

Registered pharmacy inspection report

Pharmacy Name: Border Drive Pharmacy, 15 Belgrave Boulevard,
LEICESTER, Leicestershire, LE4 2JD

Pharmacy reference: 1034023

Type of pharmacy: Community

Date of inspection: 07/08/2019

Pharmacy context

The community pharmacy is situated on the northern ring road around Leicester. Most of its activity is dispensing NHS prescriptions and giving advice about medicines over the counter. The pharmacy supplies medicines in multi-compartment compliance packs to people who live in their own homes. The owner is the regular responsible pharmacist.

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	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 met

Summary findings

The pharmacy mainly identifies and manages the risks associated with the provision of its services. It adequately manages people's personal information. The pharmacy knows how to protect vulnerable people. It has some procedures to learn from its mistakes. The pharmacy doesn't routinely record and review its near misses. So, it could be missing opportunities to improve the safety and quality of its services.

Inspector's evidence

The Responsible Pharmacist (RP) notice showing the name and registration number of the pharmacist in charge of the pharmacy was clearly displayed. The pharmacy had a set of standard operating procedures (SOPs) signed by staff that had been due review in 2016. The SOPs recorded who was responsible for each role. The pharmacist said that he would review the SOPs and update them where necessary.

The dispenser knew the questions to ask to sell a medicine safely. She could explain the advice that she would give when making the sale. She said that prescriptions had a six-month expiry date and was aware that controlled drugs (CDs) prescriptions were valid for 28 days from the date on the prescription. However, the pharmacy didn't have a sufficiently robust way of making sure that CDs were only supplied within the 28 days. The dispenser could recall some but not all of the CDs with a 28-day validity that were not stored in the CD cupboard. She said that these prescriptions were not highlighted to remind people when the medicine was handed out.

The final check of prescriptions was by the RP. The dispenser and the pharmacist didn't initial the dispensed by and checked by boxes on the medicine label. The pharmacist said that he was always the responsible pharmacist and the pharmacy only had one person who dispensed the medicine. This meant that he always knew who had completed those tasks. The pharmacist said that he would introduce an audit trail which included initials on the dispensed by and checked by boxes medicine labels.

The pharmacy had limited procedures for recording near misses, errors and incidents. The pharmacist said that an error hadn't been made for several years. Near misses weren't currently being recorded but were discussed with the member of staff at the time that the mistake was made. The pharmacist said that he would start recording and reviewing near misses.

The pharmacy generally kept all the records it needed to by law. These included the RP log, private prescription records and the controlled drug register. CDs were stored safely. A random check of the recorded running balance of a CD in the CD register matched the actual stock. There were no out-of-date CDs that required destruction. There was a patient-returned CD register; all patient returns had been destroyed. The pharmacist had signed the register to confirm destruction of the patient-returned CDs but had not got the person who had witnessed the destruction to sign the register. This meant there wasn't a robust audit trail.

There was a complaints procedure in place; staff referred to the pharmacist if required. There was information about how to complain in the patient information leaflet. The pharmacy hadn't completed

a satisfaction survey in 2018 with the last satisfaction survey being completed in 2017. The pharmacist said that he hadn't received any complaints in the last year and that informal feedback from people was positive.

Public liability and professional indemnity insurance were in place until the end of April 2020. Computer terminals were positioned so that they couldn't be seen by people visiting the pharmacy. Access to the electronic patient medication record (PMR) was password protected with a generic access code for all staff. Confidential paper work was stored in a lockable filing cabinet in the consultation room. During the inspection the cabinet and the consultation room were unlocked. The pharmacist said that he would lock the cabinet in future. Confidential waste was shredded. The pharmacy had an information governance protocol in place.

The pharmacy team were aware of safeguarding requirements; there was an SOP and there were local contact details for reporting safe guarding concerns available. The pharmacy team highlighted two recent occasions where they had raised concerns.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members manage the workload within the pharmacy effectively and they work well together. Team members are able to share ideas to improve how the pharmacy operates. The pharmacy doesn't currently have a structured training programme for its staff. So, they may not always be able to develop their skills and knowledge to improve the service and advice they can give to people.

Inspector's evidence

The pharmacy displayed who the RP in charge of the pharmacy was. The pharmacist had been the RP at the pharmacy every day since April 2018; this was the date the last record had been made. The record showed the date and time he had started as the responsible pharmacist. Although records don't have to be made daily, more regular entries would make it clearer that no RP entries had been missed.

The pharmacy team was able to manage the workload to provide pharmacy services safely. All team members had completed the required accredited training for their roles. During the inspection there was one pharmacist and a dispensing assistant.

