

Registered pharmacy inspection report

Pharmacy Name: M W Phillips Chemists, University Of Warwick,
Health Centre Road, COVENTRY, CV4 7AL

Pharmacy reference: 1103783

Type of pharmacy: Community

Date of inspection: 25/09/2019

Pharmacy context

This is a community pharmacy located in the students union building at Warwick University. The pharmacy opens five days a week. It sells a range of over-the-counter medicines and dispenses prescriptions. It supplies medication in multi-compartment compliance packs to a couple of people who need help in managing their medicines at home. The pharmacy also offers a private on-line GP consultation service (MEDICSPOT).

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 not all met	1.6	Standard not met	The pharmacy's controlled drug and private prescription records are not maintained in line with requirements.
2. Staff	Standards not all met	2.1	Standard not met	The pharmacy's staffing profile especially during university's term time does not provide assurances that services can be delivered effectively. The pharmacy manager is unable to leave the dispensary to deliver other services or complete his routine tasks such as record keeping in a timely manner.
		2.2	Standard not met	The medicine counter assistant is not trained or undertaking the required training for her role.
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 not all met

Summary findings

The pharmacy has procedures in place for the services it offers. Members of the pharmacy team aim to minimise risks associated with providing services. But they don't routinely review the mistakes that they correct during the dispensing process. So, they may be missing opportunities to improve the safety and quality of the services they provide. The pharmacy generally keeps people's private information securely. But it doesn't make sure that the records it must keep by law are completed on time. And its records do not contain all the information they need to. So, they may not always be reliable if there is a query.

Inspector's evidence

The pharmacy had a range of written standard operating procedures (SOPs) which had been issued in 2017 and were due to be reviewed in June 2019. Members of the pharmacy team had read and signed the SOPs. And they understood the tasks they could or could undertake in the absence of a pharmacist. But their roles and responsibilities had not been clearly defined within the SOPs. This could mean staff members may not always be undertaking tasks as intended. A Responsible Pharmacist (RP) notice was prominently displayed in the pharmacy and a medicine counter assistant could explain the tasks she could or could undertake in the absence of an RP.

The pharmacy had systems to review the safety and quality of its pharmacy services. The pharmacy manager described some of the actions taken to prevent risks in the dispensing process, such as separating 'look-alike' and 'sound-alike' medicines. The records for near misses and dispensing errors were sparse. There were a couple of dispensing incidents between 2016 and 2018. The pharmacy manager said that very few near misses or dispensing errors occurred in the pharmacy as the volume of dispensing was low and he normally incorporated a mental break between labelling, dispensing and checking prescriptions. He also ensured that medicines were always stored in an organised fashion to minimise picking errors when dispensing prescriptions.

The pharmacy had a complaints procedure. But information about this was not advertised in the pharmacy. And the pharmacy's practice leaflet was not available. Feedback from the patient survey conducted over 2018 and 2019 was posted on the NHS website and 96% of respondents were satisfied overall with the service provided by the pharmacy. There was some feedback about the comfort and convenience of the waiting area. The pharmacy had a couple of chairs available for people waiting for services. But the covering on these was stained and torn.

The pharmacy had appropriate indemnity insurance arrangements and the certificate was on display in the pharmacy. The RP records were up to date and complete. Records about controlled drugs (CDs) were not maintained in line with requirements. Running balances were audited periodically. A random balance check of a CD during the inspection did not match the recorded balance in the register. CDs returned by people for disposal were recorded and denaturing kits were used for safe disposal. Records for unlicensed medicines were in order. But records about private prescriptions were not up-to-date and did not include the date the prescription was written or the date the prescription was dispensed. There were approximately fifty private prescriptions dispensed between March 2019 and the current date that had not been entered in the private prescription book.

The pharmacy's privacy notice was on display and it informed people how their private information was managed in the pharmacy. Members of the pharmacy had all signed confidentiality agreements. Confidential information was separated and shredded in the pharmacy. The pharmacy's computers were password protected and the pharmacy manager used his own NHS smartcard to download electronic prescriptions. Prescriptions awaiting collection were stored securely and private information on them was not visible to people visiting the pharmacy.

The pharmacy had procedures about safeguarding vulnerable people and members of the pharmacy team had read and signed the safeguarding SOPs. The pharmacy manager had completed Level 2 safeguarding training and contact details for local agencies were available for staff to escalate any safeguarding concerns.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy manager has the appropriate skills and qualifications for his role. But there are not enough suitably qualified staff for the pharmacy to operate effectively. The pharmacy manager manages the dispensary single-handedly and is often interrupted during the dispensing process. This could increase the risk of dispensing errors.

Inspector's evidence

The pharmacy team consisted of a full-time pharmacy manager and a medicine counter assistant. Staff from other branches were used to cover the team's annual holidays and unplanned absences.

The medicine counter assistant had been registered on a course but had not been able to complete her training. The deadline for the completion of the course had elapsed. Although both staff were working well together and supportive of each other they were struggling to cope with the workload. The pharmacy manager was trying to dispense prescriptions but was constantly being interrupted to attend to people wanting advice and recommendations for their ailments.

The pharmacy manager said he was not pressurised to deliver targets for services such as Medicines Use Reviews (MURs). He said the opportunities for MURs were few as most of the students on the campus tended to have acute prescriptions.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are adequate for the services it provides. But its overall tidiness could be improved.

