

Registered pharmacy inspection report

Pharmacy Name: Glenhills, 2 Carvers Corner, Glen Parva, LEICESTER,
Leicestershire, LE2 9PE

Pharmacy reference: 1034031

Type of pharmacy: Community

Date of inspection: 20/08/2019

Pharmacy context

The pharmacy is situated in a row of shops. Most of its activity is dispensing NHS prescriptions and giving advice about medicines over the counter. The pharmacy supplies some medicines in multi-compartment compliance packs and provides a substance misuse service. The regular pharmacist is also the owner of the pharmacy.

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	1.6	Standard not met	The pharmacist doesn't always maintain records in compliance with the law or with good practice. The pharmacy doesn't always make records in the controlled drug register within the time required by law. Records of patient-returned controlled drugs are not always clear. This makes it more likely that a mistake may be made.
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 adequately manages people's information. It knows how to protect vulnerable people. The pharmacy has written instructions to identify and manage risks but doesn't review them regularly which means they may not always reflect best practice. The pharmacy team doesn't record near misses. So, team members may not be aware of previous mistakes or understand how to stop the same errors happening again. The pharmacist doesn't always maintain records in compliance with the law or with good practice. The pharmacy doesn't always make records in the controlled drug register within the time required by law. Records of patient-returned controlled drugs are not always clear. This makes it more likely that a mistake may be made.

Inspector's evidence

The Responsible Pharmacist (RP) notice showing the pharmacist in charge of the pharmacy was displayed. The pharmacy had a set of standard operating procedures (SOPs) that had been written in 2014 but had not been reviewed since. Not all staff had signed the SOPs that were appropriate for them, but staff did know their roles. The counter assistant knew that she couldn't work in the pharmacy and the dispenser could explain how she dispensed a prescription. The counter assistant knew the questions to sell medicines safely. She had a good product knowledge was able to explain the advice that should be given in a range of scenarios. She said that all dispensed prescriptions were given to the pharmacist to check again before being supplied.

The pharmacy had limited procedures for recording near misses, errors and incidents. The pharmacist couldn't recall the last time that an error had been made. The dispenser said that when she made a near miss it was pointed out to her by the pharmacist and they discussed the reasons for the near miss. The pharmacist said that he wasn't currently recording near misses. Staff didn't sign the label on the medicine box to show who had dispensed and checked the medicine. The pharmacy label didn't have dispensed by and checked by boxes. The dispenser said that on some days there were two dispensers present. This meant that if a mistake was made it might not be possible to find out who had dispensed the medicine. The final check was by the RP. The pharmacist said that he would get labels with dispensed by and checked by boxes and start signing them to create an audit trail.

A random check of the recorded running balance of two controlled drugs (CDs) reconciled with the actual stock in the CD cabinet. The pharmacist carried out a running balance audit each time a CD was supplied; records also showed some routine audits with the last audit being in May 2019. The pharmacy had out-of-date CDs and patient-returned CDs that required destruction.

There was a complaints procedure in place; staff referred to the pharmacist if required. The pharmacist said that they had not completed a formal patient satisfaction survey for a couple of years but that informal feedback from people who used the pharmacy was positive. Public liability and professional indemnity insurance were in place until March 2020.

Computer terminals were positioned so that they couldn't be seen by people visiting the pharmacy. There was a generic access code for the computer for all staff. Dispensed medicines with prescriptions attached were kept in the consultation room. There was a lock on the door but during the inspection the door was not locked. Confidential waste was shredded. There was an information governance

protocol in place and NHS smart cards were used appropriately. The pharmacy team was aware of safeguarding requirements and they had read the corresponding SOP. There were local contact details for reporting any safeguarding concerns.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members manage the workload within the pharmacy well. They work effectively together. There is a work culture of openness and honesty. Team members have some access to training, so they can 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 last entry in the RP log was on 03 May 2019 when the pharmacist had signed in. The pharmacist said that he had been the RP since that date. Although records don't have to be made daily if there is no change in the RP, 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. All team members present had completed the required training for their roles. During the inspection there was one pharmacist, one trained dispenser and two trained counter assistants.

The counter assistant said that she didn't have performance reviews, but she had informal conversations with the pharmacist about how things were going. She said that she had worked at the pharmacy for a number of years and could informally raise any concerns or issues if required and could make suggestions about how to improve the pharmacy service. The counter assistant said that the pharmacy received a monthly counter skills booklet. The dispenser said that she received informal training from the pharmacist.

