

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: 20/10/2022

Pharmacy context

This health-centre pharmacy is part of a family-run chain of independent pharmacies. It dispenses prescriptions mainly generated from the surgery within the centre and it sells a small range of medicines over-the-counter. It offers a prescription delivery service, flu vaccinations, New Medicine Service (NMS) and Hypertension case-finding service.

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	2.2	Good practice	Members of the pharmacy team are well-supported with ongoing training to help keep their skills and knowledge up to date.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.2	Good practice	The pharmacy's services are well-organised and provided by well-trained staff. People have good access to care and advice from pharmacists.
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 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 they keep people's private information securely.

Inspector's evidence

The pharmacy had a range of in-date standard operating procedures (SOPs), and these had been read and signed by team members. The correct responsible pharmacist (RP) notice was on display and members of the pharmacy team could explain the tasks they could or could not undertake in the absence of a pharmacist.

The pharmacy manager explained the procedure members of the pharmacy team would follow to record and report dispensing mistakes. Dispensing mistakes which were identified before the medicine was handed out to a person (near misses) were routinely recorded and reviewed. A report about near misses was generated and discussed during bi-weekly team meetings. Dispensing mistakes that had reached people (dispensing errors) were reported on a standardised form and submitted to the superintendent pharmacist (SI). The pharmacy manager said that the team was well experienced and very few mistakes were made during the dispensing process. And she could not recall any dispensing errors that had occurred recently. The pharmacy's stock medicines were well organised and similar sounding names or similar packaging such as atenolol and allopurinol had been highlighted and separated to minimise chances of picking errors during the dispensing process.

The pharmacy's current indemnity insurance certificate was on display in the pharmacy. Records about RP, controlled drugs (CDs), private prescriptions and unlicensed medicines were kept in line with requirements. The pharmacy dispensed very few private prescriptions, and these were mainly from the local doctors in the area. Running balances of CDs were kept and audited monthly. A random balance check of a CD showed that the quantity of stock matched the recorded balance in the register. Waste CDs returned by people were recorded when received in a separate register.

A complaints procedure was available in the pharmacy. The pharmacy manager said that the pharmacy hadn't had any complaints since it opened a few years ago. But generally, she would try her best to resolve people's complaints in the pharmacy where possible and, if necessary, she would escalate unresolved complaints to the superintendent pharmacist (SI) where appropriate.

The pharmacy was registered with the Information Commissioner's office and a current registration certificate was displayed in the dispensary. A shredder was available to destroy confidential waste on site and the pharmacy's computers were password protected. Members of the pharmacy team used their own NHS smartcards to access electronic prescriptions. Completed prescriptions were stored appropriately and people's personal details were not visible to members of the public visiting the pharmacy.

A safeguarding policy and contact details for local agencies to escalate any safeguarding concerns were available in the pharmacy. The pharmacy manager and an accuracy checking technician had both completed level 2 safeguarding training. Members of the pharmacy team knew what to do or who they

could make aware if they had concerns about the safety of a child or a vulnerable person.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough skilled team members to delivery its services safely and effectively. Members of the pharmacy team work well together and are supportive of each other. And they are very well supported with on-going training help keep their skills and knowledge up to date.

Inspector's evidence

At the time of the inspection, the pharmacy was staffed by a pharmacy manager (the RP during the inspection), an accuracy checking technician and a trained dispenser. The pharmacy manager had completed her Independent Prescribers (IP) qualification. Members of the pharmacy team worked well together, and they were managing their workload comfortably. And they demonstrated good rapport with people visiting the pharmacy. Most of the staff were long-standing team members and they said they felt comfortable making suggestions or raising concerns with the pharmacy manager or the SI. A whistleblowing policy had been signed by all team members.

Members of the pharmacy team were well supported with on-going training which was provided by an external training company. Team members were given some time during working hours to help complete their monthly training. And each team member had a training portfolio and records about recently completed training were available in the pharmacy. The company did not incentivise its services or set targets for team members. But the pharmacy manager said that she had set her own targets for NMS and for the recently introduced Hypertension case-finding service.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are compact, but members of the pharmacy team are aware of this and take steps to help prevent any adverse events. The premises are kept clean and secure from unauthorised access.

Inspector's evidence

The pharmacy premises were very compact, but space in the dispensary was well utilised. It was clean, tidy, and well organised. And there was enough storage and work bench space to undertake the current workload safely. The pharmacy manager said that the team were mindful about space limitations in the dispensary, and they made sure bench spaces were kept clutter free. The assembly of multi-compartment compliance packs was undertaken in the front of the dispensary and walk-in prescriptions were dispensed at the back of the dispensary. A clean sink was available for preparing medicines and there was a supply of hot and cold water. There was good lighting throughout the premises and the room temperatures were suitable for storing medicines safely.

