

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: 06/08/2020

Pharmacy context

A community pharmacy located in the student's union building at Warwick University. The pharmacy's opening hours were changed at the start of the COVID-19 pandemic and it currently opens only on Tuesdays and Thursdays from 11am to 5pm. The pharmacy sells a range of over-the-counter medicines and dispenses prescriptions. It supplies medicines in multi-compartment compliance packs to a very few people who live in their own homes. The inspection was carried out during the COVID-19 pandemic.

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	N/A	N/A	N/A
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 met

Summary findings

The pharmacy generally manages risks to help ensure its services are delivered safely and effectively. Members of the pharmacy team take some actions to help minimise mistakes in the dispensing process. The pharmacy keeps the records it needs to by law and has written procedures on keeping people's private information safe. And members of the public can express their views on the quality of services provided by the pharmacy.

Inspector's evidence

A range of NHS and other posters about COVID-19 were displayed by the entrance of the pharmacy. Social distancing floor stickers had been placed indicating where people should stand. But the minimal footfall and absence of any queue outside the pharmacy meant that there were no difficulties in people maintaining social distance. The pharmacy had received its initial allocation of personal protective equipment (PPE) from the NHS and subsequent orders had been sourced privately. Members of the pharmacy team had access to PPE and would wear it when conducting services where social distancing wasn't possible, such as when administering flu vaccinations. The medicine counter assistant said that she washed her hands regularly and used hand sanitiser frequently. The pharmacy had completed its health risk assessment for each staff member. And the business continuity plan had been updated centrally by the superintendent pharmacist.

As found during the previous inspection, the pharmacy had a range of standard operating procedures (SOPs) which had been issued in 2017 and were due for review in June 2019. Members of the pharmacy team had read and signed these SOPs. The superintendent pharmacist confirmed via a telephone call after the visit that a set of new SOPs had been developed, which included pandemic-related changes. And these were due to be rolled out to all pharmacies within the company in September.

The pharmacy manager explained the process he would follow to record any mistakes made during the dispensing process. However, since April, the pharmacy's dispensing workload had decreased significantly, and the pharmacy manager said that there had been no dispensing mistakes that had occurred. Some of the measures previously taken to prevent mistakes during the dispensing process included separating medicines that had similar packaging or similar names. The pharmacy manager also said that he was able to comfortably incorporate a mental break between various tasks in the dispensary. And this had helped improve focus and reduce mistakes happening during the dispensing process.

A Responsible Pharmacist (RP) notice was prominently displayed in the pharmacy. A recently qualified medicine counter assistant (MCA) demonstrated a good understanding of the tasks she could not undertake in the absence of a RP. The pharmacy had appropriate insurance arrangements in place for the services it provided. The RP records were appropriately maintained. The records for the supply of unlicensed medicines and private prescription records were in order. The pharmacy's controlled drug (CD) registers were kept in line with requirements and registers' running balances were checked periodically.

The pharmacy had a complaints procedure. But information about this was not advertised in the

pharmacy. Members of the pharmacy team usually conducted an annual survey to seek people's views about the quality of services the pharmacy provided. But this year's survey had been delayed due to the pandemic. The results from the previous year's survey were available and posted on the NHS website. 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 one of the chairs was torn and this somewhat detracted from the pharmacy's professional image.

The pharmacy's privacy notice was advertised, and it gave information about how the pharmacy safeguarded people's private information. Members of the pharmacy team had all signed confidentiality agreements and confidential waste was shredded in the pharmacy. The pharmacy's computers were password protected and the pharmacy manager used his 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 protecting vulnerable people and the pharmacy manager had completed appropriate training. Local contact details were available for reporting any safeguarding concerns. The pharmacy had not had any formal safeguarding concerns to date. The pharmacy manager said that he knew where to signpost people experiencing domestic abuse to access specialist support.

Principle 2 - Staffing ✓ Standards met

Summary findings

Members of the pharmacy team work well together and can manage their current workload effectively. And they have access to training resources to help keep their skills and knowledge up to date.

Inspector's evidence

The pharmacy team consisted of a full-time pharmacy manager and a trained MCA. Members of the pharmacy team from other branches were used to cover any unplanned absences and annual leave. The team were managing their workload comfortably. The footfall in the pharmacy had decreased significantly as the university campus was closed.

The MCA had completed her training in February 2020 and her certificate was on display in the pharmacy. She had access to training material supplied by various companies to help keep her skills and knowledge up to date. And she said she was well supported by the pharmacy manager.

The pharmacy manager did not have any targets for enhanced services as none were currently being offered from the pharmacy.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are adequate for the services it provides. And they are kept secure from unauthorised access.

Inspector's evidence

The pharmacy was tidy and adequately maintained. 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 the university's hygiene facilities. There was adequate lighting throughout the premises. A suitable consultation room was available for private counselling. But the pharmacy manager said that the room was currently not being used for any services or consultations. The pharmacy was lockable and secured against unauthorised access when it was closed.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a small range of healthcare services and these are generally well managed. The pharmacy sources, stores and manages medicines safely, to ensure that all the medicines supplied to people are fit for purpose.

Inspector's evidence

The entrance to the pharmacy was via the student's union building and it 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 healthcare 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.

Most of the pharmacy's activity was dispensing NHS prescriptions. The workflow in the pharmacy was organised and dispensing was undertaken in an orderly manner. Different coloured baskets were used during the dispensing process to prioritise workload and minimise the risk of prescriptions getting mixed up. The pharmacy manager initialled dispensing labels to show who had dispensed and checked them. And owing notes were issued when items on the prescriptions could not be fully supplied.

The pharmacy manager was aware about the risks involved in dispensing sodium valproate to people in the at-risk group. There were leaflets and warning cards available in the dispensary. And shelf-edge stickers were used to prompt staff when dispensing these items. The pharmacy had a very small number of people who were prescribed warfarin and the status of their therapeutic monitoring was recorded on the person's medication records.

The pharmacy had a handful of people receiving their medicines in multi-compartment compliance packs. And records about the supply and the administration times were appropriately maintained. The pharmacy manager said that a verbal needs assessment had been conducted to decide whether people would benefit from having these packs. At the time of the inspection, there were no compliance packs assembled or awaiting collection. But the pharmacy manager confirmed that descriptions of individual medicines were included on the backing sheet and patient information leaflets were routinely supplied.

All CDs requiring secure storage were stored appropriately and a random check of the recorded running balance of a CD corresponded with the actual stock. The pharmacy had denaturing kits available to dispose of waste CDs safely.

Stock medicines were obtained from recognised wholesalers and these were stored appropriately. No extemporaneous dispensing was carried out. Pharmacy-only medicines were stored out of reach of the public. The pharmacy was not yet compliant with the Falsified Medicines Directive (FMD). The pharmacy manager said that he was awaiting further guidance from their superintendent pharmacist.

Medicines requiring cold storage were kept in a refrigerator and these were stored between 2 and 8 degrees Celsius. The maximum and minimum fridge temperatures were recorded when the pharmacy was open. Waste medicines returned by people were stored and disposed of properly. The pharmacy kept date-checking records and short-dated medicines were highlighted to help make sure they were

removed at an appropriate time. 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, providing an audit trail.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide its services safely. It maintains its equipment and facilities adequately.

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 the people visiting the pharmacy. The dispensary was clearly separated from the retail area and afforded good privacy for the dispensing operation and any associated conversations.

Equipment for counting loose tablets and capsules was clean. A range of crown-stamped measures was available for measuring liquid medicines. Members of the pharmacy team had enough supplies of personal protective 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.