity insurance, provided by the National Pharmacy Association (NPA) and valid until 31 August 2020, was in place. The responsible pharmacist log, controlled drug (CD) records, including patient-returns, emergency supply records, specials records, fridge temperature records and date checking records were all in order. A few private prescription records did not include the date of supply. The pharmacy was closed on Saturdays and did no emergency supplies.

An information governance procedure was in place and the staff had also done training on the general data protection regulations. The pharmacy computers, which were not visible to the customers, were password protected. Confidential information was stored securely. Confidential waste paper information was collected for appropriate disposal. No conversations could be overheard in the consultation room.

The staff understood safeguarding issues. They had completed level 1 training provided by the Centre for Pharmacy Postgraduate Education (CPPE). The pharmacist and technician had completed the level 2 training. Local telephone numbers to escalate any concerns, relating to both children and adults, were available online. All the staff had completed 'Dementia Friends' training.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. And, procedures are in place to cover staff who are sick or on holiday. The team members are encouraged to develop and keep their skills up to date. And, they are given time at work to do this. Those team members who are in training are well supported by the manager and they are allocated additional learning time. The team are comfortable about providing feedback to the manager to improve services and he acts on this.

Inspector's evidence

The pharmacy was in the eastern residential area of the town of Kidderminster. It was next door to a doctors' surgery. The pharmacy mainly dispensed NHS prescriptions, with the majority of these being repeats. But, due to its location, there were several acute 'walk-in' patients. Several domiciliary patients received their medicines in compliance aids.

The current staffing profile was one full-time pharmacist, the manager, one part-time pharmacist (Tuesdays only), two part-time NVQ3 qualified technicians (one of whom was an accuracy checking technician (ACT) trainee), one full-time NVQ2 qualified dispenser, one part-time NVQ2 qualified dispenser and two part-time medicine counter assistants. The part-time staff were flexible and generally covered any unplanned absences. Planned leave was booked well in advance and only one member of the dispensary staff could be off at one time. But, only half of the holiday time was covered. A second pharmacist, on Tuesdays, allowed the manager to catch up with managerial duties. A staffing rota was used to ensure appropriate staffing levels with the desired skill mix.

The staff were well qualified and worked well together as a team. Staff performance was monitored, reviewed and discussed informally throughout the year. There was an annual performance appraisal where any learning needs could be identified. Review dates would be set to achieve this. Newly appointed staff had appraisals at 13 and 26 weeks. The staff were encouraged with learning and development and completed regular e-Learning such as recently on sepsis and 'look alike, sound alike' (LASA) drugs. They said that they spent about 30 minutes each month of protected time learning. Staff enrolled on accredited courses, such as the ACT course, were allocated a further time for learning. All the dispensary staff reported that they were supported to learn from errors. The GPhC registrants reported that all learning was documented on their continuing professional development (CPD) records.

The staff knew how to raise a concern and reported that this was encouraged and acted on. A technician had recently raised issues with the frequently prescribed items. Because of this, the storage of these 'fast moving lines' had been rearranged with subsequent increased efficiency. There were monthly staff meetings. All the staff were aware of the company's whistle-blowing policy. The pharmacist reported that he was set overall targets, such as for Medicine Use Reviews (MURs). He said that he only did clinically appropriate reviews and did not feel unduly pressured by the targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy generally looks professional and is suitable for the services it offers. But, it would benefit from updating and re-decorating. The pharmacy signposts its consultation room so it is clear to people that there is somewhere private for them to talk.

Inspector's evidence

The pharmacy was small but generally presented a professional image. The staff did their best to manage the available space. The dispensing benches had some baskets stored on top of one another which increased the risk of errors (but see under principle 1). The floors were mainly clear but some assembled compliance aids, waiting to be checked, were stored on the floor due to space constraints. The premises were clean but would benefit from updating and re-decorating. The bell on the front door was not working. The front door was difficult to close. There was a damp, outside wall in the consultation room and the plaster was peeling off here. At the beginning of the inspection, the portable radiator in the consultation room had not been turned on. This meant that the room was cold. In addition, the inadequate heating in the consultation room, probably compounded the issue with the damp, outside wall.

The consultation room was small but the door opened outwards and so, access by the emergency services, if necessary, should not be impeded. The room was signposted and contained a sink and two chairs. The chairs were covered with fabric which may make them difficult to clean. Conversations in the consultation room could not be overheard. The computer screens were not visible to customers. The telephone was cordless and all sensitive calls were taken in the consultation room or out of earshot.

There was air conditioning in the pharmacy, but not in the consultation room. The temperature in the pharmacy was below 25 degrees Celsius. There was good lighting throughout. All items for sale were healthcare related.

