

# 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:** 26/07/2023

## 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 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 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	1.2	Good practice	Members of the pharmacy team record and review their mistakes and can demonstrate how they use these events to improve the safety and quality of the services they provide.
<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 identifies and manages the risks associated with the provision of its services. Members of the pharmacy team record and review their mistakes and can demonstrate that they use these events to improve the safety and quality of the services they provide. The pharmacy keeps the records it needs to by law, to show that medicines are supplied safely and legally. And it keeps people's private information safely and its team members know how to protect vulnerable people.

### Inspector's evidence

The pharmacy had a set of up-to-date standard operating procedures (SOPs) which had been signed by the pharmacy team members to show they had read and understood them. 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 highlighted Schedule 3 and 4 CDs to remind the person handing out of the shorter validity of prescriptions.

The pharmacy had 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 and were then recorded in the near miss log. The pharmacist completed a monthly review which highlighted actions going forward. Staff were able to explain action taken following a near miss such as separation of different formulations of co-codamol. Records showed that the actions taken had reduced the number of near misses that the pharmacy team were making.

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, and a monthly check was made for medicines that hadn't been supplied. Patient-returned CDs were recorded in a designated register. Patient-returned CDs and date-expired CDs were clearly marked and separated from stock CDs to prevent dispensing errors.

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. The pharmacy had not introduced the 'Safe Space Initiative' but said that they would consider doing so.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy's team members manage the workload within the pharmacy, keeping up to date with both dispensing and clinical governance. They are suitably trained for the roles they undertake, and they are given opportunities to develop in their roles. They are able to raise concerns if needed.

### Inspector's evidence

During the inspection, the pharmacy team managed the day-to-day workload of the pharmacy effectively. There was one pharmacist, who was also the superintendent pharmacist, one trained dispenser and one dispenser who was on a training course. Members of the team worked well together and staff said they felt supported by the pharmacist. They discussed any issues informally on a daily basis and felt able to raise concerns if necessary. Team members were observed referring queries to the pharmacist when needed.

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 providing flu and Covid-19 vaccinations.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy keeps its premises safe, secure, and appropriately maintained. And people visiting the pharmacy can have a conversation with a team member in private. The pharmacy makes changes to help keep people who use the pharmacy safer from the risk of catching infectious diseases.

### Inspector's evidence

The public area 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 suitably managed and are accessible to people. The pharmacy's team shows care and concern for people using its services. 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.

### Inspector's evidence

The pharmacy had flat access with a push-pull door which provided suitable access for people with a disability or a pushchair to get into the pharmacy. The pharmacy team members knew most people who used their services by name and during the inspection were supportive and helpful to people visiting 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. 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. The pharmacy team had prompts of appropriate questions to ask when handing out medicines that required ongoing monitoring such as warfarin or methotrexate to make sure that people were taking them safely.

The pharmacy 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 medicines in 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 for preparing these packs 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. 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 explained the process for managing drug alerts which included a record of the action taken.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides. It maintains its 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 January 2023 to make sure they were safe.

### What do the summary findings for each principle mean?

Finding	Meaning
<span style="color: green;">✓</span> <b>Excellent practice</b>	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.
<span style="color: green;">✓</span> <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✓</span> <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.