

Registered pharmacy inspection report

Pharmacy Name: Holbrooks Pharmacy, 71-75 Wheelwright Lane,
COVENTRY, CV6 4HN

Pharmacy reference: 1104863

Type of pharmacy: Community

Date of inspection: 13/06/2019

Pharmacy context

This is a community pharmacy located within a health centre in Coventry and is one of several pharmacies owned by the same local company. It is open five days a week. It sells a range of over-the-counter medicines and dispenses prescriptions. And it also supplies medicines in multi-compartment compliance aids to people who need help managing their medicines 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 |
|--|-------------------|------------------------------|------------------|---|
| 1. Governance | Standards met | 1.2 | Good practice | The pharmacy records and learns from things that have gone wrong to help improve the safety and quality of services it provides. |
| 2. Staff | Good practice | 2.2 | Good practice | Members of the pharmacy team have the appropriate skills for their roles. They work well together and are supported by the superintendent pharmacist. They undertake ongoing training and this helps them keep their knowledge and skills up to date. |
| 3. Premises | Standards met | N/A | N/A | N/A |
| 4. Services, including medicines management | Standards met | 4.2 | Good practice | Members of the pharmacy team ensure people receiving higher-risk medicines are provided with appropriate information to help them take their medicines safely and effectively. |
| 5. Equipment and facilities | Standards met | N/A | N/A | N/A |

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy has safe and effective working practices. It manages risks appropriately by recording and reviewing any mistakes its staff make. And it keeps people's private information safe. It asks people for their views and uses their feedback to improve its services where possible. It keeps the records required by law to ensure that medicines are supplied safely and legally. Members of the pharmacy team understand how they can help protect vulnerable people.

Inspector's evidence

The pharmacy had a range of up-to-date standard operating procedures (SOPs) for the services provided. Members of the pharmacy team had read and signed the SOPs. A responsible pharmacist (RP) notice was prominently displayed and members of the pharmacy team were clear on the tasks they could or could not undertake in the absence of a RP.

The pharmacy had systems to review the safety and quality of its pharmacy services. Near misses were recorded and reviewed to help identify emerging trends. The superintendent pharmacist (SI) explained the procedure to record and report dispensing errors, and this included submitting reports to the National Reporting and Learning System. He discussed a recent dispensing error which had been reviewed fully and improvement actions taken to prevent a similar event. Weaknesses in delivery system had been identified and the SI was in the process of designing and delivering additional training to staff to improve the process.

The pharmacy had a complaints procedure and information for people about this was advertised in the pharmacy. Feedback from the most recent customer survey was on display in the pharmacy and posted on the NHS website. And it was generally very positive. The SI said that there was some feedback about people not liking the Prescription Ordering Direct (POD) service but this was out of the pharmacy's control.

The pharmacy's records for RP, controlled drugs (CDs), private prescriptions and unlicensed medicines were kept in line with requirements. CD running balances were checked each week. The balance of stock checked at random matched the recorded balance in the register. CDs that people had returned were recorded in a separate register when they were received.

Members of the pharmacy team had all signed confidentiality agreements and had undertaken General Data Protection Regulation (GDPR) training. Confidential waste was segregated and collected by a waste contractor for secure disposal. Access to the pharmacy's computer was password protected and restricted to authorised team members. And computer terminals were positioned away from the public view. Completed prescriptions were stored appropriately and people's personal details were not visible to the public. The pharmacy's privacy policy was advertised in the pharmacy and it informed people how the pharmacy managed private information.

The pharmacy had safeguarding procedures and the SI had completed level 2 safeguarding training. Members of the pharmacy team had completed safeguarding training relevant to their roles. Details for local safeguarding agencies were available in the pharmacy so the team members had ready access to these if they needed to report a concern. The pharmacy had appropriate indemnity insurance

arrangement and it was valid up to 31 July 2019.

Principle 2 - Staffing ✓ Good practice

Summary findings

Members of the pharmacy team have the appropriate skills and qualifications for their roles. And they work well together and are supportive of each other. They are supported by the superintendent pharmacist and undertake ongoing training. This helps them keep their knowledge and skills up to date.

Inspector's evidence

The SI who worked at the pharmacy on a regular basis was the RP working at the time of the inspection. Also present was a second pharmacist, two dispensers and two medicine counter assistants. A pre-registration student and a technician were on days off. The company's relief pharmacists were used to cover the SI's annual leave. The SI was also a qualified independent prescriber.

Members of the pharmacy team were working well together and were managing their workload well. The workflow in the dispensary was adequately organised albeit the dispensary was very compact and had limited space.

Members of the pharmacy team said that the SI gave regular feedback about staff performance and they would not hesitate to raise any concerns as they were very well supported by with him. The SI was involved in delivering mandatory training such as Falsified Medicines Directive (FMD), information governance (IG) and GDPR to the members of the pharmacy team across four branches.

Members of the pharmacy team had access to ongoing training to help keep their skills and knowledge up to date. The training modules were provided by the pharmacy's insurers and records of training completed were kept. There were no targets or incentives set.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are secure and adequate for the services it provides.