Principle 4 - Services ✓ Standards met

Summary findings

Most people can access the services the pharmacy offers. But, some people with specific mobility needs may have difficulty entering the pharmacy. The pharmacy manages its services effectively to make sure that they are delivered safely. The team members make sure that people have the information that they need to use their medicines properly. And, they intervene if they are worried about anyone. The pharmacy gets its medicines from appropriate sources. It stores and disposes of them safely. The team members make sure that people only get medicines or devices that are safe.

Inspector's evidence

There was wheelchair access to the pharmacy and the consultation room but the bell on the front door, alerting staff to anyone who may need assistance entering the pharmacy, was not working. The staff could access an electronic translation application for use by non-English speakers and they had done this in the past. The pharmacist spoke the common Asian languages. The pharmacy could print large labels for sight-impaired patients.

Advanced and enhanced NHS services offered by the pharmacy were Medicines Use Reviews (MURs), New Medicine Service (NMS) and the new Community Pharmacy Consultation Service (CPCS). The pharmacist had completed suitable training for the provision of the latter. The pharmacy had no supervised substance misuse patients and they had not offered flu vaccinations in the 2019 and 2020 season.

Several domiciliary patients received their medicines in compliance aids. These were assembled in a small area in the stock room on a four-week rolling basis and evenly distributed throughout the week to manage the workload. There were dedicated folders for these patients where all the relevant information such as hospital discharge sheets and changes in dose were kept. There was also a concise audit trail of changes for easy referral by the pharmacist at the checking stage. The assembled compliance aids were as tidily as the space allowed. Procedures were in place to ensure that all patients, who had their medicines in compliance aids and were prescribed high-risk drugs, were having the required blood tests.

There was a good audit trail for all items ordered on behalf of patients by the pharmacy and for all items dispensed by the pharmacy. Green 'see the pharmacist' stickers were used. The pharmacist routinely counselled patients prescribed high-risk drugs such as warfarin and lithium. International normalised ratios (INR) were recorded. He also counselled patients prescribed amongst others, antibiotics, new drugs and any changes. He was seen to counsel a patient prescribed metronidazole. CDs and insulin were packed in clear bags and these were checked with the patient on hand-out. In addition, these items also received a second check by the pharmacist prior to hand-out to reduce the risk of errors. All the staff were aware of the sodium valproate guidance relating to the pregnancy protection programme. The pharmacy had identified seven 'at risk' patients. These had been counselled and guidance cards were included with each prescription for them.

All prescriptions containing potential drug interactions, changes in dose or new drugs were highlighted to the pharmacist. One was seen highlighting a change in dose of bisoprolol. Signatures were obtained indicating the safe delivery of all medicines and owing slips were used for any items owed to patients.

Potential non-adherence or other issues were identified at ordering. Any patients giving rise to concerns were targeted for counselling. Suitable patients were encouraged to use the company's managed repeat prescription service to reduce wastage, to optimise the use of medicines and to identify any non-adherence concerns. The pharmacist reported that he identified non-adherence concerns during MURs. He also identified side effects such as from amlodipine and patients who were not using their steroid inhalers correctly. The pharmacist escalated any such concerns to the patient's doctor with their consent.

Medicines and medical devices were obtained from AAH, Alliance Healthcare and Lexon. Specials were obtained from Quantum Specials. Invoices for all these suppliers were available. A scanner was used to check for falsified medicines as required by the Falsified Medicines Directive (FMD). CDs were stored tidily in accordance with the regulations and access to the cabinet was appropriate. There was one patient-returned CD and a few out-of-date CDs. These were clearly labelled and separated from usable stock. Appropriate destruction kits were on the premises. Fridge lines were correctly stored with signed records. Date checking procedures were in place with signatures recording who had undertaken the task. Designated bins were available for medicine waste and used. There was a separate bin for cytotoxic and cytostatic substances and a list of such substances that should be treated as hazardous for waste purposes.

There was a procedure for dealing with concerns about medicines and medical devices. Drug alerts were received electronically, printed off and the stock checked. Any required actions were recorded electronically. The pharmacy had received an alert on 3 February 2020 about ranitidine 300mg tablets. The pharmacy had 91 affected tablets which were returned to the wholesaler. This was recorded.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment for the services it offers. And, the team members make sure that it is clean and fit-for-purpose.

Inspector's evidence

The pharmacy used British Standard crown-stamped conical measures (10 - 100ml). There were tablet-counting triangles, one of which was kept specifically for cytotoxic substances. These were cleaned with each use. There were up-to-date reference books, including the British National Formulary (BNF) 78 and the 2019/2020 Children's BNF. There was access to the internet.

The fridges were in good working order and maximum and minimum temperatures were recorded daily. The pharmacy computers were password protected and not visible to the public. There was a cordless telephone and any sensitive calls were taken in the consultation room or out of earshot. Confidential waste information was collected for appropriate disposal. The door was always closed when the consultation room was in use and no conversations could be overheard.

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.