Inspector's evidence

The pharmacy was clean, tidy and adequately maintained. But there were some redundant fixtures and fittings in the room adjacent to the dispensary. These were visible to the people visiting the pharmacy and somewhat detracted the pharmacy's professional image.

The sink in the dispensary for preparation of medicines was clean and had a supply of hot and cold running water. Members of the pharmacy team had access to university's hygiene facilities. There was adequate lighting throughout the premises.

A consultation room was available for counselling and it was suitable for private conversations. The room was clean but could not be locked when not in use. And there were some folders containing people's private information, equipment and sharps bin stored in the room. This was brought to the pharmacy manager's attention and he said arrangements would be made to get a lock installed as soon as possible. The pharmacy was lockable and secured against unauthorised access when it was close.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a limited range of services and these are generally delivered safely. It obtains its medicines and medical devices from reputable supplies and stores them appropriately. And it takes the right actions if any medicines are not safe to use to protect people's health and wellbeing.

Inspector's evidence

The entrance to the pharmacy was step free. The retail area of the pharmacy was clear of slip or trip hazards. And there was some seating available for people waiting for services. A range of leaflets and posters were on display providing information about various healthcare matters. Members of the pharmacy team used their local knowledge to signpost people to other providers if a service required was not offered at the pharmacy. The workflow in the pharmacy was organised and different coloured baskets were used 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.

The pharmacy supplied medicines in disposable multi-compartment compliance packs to a couple of people who had difficulties in managing their medication. The pharmacy kept records about the packs and these listed the medicines and administration timings. Prescriptions were checked against these records and any anomalies were discussed with the surgery. The pharmacy manager said that he had conducted a verbal needs assessment to decide whether people would benefit from having these packs before the service started. At the time of the inspection there were no multi-compartment compliance packs assembled or awaiting collection. But the pharmacy manager confirmed that descriptions of individual medicines were included within the compliance packs and patient information leaflets were routinely supplied.

The pharmacy manager was aware of the valproate pregnancy prevention programme and knew which people needed to be provided with additional advice about its contraindications and precautions. Educational resources were available for supply to people when valproate was dispensed. The pharmacy did not have a specific system to mark higher-risk medicines. The pharmacy had a small number of people who took warfarin and the pharmacy manager said he often enquired about the status of their therapeutic monitoring but these were not routinely recorded on the person's medication records.

The pharmacy offered the use of its consultation room to provide a private online GP consultation service. People wishing to use the service could make an appointment via the website or by telephone. The setup of the computer and the equipment was provided by MEDICSPOT. And the service involved the person having a consultation with the GP via a webcam. They would be guided by the GP about how to use the diagnostic equipment such as the pulse oximeter, camera, stethoscope, thermometer or blood pressure meter. Any prescriptions generated from the consultation were emailed to the pharmacy. The pharmacy manager said that most consultations did not result in a prescription being generated. Approximately six consultations were undertaken in a typical month. The service could not be used for emergencies such as suspected heart attack or severe chest pain, suspected stroke or seizures or unrelenting high fever. A list of items that could not be prescribed under any circumstances was on display in the consultation room. Medicines that could not be prescribed included Schedule 2

CDs, some benzodiazepines, Co-dydramol, Co-codamol 30/500 and chloral hydrate. Photographic identification was needed for the supply of some medicines including diazepam, zopiclone and codeine. And supply quantities and frequencies were also restricted. The pharmacy manager said he had no concerns about inappropriate prescribing and majority of prescriptions were for non-CD items.

The pharmacy's services offered under private patient group directions (PGDs) were currently not being offered. The pharmacy manager said that the PGDs had expired. He was yet to be accredited for the supply of emergency hormonal contraception (EHC) as a funded service. He was in the process of completing his declaration of competence. But he was able to make supplies of EHC over the counter.

Medicines were obtained from licensed wholesalers and unlicensed specials were obtained from specials manufacturers. No extemporaneous dispensing was carried out. Pharmacy-only medicines were stored out of reach of the public. At the time of the inspection, the pharmacy was not yet compliant with the Falsified Medicines Directive (FMD). The pharmacy manager said that he was awaiting further guidance from the superintendent pharmacist but was aware that the pharmacy had been registered with a provider.

Medicines requiring cold storage were kept in a pharmaceutical refrigerator and these were stored between 2 and 8 degrees Celsius. The maximum and minimum fridge temperatures were monitored and recorded daily. All CDs were stored appropriately. Other medicines returned by people were separated into designated bins and disposed of properly. Prescriptions for CDs that did not need to be stored in the cabinet were not highlighted with their validity date. The pharmacy manager said that most prescriptions were collected within the 28-day expiry period. The pharmacy kept date-checking records but there was no process to highlight short-dated medicines to help make sure they were removed at an appropriate time. There were quite a few short-dated medicines found on the shelf. The pharmacy manager said he routinely checked expiry dates when dispensing and checking prescriptions. The pharmacy had a process to deal with safety alerts and medicines recalls. Records of these and the actions taken by the pharmacy manager were kept to provide an audit trail.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy generally has the equipment and facilities it needs for the services it provides.

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 computer terminals were not visible to people visiting the pharmacy. A consultation room was available for private conversations and counselling. The dispensary was clearly separated from the retail area and afforded good privacy for the dispensing operation and any associated conversations or telephone calls.

Equipment for counting loose tablets and capsules was clean. And a range of clean crown-stamped glass measures were available at the pharmacy. Alcohol wipes were used to clean diagnostic equipment. And all electrical equipment appeared to be 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.