General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: M W Phillips Chemists, 12a School Street, Wolston, COVENTRY, CV8 3HF

Pharmacy reference: 1109126

Type of pharmacy: Community

Date of inspection: 17/12/2019

Pharmacy context

This community pharmacy is in a village and it dispenses NHS prescriptions that it generally receives from a local GP surgery. It supplies medicines in multi-compartment compliance packs to some people to help them organise their medicines. It provides Medicines Use Review (MUR) and New Medicine Service (NMS) consultations to help people with their medicines.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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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 mostly manages its risks well. It keeps records about mistakes and near misses to make improvements to safety. It keeps the legal records it needs to and makes sure that they are accurate. The pharmacy's team members know how to protect vulnerable people. And they manage people's personal information properly.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which covered its services. The SOPs were kept up to date by the pharmacy's head office. Most team members had signed records to show that they had read SOPs appropriate to their role. The SOP about medication deliveries hadn't been signed by a regular delivery driver and this was highlighted to the pharmacy team, so the record could be completed. The medicines counter assistant said that the delivery driver had read the SOP but had forgotten to sign the record. The responsible pharmacist's name and registration number were displayed on a notice in the retail area.

The pharmacy kept records about dispensing errors and near misses. It completed monthly reviews and it supplied information about its reviews to the head office. The regular pharmacist provided information about similar medication packaging that had been identified by the team and separated. Different strengths of amlodipine tablets had been separated to make sure the right medicine was selected by team members.

The pharmacy regularly asked people visiting the pharmacy to complete satisfaction surveys. The previous survey's results were generally positive. Team members also received verbal feedback. Most team members had worked in the pharmacy for several years and had a good rapport with people who visited the pharmacy. The pharmacy had information about the complaints process in its practice leaflet.

The pharmacy trained its team members about safeguarding vulnerable people. Some team members had received additional training from the Centre for Pharmacy Postgraduate Education (CPPE). Team members discussed their concerns with the pharmacist. A team member described an incident that had been discussed with a GP. The incident was discovered during a delivery of medicines to a person's home. Some people were offered multi-compartment compliance packs to help them organise their medicines. Team members had access to contact details for local safeguarding organisations which made it easier to escalate concerns.

The pharmacy had processes and guidance about information governance and confidentiality. Team members had received training about the General Data Protection Regulation. Dispensers had their own NHS smartcards to access electronic prescriptions. Confidential waste was separated so that it could be shredded.

Certificates were displayed which showed that there were current arrangements for employer's liability, public liability and professional indemnity insurance. The pharmacy kept required records about controlled drugs (CDs). The records included running balances, and these were checked regularly to keep the records accurate. Three CDs were chosen at random and the physical stock matched the

recorded running balances. Other records about the responsible pharmacist, returned CDs and private prescriptions were kept and maintained adequately.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. Its team members competently perform their roles. They have appropriate pharmacy qualifications and they receive some ongoing training to keep their knowledge up to date.

Inspector's evidence

At the time of the inspection there was the responsible pharmacist (a locum pharmacist) and a medicines counter assistant present. The pharmacy manager and dispenser were absent. The locum pharmacist contacted the pharmacy manager with queries when needed. People visiting the pharmacy were served efficiently and had a good rapport with the pharmacy's team members. The medicines counter assistant was appropriately supervised by the locum pharmacist to complete necessary tasks in the dispensary. The pharmacy had displayed contact details for other local branches and its head office. The pharmacist could speak to the superintendent pharmacist if he needed more support.

Team members had appropriate pharmacy qualifications. Ongoing training was generally informal, and this may have made it harder for team members to keep their knowledge up to date. The medicines counter assistant said that informal team discussions were used to provide information about services such as MUR and NMS consultations. The medicines counter assistant said that there was no pressure to achieve targets. She regularly referred to the pharmacist when it was appropriate.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy provides its services from suitable premises. It has enough space to store and dispense its medicines. And it has appropriate security arrangements to protect its premises.

Inspector's evidence

The pharmacy was clean and tidy. Its team members kept workbenches tidy so that there was enough space to complete tasks safely. The pharmacy's retail area was an appropriate size to accommodate people waiting for their medicines or other services. There was adequate heating and lighting throughout the pharmacy. The pharmacy had hot and cold running water available. The pharmacy had a suitably-sized consultation room which was used for private consultations and conversations. And it had appropriate security arrangements to protect its premises.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy adequately manages its services. It sources its medicines from reputable suppliers and generally makes sure that they are fit for purpose. The pharmacy's processes are not always fully documented or clearly organised, so there may be more risk introduced when the regular pharmacist is absent.

