

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: 12/08/2020

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. This inspection was undertaken during the Covid-19 pandemic.

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 most of the risks associated with the provision of its services. Its team members have defined roles and accountabilities. The pharmacy adequately manages people's personal information. It knows how to protect vulnerable people. The pharmacy has some processes for learning from mistakes. But because it doesn't fully record all its near misses it could be missing opportunities to learn from them and to improve its services.

Inspector's evidence

The responsible pharmacist (RP) notice showing the pharmacist in charge of the pharmacy was displayed. The pharmacist was in the process of updating the standard operating procedures (SOPs); some but not all of them had been reviewed. Not all staff had signed the reviewed 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 said that all dispensed prescriptions were given to the pharmacist to check again before being supplied. The pharmacist had completed the NHS staff risk assessment. The pharmacist had also considered the risks of the pharmacy having to close because of Covid-19. He had not made a written plan but said that he would do so.

The pharmacy had limited procedures for recording near misses, errors and incidents. 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. She highlighted actions taken such as the separation of different strengths of the same medicine. The pharmacist said that he recorded some but not all near misses. Staff didn't always 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. 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 routinely signing them to create an audit trail.

Records to support the safe and effective delivery of pharmacy services were kept and maintained. These included the RP record, private prescription records, the controlled drug (CD) register and patient-returned CD records. A random check of the recorded running balance of two 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. The pharmacy had out-of-date and patient-returned CDs that required destruction; these were clearly separated from in-date stock.

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 2021.

Computer terminals were positioned so that they couldn't be seen by people visiting the pharmacy. 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. 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 a notice showing who the RP in charge of the pharmacy was. The RP record showed who the RP in charge of the pharmacy had been.

During the inspection the pharmacy team was able to manage the workload to provide pharmacy services. During the inspection there was one pharmacist, one trainee dispenser and one trained counter assistant.

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 trainee dispenser had just completed her counter assistant course and was looking to start the dispensing assistant course. She said that she received informal training from the pharmacist. Formal training was split between home and work when it was quiet.

Principle 3 - Premises ✓ Standards met

Summary findings

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

Inspector's evidence

The external facia and the internal decoration of the pharmacy were a little dated but were reasonably well maintained. The pharmacy had posters giving information about Covid-19 and asking people to wear face masks. Only two people were allowed into the pharmacy at one time. 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 of the dispensary was reasonable for the services provided. The pharmacy team were unable to work two metres apart, but they had face masks which were worn most of the time. Because it was a very hot day the dispensary was a little hot for the storage of medicines. The pharmacist had taken some action such as having a fan and opening the front and back doors to create a breeze. Lighting was sufficient and there was a sink with hot and cold water.

The pharmacy had a consultation room. The room was less than two metres wide so it could not be used for private consultations. Because of the reduced number of people in the pharmacy the pharmacist was able to have reasonably private conversations in the public area. The consultation room was being used to store dispensed prescriptions waiting collection. 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. The pharmacy takes the right actions if any medicines or devices are not safe to use to protect people's health and wellbeing. But 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 team didn't always initial the dispensing label to create 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 medicines 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 mainly recorded 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 (PILs) weren't routinely sent.

Medicines were mainly stored in their original containers on the shelf, in the fridge or CD cabinet as appropriate. But there were some loose blisters on the shelves. The dispenser explained that the team regularly carried out date checking but that records were not maintained. The expiry date of stock was also checked when it came in. The inspector carried out a short check of stock medicines but did not find any that were out of date. The dispenser said that she would introduce date checking records.

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 always

keep a record of the action taken. The pharmacist had equipment that allowed him to implement the Falsified Medicines Directive but was waiting for training on how to use it. He had arranged training but it had been cancelled due to Covid-19.

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 maintains its equipment and facilities adequately.

Inspector's evidence

The pharmacy used suitable 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. Records showed that the fridge stored medicines within the required range of between 2 and 8 degrees Celsius. CDs were stored in accordance with legal requirements. Electrical equipment had been tested in November 2018 to make sure it was safe. The pharmacist said he would make arrangements for the equipment to be tested again when it was safe to do so.

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.