

# Registered pharmacy inspection report

**Pharmacy Name:** Parkem Chemists Ltd., 102 Dominion Road,  
Glenfield, LEICESTER, Leicestershire, LE3 8FB

**Pharmacy reference:** 1034038

**Type of pharmacy:** Community

**Date of inspection:** 31/07/2019

## Pharmacy context

The pharmacy is situated on one of the main roads out of Glenfield. 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 to people who live in their own homes. Other services that the pharmacy provides includes substance misuse services, prescription deliveries to people's homes, Medicines Use Reviews (MUR), New Medicine Service (NMS) checks, seasonal flu vaccinations under both NHS and private patient group directions (PGDs) and emergency hormonal contraception under an NHS PGD. The superintendent is one of two regular pharmacists.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	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 well. It manages people's personal information adequately. The pharmacy team knows how to protect vulnerable people. It learns from its mistakes. But by not recording the near miss reviews it may be missing opportunities to further improve the safety and quality of its services.

### Inspector's evidence

The Responsible Pharmacist (RP) notice showing the pharmacist in charge of the pharmacy was displayed. The RP notice was messy and didn't create a professional image. The pharmacy had introduced a new set of standard operating procedures (SOPs) in June 2019. Not all staff had read and signed the SOPs. The pharmacist said the team was working through them.

The pharmacy team members understood their roles. The counter assistant knew that she couldn't work in the dispensary. She understood the questions to ask to sell a medicine safely and could explain the advice that should be given. She was aware that most prescriptions were valid for six months and that controlled drug (CD) prescriptions were valid for 28 days from the date on the prescription. She recalled most but not all the CDs that were not stored in the CD cupboard. She said that dispensed prescriptions containing CDs that were waiting collection were highlighted to make her aware of the CD.

The pharmacy kept records of near misses, errors and incidents. The superintendent explained that when a near miss was found it was discussed with the member of staff at the time and then recorded in a near miss log. The superintendent said that he looked for trends and patterns at the end of a month; he signed the near miss log to show a review had been carried out but didn't make a record of the review and the points learnt. He explained that different strengths of haloperidol had been separated following a near miss.

The pharmacy maintained an audit trail of who dispensed medicines through the use of dispensed and checked by boxes on the medicine label and a quad stamp on the prescription. The quad stamp had four boxes to be signed by the people who clinically checked, dispensed, accuracy checked and handed out the medicine. The accuracy check was carried out by the RP and the accuracy checking technician (ACT). The ACT was able to explain the process the pharmacy followed which included a clinical check by the pharmacist. But the process followed wasn't in the same order as recorded in the SOP. In addition, the SOPs required a record of responsibility to show that the ACT could accuracy check. This had not been completed.

Records to support the safe and effective delivery of pharmacy services were mainly in place. The pharmacy had an electronic private prescription record. When the record was checked the prescriber was not always being recorded. This did not comply with legal requirements and meant it would be harder to check the details if there was a query about a prescription. The CD registers complied with legal requirements. There was a patient-returned CD register. Patient-returned CDs had been destroyed. Date-expired stock was clearly separated and awaited destruction. There was a complaints procedure in place; staff referred to the pharmacist if required. The pharmacy usually conducted a patient satisfaction survey annually but hadn't carried one out in 2019. The pharmacist said that

informal feedback had been 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. Access to the electronic patient medication records (PMR) was password protected. Confidential paper work was stored securely. Confidential waste was shredded. There was an information governance protocol in place. The pharmacist was aware of requirements about safeguarding vulnerable people; there was guidance which had been read by all staff with local contact details available.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy's team members manage the workload within the pharmacy adequately. Team members work well together. They are able to share ideas to improve how the pharmacy operates. And they can raise concerns if needed. The team members receive support in keeping their skills and knowledge up to date.

### 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. During the inspection the pharmacy was often very busy. Staff managed the workload but there were sometimes queues of people and staff had to look for prescriptions that hadn't been dispensed. There were two job-share pharmacists, a pharmacy technician, three trained dispensing assistants, one trained counter assistant and one trainee counter assistant.

Staff said that they had annual formal reviews with the pharmacy owner and were able to raise any on-going issues with the superintendent informally. Staff said they were able to make suggestions on how to improve the service.

One of the dispensing assistants had just started on a pharmacy technician course. He said that he had asked to start the course and that the owner had been supportive. One of the counter assistants had just completed her counter assistant training. She said that she had been able to study during quiet times at work and had also studied at home. Staff were supported in formal training and occasional attended evening training events, a recent training event had been on blood pressure. They had also had training on the how to use the new electronic methadone system. There was also informal training from the pharmacist.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy keeps its premises safe and maintained appropriately. The premises are secure from unauthorised access when closed.

### Inspector's evidence

The pharmacy was generally well maintained with a large public area. The dispensary was a little small for the services provided. The dispensary was clean but a little messy; there was paper work on the dispensing bench which reduced the space available for the assembly of medicines. There wasn't enough space for storing dispensed medicines, so some stock medicines were on the floor. This could be a trip hazard. There was a separate suitable area behind the dispensary for the assembly of multi-compartment compliance packs. The pharmacy was an appropriate temperature for the storage of medicines; lighting was sufficient. There was a sink with hot and cold water.

