

Registered pharmacy inspection report

Pharmacy Name: Windmill Late Night Pharmacy, 2-8 Longford Road,
Longford, COVENTRY, CV6 6DX

Pharmacy reference: 1115367

Type of pharmacy: Community

Date of inspection: 08/05/2019

Pharmacy context

This is a 100 hour community pharmacy located on Longford road in Coventry. The pharmacy sells a range of over-the-counter medicines and dispenses NHS prescriptions. It has about sixteen clients on substance misuse treatment. And it also supplies medicines in multi-compartment compliance packs to approximately 10 people living at home.

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	1.2	Standard not met	The pharmacy lacks systems to review and manage the safety and quality of services it provides.
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards not all met	3.1	Standard not met	The pharmacy premises are cluttered, untidy and inadequately maintained for the safe provision of pharmacy services.
		3.3	Standard not met	The premises are not maintained to a level of hygiene appropriate for the provision of pharmacy services. The uncleanliness of work areas is such that it may represent a risk of contamination to medicines, medical devices or equipment.
		3.5	Standard not met	The pharmacy has insufficient lighting for its staff to be able to work safely.
4. Services, including medicines management	Standards not all met	4.3	Standard not met	Medicines and medical devices are not stored tidily or in an organised fashion. This could increase the risk of dispensing errors.
5. Equipment and facilities	Standards not all met	5.2	Standard not met	The pharmacy's measuring equipment is unclean and not fit for purpose.

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy has written procedures for the services it provides. But some of these have not been reviewed in over two years and more recent versions haven't been tailored to this pharmacy's activities. So, the procedures may not accurately reflect its current practise. And the superintendent pharmacist does not routinely record and review mistakes that are picked during the dispensing process. So, he may be missing opportunities to improve the safety and quality of the services he provides. The pharmacy keeps the records that it must do by law. And it manages people's confidential information appropriately. It has safeguarding procedures and the superintendent pharmacist understands how he can help to protect vulnerable people.

Inspector's evidence

The pharmacy had a range of standard operating procedures in place (SOPs). The superintendent pharmacist (SI) had recently downloaded a set of generic standard operating procedures (SOPs), produced by the pharmacy's insurers, and these were present in the pharmacy. However, the SI said he had not yet had time to tailor these newer SOPs to the pharmacy's activities. It was over 2 years since the previous SOPs had been reviewed.

The (SI) was the only member of staff working at the pharmacy and covered approximately 80% of the pharmacy's opening hours. A regular locum pharmacist covered the SI's day off. A Responsible Pharmacist (RP) notice was on display and the RP records were up-to-date. The SI could describe the procedure he would follow when recording dispensing errors but said no recent dispensing errors had occurred. The pharmacy had some records of near misses recorded in 2018. But there was no evidence of any action taken to mitigate risks in the dispensing process.

The pharmacy had a procedure for dealing with complaints. Information for people about how to make a complaint was included in the pharmacy's practice leaflet. But, these were not readily available for people visiting the pharmacy. The SI printed a copy for the inspector. Results of a customer satisfaction survey conducted in 2017-2018 were posted on the NHS website and were generally very positive. The pharmacy was yet to conduct the survey for this year.

The pharmacy's records for controlled drugs (CDs) and RP were maintained in line with requirements. Some of the RP records were difficult to read. The way the pharmacy audited running balances of CDs was not in line with its written procedures. The balance check of an item checked at random matched the recorded balance in the register.

The pharmacy dispensed very few private prescriptions and records for these were complete. Albeit some records were not legible. The superintendent pharmacist could not locate records for unlicensed medicines supplied. Patient-returned controlled drugs were recorded in a separate register.

The pharmacy's computer terminals were password protected and were positioned in such a way that they couldn't be seen by people using the pharmacy. Confidential waste was shredded in the pharmacy and prescriptions awaiting collection were stored in the dispensary and people's personal details on them were not visible to the public.

A safeguarding policy was in place and details of local safeguarding agencies were available in the pharmacy. The SI had completed Level 2 safeguarding training and a training certificate for completion of training was available. The pharmacy had appropriate indemnity insurance arrangements in place.

Principle 2 - Staffing ✓ Standards met

Summary findings

The superintendent pharmacist has the appropriate skills and qualifications for his role. And he is just about coping with the current dispensing workload. But he does not always complete other routine tasks such as housekeeping duties, record-keeping or managing stock effectively. This could increase the risk of errors and means that some parts of the premises do not look professional.

Inspector's evidence

The pharmacy opened for 100 hours a week and dispensed about 3500 prescription items in a typical month. The SI was the responsible pharmacist for approximately 80% of the pharmacy's opening hours. A regular locum pharmacist was employed to cover the SI's day off. There were no other staff members recruited.

The SI appeared to be managing his current workload. But processes in the pharmacy were very disorganised as discussed under principle 3 and 4. There was no clear workflow in the pharmacy. The SI dispensed and checked prescriptions single-handedly. But was aware of incorporating a mental break between dispensing and checking stages. There were no targets or incentives set.

Principle 3 - Premises Standards not all met

Summary findings

The public facing areas of the pharmacy premises are maintained adequately. But the condition of some other areas, including the staff toilet, is poor. The pharmacy's stock is not well-organised and there is excessive clutter throughout the dispensary, increasing the risk of accidents or mistakes.

