

Registered pharmacy inspection report

Pharmacy Name: Astill Lodge Pharmacy, 234 Astill Lodge Road,
Beaumont Lodge, LEICESTER, Leicestershire, LE4 1EF

Pharmacy reference: 1034014

Type of pharmacy: Community

Date of inspection: 24/11/2022

Pharmacy context

This is a community pharmacy that is situated on an estate in the Leicester suburbs. Most of its activity is dispensing NHS prescriptions and selling medicines over the counter. The pharmacy administers the Covid-19 and seasonal flu vaccinations. The pharmacy supplies medicines in multi- compartment compliance packs to people who live in their own homes. Other services that the pharmacy provides include delivering medicines to people's homes and the seasonal flu vaccination service.

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	1.1	Standard not met	The pharmacy doesn't adequately identify and manage all the risks associated with the services it provides. It has not ensured that that the pharmacy team has understood and worked within the provisions of the national protocol for flu vaccinations.
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 not all met

Summary findings

The pharmacy doesn't adequately identify and manage all the risks associated with the services it provides. It has not ensured that the pharmacy team has understood and worked within the provisions of the national protocol for flu vaccinations. The pharmacy manages people's personal information safely. The pharmacy has some procedures to learn from the mistakes it makes. But because it doesn't record all of its mistakes it might miss opportunities to improve its ways of working.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) some of which were due a review. Not all SOPs were followed, for example near miss recording. But staff were seen dispensing medicines and handing medicines out to people safely. Staff understood how to sell medicines safely and knew the advice to give during a sale. Staff knew that prescriptions were valid for six months apart from some controlled drugs (CDs) which were valid for 28 days. The pharmacy aimed to highlight Schedule 3 and 4 CDs to remind the person handing out of the shorter validity of prescriptions, but they didn't always do so. This increased the risk that a medicine might be supplied beyond the validity of the prescription.

The pharmacy was providing Covid-19 and seasonal flu vaccinations. The pharmacist and two dispensers had received vaccination training and were administering both vaccines. The pharmacist was aware that his dispensers were able to administer flu vaccinations but was not aware of the provisions of the national protocol for flu vaccinations. This meant that while staff were competent to administer flu vaccinations they were carrying out activities that the national protocol required registered professionals to complete. The pharmacist said that he would stop the dispensers administering the flu vaccination until he had checked the legal requirements.

The pharmacy had some processes for learning from dispensing mistakes that were identified before reaching a person (near misses) and dispensing mistakes where they had reached the person (errors). Near misses were discussed with the member of staff at the time but were not being recorded in the near miss log. The pharmacist said that he would start recording and reviewing near misses. Staff were able to highlight action taken following a near miss such as separation of different strengths of furosemide and bisoprolol.

The pharmacy maintained the legally required records to support the safe delivery of pharmacy services. These included the responsible pharmacist (RP) record and CD records. The entries checked at random in the CD register during the inspection agreed with the physical stock held. CD balance checks were completed each time a medicine was supplied but balance checks for medicines that hadn't been supplied were not being completed regularly. The pharmacist said he would start regularly balance checking all medicines. Patient-returned CDs were recorded in a designated register. The private prescription book did not always record all the required details. For example some doses were missing and not all the dates were accurate.

The pharmacy had a complaints procedure and an information governance policy. Access to the electronic patient medication record (PMR) was password protected. Confidential information was destroyed securely. Professional indemnity insurance was in place. The pharmacy understood safeguarding requirements and could explain the actions they would take to safeguard a vulnerable

person.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members adequately manage the day-to-day workload within the pharmacy. They are mainly suitably trained for the roles they undertake. And they can raise concerns if needed.

Inspector's evidence

During the inspection, the pharmacy team were able to manage the day-to-day workload of the pharmacy. However they were not completing all the required clinical governance such as recording near misses. During the inspection there was one pharmacist, who was also the superintendent pharmacist, two trained dispensers and one dispenser who was on a training course. Team members were observed referring queries to the pharmacist when needed. And they communicated well with each other throughout the visit.

When asked, members of the team said they would be comfortable discussing any issues they had at work with the pharmacist. They felt supported in their development and had taken on new roles such as vaccinations.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises safe, secure, and appropriately maintained. And it has made changes to help keep its team members and people using the pharmacy safe and keeps the pharmacy clean.

Inspector's evidence

The public area had been refitted and was neat and tidy with suitable seating and plenty of space for people using the pharmacy. There was a clear plastic screen at the pharmacy counter which provided re-assurance to both the staff and the customers. And there was hand sanitiser available. The dispensary was an adequate size for the services provided. There was suitable heating and lighting, and hot and cold running water was available.

A reasonable sized consultation room was available for people to have a private conversation with pharmacy staff. However the room had several boxes on the floor and was generally cluttered. Unauthorised access to the pharmacy was prevented during working hours and when closed.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's healthcare services are mainly suitably managed and are accessible to people. The pharmacy gets its medicines and medical devices from reputable sources. It stores them safely and it knows the right actions to take if medicines or devices are not safe to use to protect people's health and wellbeing. But the pharmacy doesn't always make a record of action it has taken in response to an alert. This makes it harder for the pharmacy to demonstrate how it has protected people.

Inspector's evidence

The pharmacy had flat access with a push-pull door which allowed people with a disability or a pushchair to get into the pharmacy. The pharmacist was easily accessible and during the inspection engaged with people visiting the pharmacy. The pharmacy team understood the signposting process and used local knowledge to direct people to local health services. The pharmacist knew the advice about pregnancy prevention that should be given to people in the at-risk group who took sodium valproate. Staff knew the process that should be followed when supplying sodium valproate. The pharmacist gave a range of advice to people using the pharmacy's services. This included advice when they had a new medicine or if their dose changed. He rang people to remind people to pick up a second bottle of liquid antibiotics to complete the course. The pharmacist didn't make records when he spoke to people who took medicines that required ongoing monitoring such as warfarin or methotrexate. This could mean helpful information is not available for other pharmacy staff to refer to.

The pharmacy mainly used a dispensing audit trail which included use of 'dispensed by' and 'checked by' boxes on the medicine label to help identify who had done each task. Baskets were used to keep medicines and prescriptions for different people separate to reduce the risk of error. The pharmacy supplied multi-compartment compliance packs to people living in the community to help them take their medicines at the right time. The pharmacy spread the workload across the month, using a tracker to make sure packs were prepared and supplied on time. Compliance packs seen included medicine descriptions on the packs to make it easier for people to identify individual medicines in their packs. But some of the packs checked had not been initialled in the 'dispensed by' box by the dispenser. Which mean it would be harder to know who had dispensed the medicine if something went wrong. Patient information leaflets were provided to people each month.

Medicines were stored on shelves in their original containers. Opened bottles of liquid medications were marked with the date of opening so that the team would know if they were still suitable for use. The pharmacy team had a process for date checking medicines. A check of a small number of medicines didn't find any that were out of date. CDs were stored appropriately. A record of invoices showed that medication was obtained from licensed wholesalers. The pharmacist had just started using an electronic record to manage drug alerts. but had not started using the function that created an audit trail of action taken. He said that he would start making a record.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide. They maintain the equipment so that it is safe to use.

Inspector's evidence

The pharmacy used suitable measures for measuring liquids. The pharmacy had up-to-date reference sources. Records showed that the fridge was in working order and stored medicines within the required range of 2 and 8 degrees Celsius. The pharmacy's portable electronic appliances had been tested in October 2020 to make sure they were safe. Equipment checked looked in a reasonable condition.

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.