

Registered pharmacy inspection report

Pharmacy Name: Maple Pharmacy - South Wigston, 64 Blaby Road,
South Wigston, LEICESTER, Leicestershire, LE18 4SD

Pharmacy reference: 1034028

Type of pharmacy: Community

Date of inspection: 03/08/2023

Pharmacy context

This is a community pharmacy situated in a row of shops in the town centre. 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. It provides other services including the seasonal flu vaccination service, and the substance misuse service. It delivers medicines to people's homes.

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

Overall, the pharmacy identifies and manages the risks associated with the provision of its services. Its team members have defined roles and accountabilities. And the pharmacy manages people's electronic personal information safely. The pharmacy has some procedures to learn from its mistakes. But because it does not regularly review all 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) which required review. They had been signed by the pharmacy team members to show they had read and understood them. The staff member present understood how to sell medicines safely and knew when to seek the pharmacist's advice. Staff knew that prescriptions were valid for six months apart from some controlled drugs (CDs) which were valid for 28 days. Prescriptions containing CDs were highlighted to remind staff of their shorter validity.

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 and were then recorded in the near miss log. The pharmacist said that because he worked at the pharmacy every day he did not review the near miss logs for trends and patterns. The pharmacy was changing from a paper-based system to an electronic near miss log. The pharmacist said that he had taken the paper near miss logs home to enter them on the new electronic system. This meant that there were no recent records for the inspector to view.

The pharmacy maintained the necessary records to support the safe delivery of pharmacy services. These included the responsible pharmacist (RP) record, the private prescription book, and the CD register. The entries checked at random in the CD register during the inspection agreed with the physical stock held. Patient-returned CDs were recorded in a designated register. Date-expired CDs had been recently destroyed.

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 stored and destroyed securely. Professional indemnity insurance was in place. The pharmacy's team members 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 work well together to manage the day-to-day workload within the pharmacy. They are suitably trained for the roles they undertake. Team members can raise concerns if needed.

Inspector's evidence

During the inspection, the pharmacy team worked together well and appeared to manage the day-to-day workload of the pharmacy. There was one pharmacist, who was also the superintendent pharmacist and one trainee dispenser. The trainee dispenser was on a recognised training course. She was able to seek advice from the pharmacist but completed her training at home. She was observed referring queries to the pharmacist when needed. When asked she said they discussed any issues informally on a daily basis and she felt able to raise concerns if necessary.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy has been refitted to a high standard. 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 safer from the risk of catching infectious diseases.

Inspector's evidence

The public area of the pharmacy presented a professional image. The pharmacy had a wide automatic door which provided good access for people with a disability or a pushchair to get into the pharmacy. Outside, the pharmacy had a bright modern fascia. Inside it was neat and tidy with good fixtures and fittings, with a clear route to the pharmacy counter. It had soft lighting and suitable seating. 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 a little small for the services provided. With dispensed medicines waiting checking piled in baskets on the floor. This could be a risk factor for trips or falls. 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. 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.

Inspector's evidence

The pharmacy team members knew most people who used their services by name and during the inspection were supportive and helpful to people visiting and ringing 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. Prescriptions were highlighted to remind the team that advice needed to be given. The pharmacist explained the advice he gave for medicines that required ongoing monitoring such as warfarin or methotrexate to make sure that people were taking them safely. The pharmacist did not make records of these interactions. This could mean helpful information was 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 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. Each person had an individual record sheet and team members recorded any changes on this sheet. But some of the record sheets were unclear with items crossed out and information such as dose changes written in. The pharmacist said they were in the process of updating the sheets. 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 the manufacturers' containers. However, some containers had medicines with different batch numbers and expiry dates from the original container. This increased the risk of an out-of-date medicine being supplied or a medicine subject to a drug recall being missed. The pharmacist said that he would discuss this with the team. Most but not all 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 did not 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. The record showed that the two fridges were in working order and stored medicines within the required range of 2 and 8 degrees Celsius. The pharmacy's portable electronic appliances were due for a test in August 2022 to make sure they were safe. Equipment seen 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.