

# Registered pharmacy inspection report

**Pharmacy Name:** Chemycare Pharmacy, 103 Leamington Road,  
Coventry, West Midlands, CV3 6GQ

**Pharmacy reference:** 9011132

**Type of pharmacy:** Community

**Date of inspection:** 31/05/2019

## Pharmacy context

This is a community pharmacy located within a health centre in a residential area of Coventry. It relocated into brand new premises in April 2019. The pharmacy is open five days a week. It sells a very small range of over-the-counter medicines and dispenses prescriptions. And it also supplies medicines in multi-compartment compliance packs to approximately 50 people living 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy generally has safe and effective working practices. It manages risks well by doing regular reviews and it maintains all its records required by law. Its team members understand how they can help to protect vulnerable people. And it has procedures in place to ensure people's private information is protected. But, the pharmacy's written procedures have not been reviewed since its relocation and they do not set out clearly the roles and responsibilities of its team members. This may mean that team members are not always sure about their role or how to undertake tasks safely.

### Inspector's evidence

The pharmacy had a wide range of generic standard Operating procedures (SOPs) which had been reviewed in 2018. 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. The SOPs had not been updated since its relocation and were not tailored to the pharmacy's current procedures and services offered. For example, quite a few SOPs had been annotated as "not applicable as no consultation room". 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 an RP.

The pharmacy had systems to review the safety and quality of its pharmacy services. The RP described some of the actions taken to prevent risks in the dispensing process, such as segregating medicines like omeprazole, lansoprazole, flucloxacillin, amitriptyline and amlodipine. Dispensing errors and near misses were recorded, reviewed and discussed to share learning and help identify emerging trends. Patient safety reports were completed each month and these were available in the pharmacy.

The pharmacy had a complaints procedure and information for people about this was included in the pharmacy's practice leaflet. Feedback from the most recent customer survey conducted at the previous location was posted on the NHS website and was generally very positive. The pharmacy had not yet conducted a customer survey in its current location.

The pharmacy had appropriate indemnity insurance arrangements in place. The pharmacy's records for RP, controlled drugs (CDs), private prescriptions and unlicensed medicines were maintained in-line with requirements. CD running balances were checked bi-monthly. 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.

An information governance policy was in place and members of the pharmacy team had all signed confidentiality agreements. The pharmacy's confidential waste was segregated and shredded in the pharmacy. And the pharmacy was registered with the Information Commissioner's Office (ICO). Access to the pharmacy's computer was password protected and restricted to authorised team members. And computer terminals were positioned away from public view. Completed prescriptions were stored appropriately and people's personal details were not visible to the public. Members of the pharmacy team had completed training about the General Data Protection Regulation (GDPR) and records were available in the pharmacy. The pharmacy stored some private information in the lockable cupboards in

the consultation room. But the consultation room and the cupboards within it had not been kept locked. This could mean that people's private information is not always fully protected.

The pharmacy had safeguarding procedures and contact details for 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. The RP had completed level 2 safeguarding training. The dispensers had completed level 1 safeguarding training.

## 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 ongoing training. This helps them keep their knowledge and skills up to date.

### Inspector's evidence

A pharmacist who worked at the pharmacy on a regular basis was the RP at the time of the inspection. Also present was a dispenser and a trainee dispenser. The RP covered approximately 35% of the pharmacy's opening hours and the rest were covered by a second pharmacist. Members of the pharmacy team were working well together and were managing their workload adequately. The workflow in the dispensary was organised and prescriptions were processed in a timely manner.

The RP said that the superintendent pharmacist gave regular feedback about staff performance and staff appraisals were conducted annually. The pharmacy team members had access to trade magazines, counter skills booklets and journal articles to help keep their skills and knowledge up to date. But staff training records were not routinely kept.

A whistleblowing policy was in place and members of the pharmacy team said they were able to raise concerns with the RP and the superintendent pharmacist. Most of the team members had worked for the pharmacy for number of years. Members of the pharmacy team did not have any specific targets or incentives set.

## Principle 3 - Premises ✓ Standards met

### Summary findings

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

### Inspector's evidence

The pharmacy premises were very compact, but space in the dispensary was well utilised. There was just about adequate bench and storage space to allow safe working. People waiting for services could use the surgery's waiting area. A dispensary sink was available for medicines preparation and had a supply of hot and cold water.

A private consultation room was available to enable people to have private conversations with members of the pharmacy team. The room was very small and it would be difficult to accommodate a wheelchair or lay a person in the recovery position in this room.

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 generally provides its services safely and effectively. 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 health centre had a car park for its customers to use. It had automated doors and its entrance had a ramp with the outside pavement to help assist people with mobility difficulties. People accessed the pharmacy via the health centre.

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. The pharmacy offered a delivery service mainly to housebound and vulnerable people.

Baskets were used during the dispensing process to prioritise workflow and minimise the risk of prescriptions getting mixed up. Owing slips were used to provide an audit trail when a prescription could not be supplied fully. 'Dispensed by' and 'checked by' boxes were initialled on the dispensing labels to show which member of staff had been involved at each stage of the dispensing process.

The pharmacy supplied medicines in disposable multi-compartment compliance packs to approximately 50 people who had difficulties in managing their medicines. People receiving compliance packs had individual records which listed their medicines and when they should be taken. Prescriptions were checked with the records and any anomalies were discussed with the surgery. There was a dispensing audit trail on the compliance pack looked at, and a brief description of each medicine contained within the pack was provided. And patient information leaflets were routinely supplied with these packs.

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

Prescriptions for higher-risk medicines were not highlighted to the dispensing team for them to give appropriate advice to people when these were supplied. The RP said members of the pharmacy team often asked about therapeutic monitoring (INR) levels when dispensing warfarin prescriptions but this was not routinely recorded on patients 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 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 two and eight degrees Celcius. 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.