

Registered pharmacy inspection report

Pharmacy Name: Countesthorpe Chemist, 16 Central Street,
Countesthorpe, LEICESTER, Leicestershire, LE8 5QJ

Pharmacy reference: 1034030

Type of pharmacy: Community

Date of inspection: 20/05/2019

Pharmacy context

The pharmacy is situated in the village centre. The pharmacy provides standard NHS services. The pharmacy dispenses NHS and private prescriptions. It sells over-the-counter medicines. It provides substance misuse services and seasonal flu vaccinations.

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	3.5	Good practice	The re-fit of the pharmacy has increased space and given the pharmacy a very professional image.
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 identifies and manages most of the risks associated with the provision of its services. The pharmacy learns from its mistakes. But the pharmacy team members didn't know if their near misses were reviewed for any patterns or trends so they could be missing opportunities to improve the safety and quality of their services. The pharmacy keeps the records required to make sure that medicines are supplied safely and legally. It asks customers for their views and manages people's personal information adequately. The pharmacy team knows how to protect vulnerable people.

Inspector's evidence

The responsible pharmacist (RP) notice showing the pharmacist in charge of the pharmacy was clearly displayed. The pharmacy had a set of up-to-date standard operating procedures (SOPs) which mainly reflected how the pharmacy operated. There were sections within each SOP to record who was responsible for each role, but they hadn't been completed. But, when asked staff were clear about their roles and responsibilities.

During the inspection staff were heard selling over-the-counter medicines safely; asking the right questions and giving appropriate advice. Staff knew that prescriptions were valid for six months and that controlled drugs (CDs) were valid for 28 days from the date on the prescription. They highlighted CDs with a 28 day validity that were not stored in the CD cupboard. Staff said CD prescriptions were highlighted so that they could easily see them, and a dispensed prescription seen was highlighted.

The pharmacy kept records of near misses, errors and incidents. The near misses were returned to the dispenser for them to spot the error and the reason for the mistake was discussed at the time. The dispenser then recorded the near miss in the near miss log. The near miss log seen included learning points and action taken which was good practice. But staff were not sure if the pharmacist reviewed the logs at the end of the month. This might mean that trends and patterns in near misses are not spotted.

An audit trail was created through the use of dispensed by and checked by boxes. The final check was by the RP. The pharmacy had the records needed to support the safe and effective delivery of pharmacy services. These included the RP log, private prescription records and specials records. The pharmacy had an electronic controlled drug register.

CDs were stored suitably. A random check of the recorded running balance of a CD reconciled with the actual stock in the CD cabinet. CDs were audited monthly. The CD SOP said that CDs should be audited weekly. Out-of-date and patient-returned medicines were kept in separate CD cupboards. There were a number of dispensed CDs in the CD cupboard that were waiting to be collected. There were two CDs that were more than 28 days after the date on the prescription and so couldn't be legally supplied.

There was a complaints procedure in place; staff referred to the pharmacist if required. There was information about how to complain in the pharmacy leaflet. The latest satisfaction survey was on NHS UK. 99% of people were satisfied with the service provided. Public liability and professional indemnity insurance were in place.

Computer terminals were positioned so that they couldn't be seen by people using the pharmacy.

Access to the electronic patient medication record (PMR) was password protected. Confidential paper work was stored safely. Confidential waste was shredded. The pharmacist was aware of safeguarding requirements and had completed the CPPE safeguarding course. There were local contact details available.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members manage the workload within the pharmacy well. They supported each other. The pharmacy team acts in the best interest of patients. The pharmacy doesn't have a formal approach to ongoing training making it harder for team members to continue to learn and develop their skills.

Inspector's evidence

The pharmacy displayed who the RP in charge of the pharmacy was. The RP record showed who the RP in charge of the pharmacy had been. The pharmacy team was able to manage the workload to provide pharmacy services safely. There was one pharmacist, three dispensing assistants and one trainee dispensing assistant. The pharmacist present was not the regular pharmacist. Although the dispensing assistants were experienced and two had previously worked in other branches of the same group they were relatively new to this pharmacy. This had some impact on their knowledge of how the pharmacy worked. But they worked together as a team and supported each other well to resolve any problems and help customers.

The trainee dispenser said that a new pharmacist had started in February 2019. He had discussed how he had been developing in his role with the previous pharmacist, but he had not yet had a similar discussion with the new pharmacist. The trainee dispenser said that he completed his training at home.

The new dispenser had been at the pharmacy for about three months. She said that she had been given verbal training in the procedures that were different from her previous pharmacy and had been supported by the pharmacy team. But she said that she hadn't been asked to read and sign the SOPs.