A private signposted consultation room was available for services and to enable people to have confidential conversations with team members. 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. And the pharmacy was secured against unauthorised access when it was closed.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy manages its services well to ensure people get appropriate care and support to manage their medicines safely. People with different needs can access the pharmacy's services. The pharmacy gets its medicines from licensed wholesalers and stores them correctly. Members of the pharmacy team take the right action in response to safety alerts so that people get medicines and medical devices that are safe to use.

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. People waiting for pharmacy services could use the surgery's waiting area. Team members shared a good relationship with the surgery. They were caring and demonstrated a good rapport with people visiting the pharmacy. They could communicate to people in several languages, and they used their local knowledge to signpost people to other providers if a service required was not available at the pharmacy. The pharmacy offered a medicine delivery service mainly to housebound and vulnerable people. The pharmacy's delivery driver kept a record for all deliveries of medicines.

The pharmacy manager said that the Hypertension case-finding service was picking up and the pharmacy was receiving referrals from local hospitals in the area. The ambulatory blood pressure monitoring machine was used to monitor people's BP and the pharmacy manager had completed appropriate training to be able to deliver the service safely. The pharmacy manager demonstrated very good knowledge about the management of various long-term conditions, and she said that her IP qualification was proving very useful. The pharmacy did not undertake any prescribing services on-site. The pharmacy had begun delivering its flu vaccination service at the beginning of October and approximately 15 vaccinations had been administered to date. Appropriate anaphylaxis resources were available in the pharmacy. The pharmacy manager said that the surgery was also offering the service.

Baskets were used during the dispensing process to prioritise workload and minimise the risk of medicines getting mixed up. 'Owing notes' were issued to people to keep an audit trail when prescriptions could not be supplied in full when first dispensed. Dispensed multi-compartment compliance packs seen had been labelled with a description of the medicines to help people or their carers identify the medication. And patient information leaflets were supplied routinely so that people had ready access to information to help them take their medicines safely. The pharmacy kept very good records of any interventions and amendments made to people's regime to avoid mistakes happening. And counselling points or communications with other healthcare professionals were well documented. The service was well-organised, and members of the pharmacy team contacted people or their carers to check which items were needed for the following month. This helped to ensure medicines were not wasted or people were not storing-up medicines unnecessarily.

The pharmacy ordered its stock medicines from licensed wholesalers, and they were stored tidily on the shelves. No extemporaneous dispensing was carried out. Pharmacy-only medicines were restricted from self-selection and the pharmacy did not sell codeine linctus over the counter. Stock medicines were date checked at regular intervals and medicines checked randomly during the inspection, found

no date-expired medicines amongst the in-date stock. Temperature-sensitive medicines were stored appropriately, and the maximum and minimum temperatures were recorded daily. And the records showed that the temperatures had been maintained within the required range of 2 and 8 degrees Celsius.

All CDs were stored correctly in the CD cabinet. The cabinet was kept tidy and well-organised. The access to CD keys was managed appropriately. The pharmacy had denaturing kits available to dispose of waste CDs safely. Members of the pharmacy team knew that prescriptions for CDs not requiring secure storage, such as tramadol, had a 28-day validity period. And they highlighted prescriptions for higher-risk medicines so that the pharmacist provided additional counselling when handing out such prescriptions. The pharmacy had appropriate leaflets and information to be provided when supplying valproate-containing medicines to people in the at-risk group. Team members knew about the pregnancy prevention program. But the pharmacy currently did not have anyone in the at-risk group being supplied with valproate-containing medication.

The pharmacy had a process to deal with safety alerts and medicine recalls to make sure the medicines it supplied were fit for purpose. Records about these and the action taken by team members were kept, providing an audit trail.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. And team members use the equipment in a way that protects people's privacy and dignity.

Inspector's evidence

The pharmacy's computers were not visible from the public areas of the pharmacy and its patient medication records were password protected. Prescriptions awaiting collection were stored securely and people's private details were not visible to people visiting the pharmacy. Members of the pharmacy team had access to reference sources. All electrical equipment was PAT tested annually and it appeared to be in good working order. The RP made sure that the BP machine was cleaned and calibrated before each use. There was a range of clean crown-stamped measures available for measuring liquid medicines. And the equipment for counting loose tablets was clean. Medicine containers were capped to prevent cross-contamination.

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.