The dispenser said that she didn't have appraisals, but she had informal conversations with the pharmacist about how things were going. She had worked at the pharmacy for a number of years and said that issues, concerns or suggestions about how to improve the service could also be raised informally. The dispenser said that she had informal training from the pharmacist and was proactive in looking at new medicines or information when it came in. She could explain recent changes in pharmacy legislation. She said that she didn't have any structured training and would like more formal training; the pharmacist said he would look at the options available.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises safe, secure and appropriately maintained. The pharmacy mainly protects personal information.

Inspector's evidence

The public area of the pharmacy was clean and maintained to an adequate standard. However, the pharmacy hadn't been refurbished for over 30 years and looked very tired. Some updating would improve its image.

The dispensary was small, with limited dispensing bench space and limited space for the storage of medicines. There was stock on the floor which created a trip hazard. The dispensary was also messy which reduced the space available. There was a sink with hot and cold water. The dispensary was an appropriate temperature for the storage of medicines and lighting was sufficient.

A small basically fitted out sound-proofed secure consultation room was available to allow people to have more confidential conversations with pharmacy staff. The room was messy and cluttered. It looked more like an office than a consultation room and didn't present a professional image.

Computer screens were set back from and faced away from the counter. Unauthorised access to the pharmacy was prevented during working hours and when closed.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy mainly provides its services safely. The pharmacist knows most of the people who use the pharmacy. The pharmacy gets its medicines and medical devices from reputable sources. It generally stores them safely. And it takes the right actions if any medicines or devices are not safe to use to protect people's health and wellbeing. Some people, including those who receive higher-risk medicines, may not be getting all the information they need to take their medicines safely.

Inspector's evidence

The pharmacy was in a row of shops on the ring road around Leicester. There was a push-pull door and flat access which provided reasonable access for a wheelchair or those with a physical disability. Once inside the shop there was a clear route to the dispensary counter. There was sufficient seating for people waiting for their medicine. Pharmacy opening hours were advertised. There were some leaflets and health promotion posters on display. The pharmacy had a practice leaflet which gave details of opening hours and services provided. The pharmacist used local knowledge to sign post people to other healthcare providers when required.

The pharmacist said that he gave a range of advice to people visiting the pharmacy. He gave advice about antibiotics, new medicines, changes in dose and inhaler technique. He checked people taking warfarin were having INR tests and people taking methotrexate knew the correct dose to take. He didn't maintain records of interventions and didn't have processes to highlight dispensed medicines waiting collection that required intervention. He knew the advice that should be given about pregnancy prevention to people in the at-risk group who were taking sodium valproate and had the latest patient leaflets and cards. He said that he didn't have any people in the at-risk group at the pharmacy.

The pharmacist explained that each prescription was dispensed, checked and bagged individually to make sure that medicines were not put in the wrong bag. The pharmacy had a small number of people who received their medicines in a multi-compartment compliance pack. Records of medicines were kept on the PMR; if there were any changes in or missing medicines the doctor was contacted before the pack was assembled. Labels on the compliance pack didn't record the shape and colour of the medicine which meant that it was more difficult for the person taking the medicine to check it was correct. The pharmacy didn't routinely supply patient information leaflets.

The pharmacy had two fridges. The pharmacist wasn't regularly recording the fridge temperatures. When checked the current temperature of both fridges were within 2 to 8 degrees Celsius which was the required range. However, the maximum temperature shown by the thermometer on one of the fridges was 17 degrees Celsius. The pharmacist said he would make sure that the fridge temperatures were checked daily and act when necessary.

Medicines were mainly stored in their original containers on the shelf, fridge or in the CD cabinet as appropriate. There were some loose blisters on the shelves. Manufacturers of medicines recommend that medicines are stored in their original packs. CDs were stored safely. The pharmacist explained the date checking process. Stock was date checked on supply and informally when there was time, but no records were maintained. The pharmacist said that regular date checking procedures would be introduced. When stock was checked no out-of-date medicines were found. The pharmacy didn't write

the date of opening on all liquid medicines which made it more difficult to check if the medicines were suitable for supply. The pharmacist was able to check on the PMR for the date the medicine had been supplied.

Only recognised wholesalers were used for the supply of medicines. The pharmacy had registered with Secure Med and had ordered scanners but was not yet implementing the Falsified Medicine Directive. The pharmacist said that drug alerts were received via email; when relevant he printed them out; actioned and then destroyed them. This meant there was no audit trail to show the action taken. So, he may not be able to show that he had taken the right steps to keep people safe in the event of a future query.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services it offers. It largely maintains its equipment and facilities adequately.

Inspector's evidence

The pharmacy used crown marked measures for measuring liquids. Separate measures were available for methadone. The pharmacy had up-to-date reference sources. The record showed that the last portable appliance testing (PAT) of electrical equipment had been in August 2015. The pharmacist said that he would arrange PAT testing.

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.