Staff said that the pharmacist was easy to approach, and that feedback could be given, and matters raised informally. There were appraisals every six months. A team member said that there was regular informal training from the pharmacist but that she hadn't had any other training.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises safe, secure and appropriately maintained. It protects people's confidentiality. The re-fit has increased space and given the pharmacy a very professional image. The premises are secure from unauthorised access when open and closed.

Inspector's evidence

The pharmacy had undergone a refit a couple of years ago which had increased the size of the dispensary and the public area approximately three-fold. The public area was now bright and spacious; there was a suitable seating area with a range of health leaflets available.

There was good space available for the assembly of medicines. There was sufficient space for storage of medicines. But larger bags of dispensed medicines waiting collection were on the floor which created a trip hazard. There was a separate area for the assembly and storage of multi-compartment compliance aids. The dispensary was clean and tidy; there was a sink with hot and cold water. The pharmacy was an appropriate temperature for the storage of medicines; lighting was sufficient.

An adequate size sound-proofed secure consultation room was available to ensure people could have confidential conversations with pharmacy staff. Computer screens were set back from and faced away from the counter. Access to the PMR was password protected. Unauthorised access to the pharmacy was prevented during working hours and when closed.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and effectively. While its team members are helpful and give advice, some people who receive higher-risk medicines may not be getting all the information they need to take their medicines safely. The pharmacy stores medicines safely. And it takes the right actions if any medicines or devices are not safe to use to protect people's health and wellbeing.

Inspector's evidence

The pharmacy was within a row of shops. There was a push pull door and flat access to provide suitable access for a wheelchair or those with physical disability. There was a clear route to the dispensary counter. There were signs advertising opening hours and services.

The pharmacy team understood the signposting process and knew how to access local services.

The pharmacy used a dispensing audit trail which included use of dispensed by and checked by boxes. However, some of the multi-compartment compliance aids seen hadn't been signed by the dispenser which meant that a robust audit trail wasn't always created.

The pharmacy also used baskets during the dispensing process to reduce the risk of error. There were separate areas for the assembling and checking of prescriptions. Work was prioritised based on whether the prescription was for a person who was waiting or calling back. The pharmacy mainly but not always recorded the date of opening on liquid medicines to ensure that they were still appropriate to be supplied.

The pharmacist was seen counselling patients. The locum pharmacist said that the regular pharmacist had a focus on hypertension. The pharmacist said that when he saw a walk-in prescription for a person taking a higher risk medicine such as warfarin, methotrexate or lithium he spoke to the person to check their understanding of the medicine. But the staff were not aware of any processes for people who called for their prescriptions at another time. The pharmacist knew the advice about pregnancy prevention to give to people taking sodium valproate who were in the at-risk group. He found the folder with information for people taking sodium valproate who were in the at-risk group, but the pharmacy team was not aware if an audit had been carried out.

The pharmacy was a Healthy Living Pharmacy. There was a display about healthy eating; staff thought that this display had been up for some time. One of the dispensers was training to be the healthy living champion.

Records showed that fridge lines were stored correctly between 2 and 8 degrees Celsius. Medicines were stored on shelves tidily. Medicines were stored in their original containers on the shelf, fridge or CD cabinet as appropriate.

The pharmacy delivered medicines to people. The recipient signed to confirm they had received a prescription to create an audit trail. For each person who received their medicines in a multi-compartment compliance aid the pharmacy had a record to ensure that medicines were ordered and delivered in a timely manner. Medicines were recorded on a chart so that any changes in or missing medicines could be easily managed. Charts were neat and regularly updated to make them easy to

read. Original packs were kept with the compliance aids to allow the pharmacist to easily check that the medicine was correct. The compliance aid seen had pharmacy information leaflets (PILs), but the labels didn't record the shape and colour of the medicines to make them easily identifiable.

Date checking was carried out every three months with records in the dispensary. Stickers highlighted short dated medicines. Out-of-date medicines were put in yellow waste bins; a patient returned CD register was in place. CDs were stored safely. Access to the CD cupboard was managed appropriately.

Only recognised wholesalers were used for the supply of medicines. The pharmacist was aware of the procedure for drug alerts. The alert was printed off and the action recorded and signed to create a complete audit trail. The pharmacy had equipment in place to implement the Falsified Medicines Directive but had not yet started doing so.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy used crown marked measures for measuring liquids. There were separate measures for CDs. The fridge was in working order with the current temperature within the required range; temperatures were recorded daily. CDs were stored in accordance with legal requirements. The pharmacy had up-to-date reference sources.

The pharmacy team didn't know how long the blood pressure monitor had been used for and didn't know what the process for replacing the monitor was. This might mean that the monitor gave inaccurate measurements. Records showed that the next portable appliance test was due in November 2019.

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.