Inspector's evidence

The retail area of the pharmacy was small but adequately presented. It was not routinely manned but a bell alerted the SI when people entered the pharmacy. The dispensary comprised of various small rooms, all of which were untidy and heavily cluttered with defunct equipment and paperwork. Medicines were stored haphazardly across all these rooms.

A private consultation room was available. But the SI said this was hardly used as he did not undertake any medicine use reviews (MURs). It was used as a storage room. The pharmacy's toilet was in a very poor state of repair and dirty. The lighting in the toilet was not working and the area was damp, dark and mouldy.

A dispensary sink was available for medicines preparation. And it had a supply of hot and cold water. The ventilation and lighting in some areas of the dispensary, particularly where the pharmacist carried out their accuracy checks was very poor. The room temperature appeared adequate for storage of medicines. The premises were secured against unauthorised access when closed.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy's services are accessible to most people and available over extended hours. And it obtains its medicines from licensed wholesalers. But these are not stored tidily or in an organised fashion. This could increase the risk of dispensing errors. The superintendent pharmacist clearly knows how to prepare compliance packs for his regular patients. But this service relies heavily on his own knowledge. The absence of supporting records may compromise people's care if he is not available to work.

Inspector's evidence

The entrance of the pharmacy had a concrete ramp to help people who had mobility difficulties to access the premises. There was some seating available for people waiting for services. The pharmacy had a range of healthcare leaflets and posters on display. And the pharmacy's opening hours were advertised by the front door of the pharmacy. The SI used his local knowledge to signpost people to other healthcare providers if a service required was not offered at his pharmacy.

The pharmacy offered a prescription delivery service and signatures were obtained from recipients when medicines were delivered to their homes, providing an audit trail that medicines had reached the right people.

The pharmacy's dispensing process was not well organised. The bench spaces were very congested and there was very little clear bench space available to allow safe working. Although the SI used baskets during the dispensing process to minimise the risk of prescriptions getting mixed up, the baskets were stacked up on each other increasing the risk of medicines falling out and getting mixed up with other prescription items awaiting a final accuracy check.

The SI dispensed medicines into multi-compartment disposable compliance packs for approximately 10 people. Apart from the prescriptions and the patient medication records, the pharmacy did not have additional records for compliance packs to show which sections medicines were to be put into. But the SI said he knew exactly what each person's requirements were. He was able to demonstrate the times and frequency of each medicine to be included in the compliance pack. The SI also confirmed that descriptions of individual medicines contained within the pack were included and patient information leaflets were routinely supplied. There were no dispensed compliance packs available at the pharmacy at the time of the inspection to check.

The SI said he was aware of the valproate pregnancy prevention programme and knew which patient groups needed to be provided with advice about its contraindications. The superintendent pharmacist said he could not recall receiving patient guides and information leaflets. But he would try and order information leaflets from the manufacturers.

Medicines were obtained from licensed wholesalers and invoices were available in the pharmacy. Medicines and medical devices were stored haphazardly in the dispensary. The superintendent pharmacist said he was in the process of storing these in alphabetical order. All CDs were stored in accordance with requirements and the access to the cabinet was controlled by the superintendent

pharmacist. Denaturing kits were used to dispose of waste CDs safely.

The SI said that medicines were date checked at regular intervals but the checks were not recorded. Some date-expired stock was seen to have been removed from in-date stock in the pharmacy. Stock medicines were checked at random during inspection and no date-expired stock was found on the shelves.

Prescriptions for CDs not requiring secure storage were not marked with their validity dates. But the superintendent pharmacist said he was aware they were valid for 28 days and ensured that prescriptions were not supplied beyond their validity period.

Prescriptions for higher-risk medicines such as warfarin were not marked to ensure that appropriate advice was offered when these were being supplied to people. But the SI said he knew all his patients on warfarin and enquired about their therapeutic monitoring (INR) levels. But this was not recorded on patient's medication records. This could make it harder for the pharmacist to demonstrate that he has provided appropriate advice to people if there was a future query.

Medicines requiring cold storage were kept in a large pharmaceutical refrigerator. The superintendent pharmacist said he monitored fridge temperatures daily but he could not locate the temperature records. Refrigerator temperatures were checked during the inspection and temperatures were within the appropriate range of 2 and 8°C. The pharmacy maintained records for safety alerts and recalls. A recent recall of Losartan tablets had been actioned and filed.

Principle 5 - Equipment and facilities **Standards not all met**

Summary findings

The pharmacy has adequate equipment and facilities for its services. But its measuring equipment for liquids is not fit for purpose.

Inspector's evidence

The pharmacy had access to internet and various reference sources. A range of measures were available; There were some plastic measures used and these were not clean. There were a couple of crown-stamped measures which were used specifically to measure out methadone solution to reduce the risks of cross-contamination.

The pharmacy had appropriate equipment to count loose tablets and capsules. Some of the dispensing sundries such as medicines bottles were dusty and not capped. This could increase the chances of cross contamination when used to dispense medicines. All electrical equipment appeared to be in good working order.

Access to the pharmacy's computers and patient medication record system was restricted to the members of the pharmacy team and was password protected. The pharmacy's computer terminals were not visible to customers. A private consultation room was available for private conversations and counselling. But this was mainly used as a storage room.

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.