Inspector's evidence

The retail area of the pharmacy was small but adequately maintained. People waiting for services could use the surgery's waiting room. The dispensary was very compact but members of the pharmacy team had utilised space well. It had just about adequate bench and storage space to allow safe working. There were some bulky items stored on the floor and some areas in the dispensary appeared somewhat cluttered. Obstructed floor spaces can increase the risk of slips or trips. A dispensary sink was available for medicines preparation and it had a supply of hot and cold water.

A private and clearly advertised consultation room was available to enable people to have private conversations with members of the pharmacy team. The room doubled-up as a storage room and this somewhat detracted from the image presented.

Members of the pharmacy team had access to the health centre's hygiene facilities. The heating, lighting and ventilation were adequate, and the pharmacy was secured against unauthorised access when it was closed.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy delivers its services in a safe and effective manner, and people with a range of needs can access them. It gets its medicines from reliable sources and stores them appropriately. And it takes the right action if any medicines or devices are not safe to use, to protect people's health and wellbeing. Members of the pharmacy team utilise the small dispensing space well to provide services safely.

Inspector's evidence

The medical centre had a car park for people to use. It had automated doors and its entrance was step free. The pharmacy's opening hours and services it offered were advertised in-store. The pharmacy team members used their local knowledge to signpost people to other providers if a service required was not offered at the pharmacy. The pharmacy offered a delivery service and the delivery driver kept records of signatures from people when medicines were delivered to their homes.

Members of the pharmacy team used different coloured baskets during the dispensing process to prioritise workload and minimise the risk of prescriptions getting mixed up. Owing slips were issued to provide an audit trail when the prescriptions could not be fully supplied. 'Dispensed by' and 'checked by' boxes were initialled on the dispensing labels to provide an audit trail of which members of staff had been involved in these stages.

The pharmacy supplied medicines in disposable multi-compartment compliance aids to some people who had difficulties in managing their medication. These compliance aids were assembled on a separate bench albeit the space in the dispensary was extremely limited. The pharmacy kept records for everyone who received compliance aids and these listed the medicines and administration timings. Prescriptions were checked against these records and any anomalies were discussed with the surgery. And changes were documented and dated. Descriptions of individual medicines contained within the compliance aids and a dispensing audit trail were both present on the packs checked. Patient information leaflets (PILs) were supplied routinely with these compliance aids.

The pharmacy had currently one person on substance misuse treatment. The instalment doses were prepared in advance to reduce the waiting time for the person. The SI said people on substance misuse treatment were routinely advised to store their medicines safely and to keep their medicines out of the reach and sight of children. And people were monitored for any missed doses and concerns were shared with the local community drug team.

The SI was aware of the valproate pregnancy prevention programme and had briefed the recent guidelines to the members of the pharmacy team. He knew which people needed to be provided with additional advice about its contraindications and precautions. The pharmacy had patient information leaflets, warning stickers and cards for the supply of valproate. And it had undertaken a clinical audit for people prescribed valproate. The pharmacy did not currently have any people in the at-risk group. The SI showed how patient's medication records had been annotated as 'no chance of pregnancy' to reflect the checks that had been made.

Prescriptions for higher-risk medicines were highlighted to the dispensing team for them to give appropriate advice to people when these were supplied. The SI said members of the pharmacy team

asked people about therapeutic monitoring (INR) levels when dispensing warfarin prescriptions and these were routinely recorded on patients' medication records and evidence about this was provided.

Medicines were obtained from licensed wholesalers and unlicensed specials were obtained from specials manufacturers. No extemporaneous dispensing was carried out. Pharmacy (P) medicines were stored out of reach of the public. The pharmacy was compliant with the Falsified Medicines Directive (FMD) and appropriate SOPs about this were in place.

Medicines requiring cold storage were kept in a pharmaceutical refrigerator and stored between 2 and 8 degrees Celsius. The maximum and minimum fridge temperatures were monitored and recorded daily.

All CDs requiring secure storage were stored appropriately and access was controlled by the duty pharmacist. The pharmacy had denaturing kits available to dispose of waste CDs safely. Other medicines returned by people were segregated into designated bins and disposed of appropriately.

Prescriptions for CDs not requiring secure storage were highlighted with CD stickers to ensure that these were not handed out after the prescription had expired. Medicines were date checked at regular intervals and the checks were recorded. Short-dated medicines were marked so that they could be identified and removed at an appropriate time. The pharmacy kept records for safety alerts and recalls. A recent recall of valsartan had been actioned and filed.

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

The pharmacy had access to the internet and various other reference sources. A range of crown stamped glass measures and equipment for counting loose tablets and capsules were available at the pharmacy. All electrical equipment appeared to be in good working order.

Access to the pharmacy computers and patient medication record system was restricted to the members of the pharmacy team and was password protected. Computer terminals were not visible to customers. And a private consultation room was available for private conversations and counselling.

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. |