Principle 3 - Premises ✓ Standards met

Summary findings

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

Inspector's evidence

The external facia and the internal decoration of the pharmacy were a little dated but were reasonable well maintained. The main dispensary was small, but the pharmacy had been extended at the back to provide extra space. This area was mainly used for assembling multi-compartment compliance packs and also for some stock storage. Overall the size was reasonable for the services provided. While there was adequate dispensing bench available for the assembly of medicines the dispensary was untidy which reduced the available space. Some stock was stored on the floor which might create a trip hazard. The dispensary was an appropriate temperature for the storage of medicines; lighting was sufficient and there was a sink with hot and cold water.

The pharmacy had a consultation room but the room was used to store dispensed prescriptions waiting collection rather than somewhere people could have a private conversation with the pharmacist. 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 pharmacy team members are helpful to people who use the pharmacy. The pharmacy gets its medicines and medical devices from reputable sources. It mainly stores them safely. While the pharmacy takes the right actions if any medicines or devices are not safe to use to protect people's health and wellbeing it doesn't keep records of the actions it has taken. So, it may not be able to show that it has taken the right steps in the event of a future query. Some people who receive medicines in multi-compartment compliance packs may not be getting all the information they need to take their medicine safely.

Inspector's evidence

The pharmacy was situated in a small row of shops. There was a push-pull door which provided adequate access for a wheelchair or those with mobility problems. The pharmacy displayed its opening hours on the door. Once inside the shop there was a clear route to the dispensary counter; there were two seats for people waiting for their medicine. Staff had uniforms to make them identifiable. There was a small range of leaflets about healthcare topics available. The pharmacist understood the signposting process and used local knowledge to direct people to other healthcare providers.

Work was prioritised based on whether the prescription was for a person who was waiting or calling back. Each medicine was dispensed separately and then put into a prescription bag for the pharmacist to check. Once checked they were put in the consultation room. The pharmacy didn't have a dispensing audit trail to show who had dispensed the medicines.

The counter staff gave all the dispensed prescriptions to the pharmacist to check before they were given out. The pharmacist then handed out the bagged medicine to the person at the counter and was available to give advice and discuss any concerns. He knew most of the people who visited the pharmacy by name; he had owned the pharmacy for over 40 years and worked in the pharmacy every day. He said that he talked to people about higher-risk medicines but didn't make records of the conversations. He knew the current advice about pregnancy prevention to give to anybody in the at-risk group taking sodium valproate.

The pharmacy had a diary system in place for each person who received their medicine in a multi-compartment compliance pack to make sure they received their medicines in time. Each person had a template which recorded which medicines they were on and when medicines were taken. The medicine labels on the packs didn't record the shape and colour of the medicine to allow easy identification. Neither the dispenser nor the pharmacist signed the dispensing label to create an audit trail. Patient information leaflets (PIL) weren't routinely sent.

The pharmacist said that he checked the fridge temperatures everyday but wasn't keeping fridge temperature records. The current and minimum temperatures were within 2 and 8 degrees Celsius which was the required range. But the maximum temperature was 14 degrees Celsius. He said that on the day of inspection he had opened the fridge to tidy it up. The pharmacist said the fridge had a temperature alarm and beeped if it went over 8 degrees Celsius, when checked the alarm did go off. The fridge was overfull meaning that some medicines were pushed to the back of the fridge which increased the risk of freezing. The pharmacist said he was looking to purchase a new fridge.

Medicines were mainly stored in their original containers on the shelf, in the fridge or CD cabinet as appropriate. But there were quite a few loose blisters on the shelves. In the area for assembling the multi-compartment compliance packs there were a couple of brown bottles containing tablets. The bottles had a dispensing label with the name of the medicine but didn't record batch numbers or expiry dates. The inspector explained the labelling requirements for medicines that have been removed from blisters. The pharmacist said that they should have been put in the waste medicine container. The dispenser explained that date checking was carried out every six months; stock with an expiry of less than six months was recorded in a book and short-dated stock was highlighted. The expiry date of stock was also checked when it came in.

Only recognised wholesalers were used for the supply of medicines. The pharmacist said that he received drug alerts electronically. He checked the alert and took the required action but didn't keep a record. He said that he was getting a new computer system and a scanner in the next couple of weeks that would allow him to comply with the Falsified Medicines Directive.

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 CDs. The pharmacy had up-to-date reference sources. The pharmacy fridge was in working order with the current temperature within the required range. CDs were stored in accordance with legal requirements. Electrical equipment had been tested to make sure it was safe in November 2018.

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.