Inspector's evidence

The pharmacy's layout made it easier for people in wheelchairs to use the pharmacy. The door at the pharmacy's entrance wasn't automatic. The medicines counter assistant said that she would help people who needed to enter the pharmacy. The pharmacy didn't have its practice leaflet displayed which may have restricted some people's access to information about the pharmacy and its services. The pharmacy ordered prescriptions on behalf of some people. Some people who used the pharmacy, ordered their prescriptions directly with GP surgeries.

The pharmacy had invoices which showed that its medicines were obtained from licenced wholesalers. It used a fridge to store medicines that needed cold storage. The pharmacy's team members recorded daily fridge temperatures to make sure the fridge stayed at the right temperatures. CDs were stored appropriately. CDs which had gone past their 'use-by' date were clearly labelled and separated from other stock to prevent them being mixed up.

The pharmacy checked its stock's expiry dates regularly. It kept records about checks that it completed and medicines that had gone past their 'use-by' date. Medicines that were approaching their expiry date were highlighted to the team. Several medicines were checked at random and were in date. There were several opened bottles of liquid medicines which had not been labelled with the opening date. This meant that team members may not have been sure if the medicine was fit for purpose if they needed to be used again. This was discussed with the pharmacist so the bottles could be appropriately destroyed. Date-expired and medicines people had returned were placed in to pharmaceutical waste bins. These bins were kept safely away from other medicines. A separate bin was used for cytotoxic and other hazardous medicines. The pharmacist usually sorted through the returns to identify cytotoxic or hazardous medicines.

The superintendent pharmacist was making arrangement to ensure that team members used the installed equipment and software to help verify the authenticity of medicines and to comply with the Falsified Medicines Directive. The pharmacy received information about medicine recalls. It kept records about the recalls it had received and the actions that had been taken. This included a recent recall about ranitidine.

Dispensers used baskets to make sure prescriptions were prioritised and medicines remained organised. Computer-generated labels contained relevant warnings and were initialled by the dispenser and checker to provide an audit trail. The pharmacist generally labelled the prescriptions which allowed him to identify any interactions between medicines. The pharmacy's dispensing software highlighted interactions and these could be discussed with the pharmacist if prescriptions were labelled by other team members. The pharmacy organised medicines on storage shelves when they were ready for people to collect. Team members asked the pharmacist before handing-out these medicines so that any

advice or counselling could be provided. There were a small number of checked medicines on the shelves. Prescriptions were mostly kept with checked medicines awaiting collection. Some bags of dispensed medicines didn't have prescriptions attached and this may have made it difficult for appropriate advice to provided if the regular pharmacist wasn't present. The bags without prescriptions were usually for part-supplied prescriptions with medicines that were still owing to people. The dates on dispensing labels provided some indication if the prescription was still valid. Stickers were used to highlight dispensed CDs.

The regular pharmacist said that he asked people about relevant blood tests if they were supplied warfarin. However, the pharmacy didn't keep records about the conversations so it may have been more difficult for the pharmacist to monitor these medicines. The pharmacy team was aware about pregnancy prevention advice to be provided to people in the at-risk group taking sodium valproate. The pharmacy had up-to-date guidance materials to support this advice. The pharmacy delivered some people's medicines. It kept appropriate records about its deliveries which included the recipient's signature.

The pharmacy supplied medicines in multi-compartment compliance packs to some people. The team member who normally ordered the prescriptions and assembled the packs was absent. Assembled packs included descriptions which helped people to identify individual medicines in the pack. Patient information leaflets were supplied with the packs, so people had up-to-date information about their medicines. The locum pharmacist had assembled a pack, but it didn't include descriptions. This was highlighted to the pharmacist so the descriptions could be added.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the right equipment and facilities to provide its services. Its team members know who to contact to resolve maintenance issues. They use up-to-date references when they provide the pharmacy's services.

Inspector's evidence

The pharmacy's equipment was in good working order. Team members had the superintendent pharmacist's contact details to escalate maintenance issues so they could be resolved. Confidential information was not visible to people visiting the pharmacy. Computers were password protected to prevent unauthorised access to people's medication records. The pharmacy had the right equipment to accurately measure liquids and to count loose tablets. The pharmacy's team members accessed up-to-date reference sources on the internet.

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.