

Registered pharmacy inspection report

Pharmacy Name: Foleshill Pharmacy, 579A Foleshill Road,
COVENTRY, West Midlands, CV6 5JR

Pharmacy reference: 1107647

Type of pharmacy: Community

Date of inspection: 13/06/2019

Pharmacy context

This is a community pharmacy located on a busy road, in Coventry. It is open for 100 hours per week. It sells a range of over-the-counter medicines, dispenses prescriptions and has clients on substance misuse treatment. It also supplies medicines in multi-compartment compliance packs to some people who need help managing 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	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 is generally managing the risks associated with its services. It maintains all its records required by law. Its team members understand how they can help to protect vulnerable people. And it protects people's private information. But, the pharmacy's written procedures have not been recently reviewed and they do not set out clearly the roles and responsibilities of its team members. So the team members may not always be sure about their roles or how to undertake certain tasks safely.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOP) for the services it provided. These were last reviewed in 2016. Training records were available to provide confirmation that all staff members had read and signed the SOPs. However, roles and responsibilities were not described within the SOPs. An incorrect Responsible Pharmacist (RP) notice was on display. But this was rectified when pointed out to the RP. The medicine counter assistant was clear about the tasks she could or could not undertake in the absence of a RP.

The pharmacy kept records of near misses and dispensing errors. Near misses were discussed with the team members as and when they happened. Two dispensing errors had been recorded in 2017. Records of near misses and dispensing errors were vague and did not include much detail about contributory factors or learning points. This could make it harder for the pharmacy to carry out any meaningful analysis of such events or mitigate future dispensing errors.

The pharmacy had a complaints procedure and information for people about this was advertised in the pharmacy albeit not very prominently. Results of the most recent survey were advertised in store. And 100% of people who had completed the survey had rated the pharmacy as very good or excellent.

The pharmacy had appropriate indemnity insurance arrangements in place. Indemnity insurance was provided by NPA valid to 31 July 2019. The pharmacy's records for RP, controlled drugs (CDs), private prescriptions and unlicensed specials were generally maintained in line with requirements. The running balances of CDs were not checked weekly as required by the SOPs. The physical stock balance of an item checked at random matched the recorded balance in the register.

The pharmacy had an information governance (IG) policy and its team members had signed a confidentiality agreement. The pharmacy's confidential waste was shredded and people's personal details on the prescriptions awaiting collection were not visible to the public.

A safeguarding policy was in place and the locum pharmacist on duty had completed level 2 safeguarding training. Details of local safeguarding agencies were available in the pharmacy so the pharmacy team members had ready access to these if they needed to report a concern.

Principle 2 - Staffing ✓ Standards met

Summary findings

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

Inspector's evidence

A locum pharmacist who worked at the pharmacy regularly and a medicine counter assistant were present at the time of the inspection. They were working well together and supporting each other. The pharmacy was quiet, and the team were managing their workload adequately. The pharmacy also employed a part-time dispenser and a medicine counter assistant. But they were not on duty at the time of the inspection. The superintendent pharmacist (SI) was the RP for approximately 35% of the pharmacy's opening hours and a business partner and other regular locum pharmacists covered the rest of the pharmacy's opening hours.

Members of the pharmacy team said that the SI gave regular feedback about staff performance and staff appraisals were conducted informally. The pharmacy team members had access to counter-skills books, trade magazines and journal articles to help keep their skills and knowledge up to date. The pharmacy did not routinely keep records of training undertaken by its team members.

The RP said he had worked for the pharmacy for a number of years and felt very comfortable about discussing any concerns he may have with the owners of the pharmacy. The RP did not have any specific targets or incentives set.

Principle 3 - Premises ✓ Standards met

Summary findings

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

Inspector's evidence

The front fascia of the pharmacy appeared dated and the pharmacy had not received a refit for some time. And this was reflected in the appearance of some of the fixtures and fittings.

The dispensary was adequately maintained. There was just about enough storage and bench space available to allow safe working. The floor space in the dispensary was obstructed with bulky dispensed items, boxes, and baskets of completed prescriptions awaiting a final check. The presence of these items increased the risk of slips or trips for staff. The retail area of the pharmacy was clear of similar obstructions and could accommodate wheelchairs and prams.

The pharmacy's consultation room was being refurbished at the time of the inspection. The room was private and it had enough space to fit a desk and two chairs. And it could just about accommodate people with wheelchairs. Members of the pharmacy team had access to adequate hygiene facilities. The premises were lockable and secured against unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally provides its services safely and effectively. It obtains its medicines and medical devices from reputable sources. And it stores them in accordance with legal requirements and at the appropriate temperatures. But some people who receive higher-risk medicines may not be getting all the information they need to take their medicines safely. And the pharmacy has not kept recent records of what it has done in response to safety recalls. So it is harder for the pharmacy to show that it always takes the right action to protect people's health and wellbeing.

Inspector's evidence

The entrance to the pharmacy had a ramp with the outside pavement to help assist people with mobility difficulties. There was some seating available for people waiting for services. The pharmacy's opening hours and the 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. Members of the pharmacy could speak to people in several languages including Somali, Urdu and Punjabi. The pharmacy offered a delivery service mainly to housebound and vulnerable people.

The workflow in the pharmacy was organised. The RP was assembling and checking prescriptions single-handedly. But they said they incorporated a mental break between these stages in the dispensing process to reduce risks. Different coloured baskets were used during the dispensing process to prioritise workload and minimise the risk of prescriptions getting mixed up. Owing slips were issued to people to provide an audit trail when a prescription could not be supplied fully when first dispensed. The instalment doses for substance misuse clients were prepared in advance to reduce the waiting time for people.

The pharmacy supplied medicines in disposable multi-compartment compliance packs to approximately 20 people who had difficulties in managing their medicines. The pharmacy kept records for everyone who received compliance packs and these listed the medicines and administration timings. Prescriptions were checked against these records and any anomalies were discussed with the surgery. Descriptions of individual medicines contained within the compliance packs and a dispensing audit trail were both present on the packs checked. Patient information leaflets were supplied routinely with these packs.

The RP was aware of the valproate pregnancy prevention programme and knew which people needed to be provided with advice about its contraindications and precautions. But he could not recall receiving any patient guides or information leaflets. The RP said he would order the pharmacy resource pack from the manufacturers as soon as possible. The pharmacy did not currently have any people in the at-risk group.

Prescriptions for CDs not requiring secure storage like pregabalin were not marked with their validity dates. This may increase the chances of medicines being handed out after the prescription has expired. The pharmacy had stickers available to mark prescriptions for higher-risk medicines such as methotrexate and warfarin. But these were not used routinely. And therapeutic monitoring test results,

such as INR levels, were not recorded on the patient's medication records. This could make it harder for the pharmacists to demonstrate that they have provided appropriate advice to people if there was a future query.

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. The pharmacy was not yet compliant with the Falsified Medicines Directive (FMD). The RP was not sure when the pharmacy was planning to implement FMD.

Medicines requiring cold storage were kept in a pharmaceutical refrigerator and stored between two and eight degrees Celsius. The maximum and minimum fridge temperatures were monitored and recorded daily. Clear bags were used for assembled refrigerated medicines to allow an additional check at hand out.

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. Other medicines returned by people were segregated into designated bins and disposed of appropriately. 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 received drug alerts and recalls by email. The RP explained how he checked the stock and recorded any action taken. But records of recent recalls or the action taken had not been kept. The last records made of actions taken in response to a drug alert were from July 2018.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy generally 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 consultation room was available for private conversations and counselling. The pharmacy did not yet have the SOP's in place to comply with the FMD.

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.