There were two good size sound-proofed secure consultation room 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 electronic patient medication record (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 mainly provides its services safely. Its team members are helpful and supportive to 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 who receive higher-risk medicines or medicines in multi-compartment compliance packs may not always be getting all the information they need to take their medicines safely.

### Inspector's evidence

The pharmacy was on a main road just outside of Glenfield town centre. There was car parking at the front of the pharmacy. There was an automatic door and flat access to provide easy access for a wheelchair or those with mobility problems. Once inside the pharmacy there was a clear route to the dispensary counter. The staff had uniforms to make them easily identifiable. The pharmacy had some healthcare leaflets and posters. Opening hours and services were displayed in the shop window.

The pharmacist understood the signposting process and used local knowledge to direct people to other healthcare providers. The pharmacy was a healthy living pharmacy but wasn't giving currently providing any public health campaigns. The pharmacy provided emergency hormonal contraception (EHC) through an NHS PGD. There was a legal and up-to-date PGD which was signed by both regular pharmacists. There was a guidance document in place.

The pharmacists were seen counselling people on a range of matters including prescription and over-the-counter medicines. The superintendent said that he gave advice on a range of matters including new medicines, inhalers, antibiotics and checked that people were aware of changes in doses of medicines. He gave advice to people taking higher-risk medicines but did not have a process to highlight prescriptions for people not present in the pharmacy when the medicine was dispensed. He was aware of the guidance about pregnancy prevention to be given to people in the at-risk group who took sodium valproate and had the advice leaflets to give to people.

The pharmacy used a dispensing audit trail which included the use of dispensed by and checked by boxes on the medicine label to identify who had carried out each task. The pharmacy used baskets during the dispensing process to reduce the risk of error. There were separate areas for the assembling and checking of prescriptions.

The pharmacy delivered medicines to people. The delivery records seen had a tick from the driver rather than a signature from the patient. This meant that a robust audit trail wasn't created. The pharmacist said that a signature should be obtained and said he would speak to the driver. In the dispensary, medicines were stored tidily in their original containers on the shelf, fridge or CD cabinet as appropriate. The records showed that fridge lines were stored correctly between 2 and 8 degrees Celsius. Current temperatures were within range. In the area for compliance packs there was a basket of medicines. In the basket there was an original pack containing loose tablets that had been popped from a blister pack. And on the shelf, there was one brown bottle with the name of the medicine but no further details such as batch number and expiry date. The ACT explained that she had been on holiday the previous week and would put the medicines in the waste container and speak to the team member

who had done this to make sure it didn't happen again.

Date checking was supposed to be carried out every three months, but records showed that the pharmacy team was a little behind. On a short stock check no out-of-date medicines were found. Out-of-date medicines were put in yellow waste bins; a patient-returned CD register was in place. Most open bottles of liquid medicines had a date of opening recorded. Staff said that if there wasn't a specific use by date they would use an open bottle for three months and then discard it.

The pharmacy had scanners and had started to scan original packs to implement the Falsified Medicines Directive. Only recognised wholesalers were used for the supply of medicines. The pharmacist was aware of the procedure for drug alerts. There was a record sheet of alerts showing the action taken. The pharmacist explained that after the last alert a patient list had been printed out for the previous three months and patients had been contacted and given appropriate advice.

The pharmacy had a diary system to make sure that people who had received their medicines in a multi-compartment compliance pack received them on time. Some compliance packs were assembled at the pharmacy but most (around 75%) were assembled at another pharmacy. Both pharmacies had the same owners, but they were separate companies with separate superintendents.

Prescriptions for compliance packs were received at Parkem Chemists and were clinically checked by the pharmacist. Although on the prescriptions looked at the pharmacist hadn't signed the quad stamp to show this had been done. The compliance pack was then dispensed at the other pharmacy using their pharmacy robot. The other pharmacy could view electronic prescriptions on the NHS spine. The dispenser at the other pharmacy signed the dispensed by box on the medicine label. The dispensed compliance packs were then sent to Parkem Chemists. The pharmacy technician then completed the accuracy check. She said that she checked that the medicine was correct using patient information leaflets (PILs), sent from the other pharmacy, her knowledge or original packs that were stocked in the pharmacy. She did not have access to the original pack of the medicine dispensed. She said that if she was not completely confident that the medicine was correct she would not complete the accuracy check. She had a WhatsApp group with the dispenser at the other pharmacy who would send her extra information if she asked for it. She showed the inspector a record of errors that she had found and reported to the other pharmacy. These errors were when the wrong quantity of a medicine or the wrong medicine had been picked by the robot. After a discussion the owner said that he would stop the process of compliance packs being dispensed at the other pharmacy until he had received additional advice on the legality of this process.

The compliance pack checked had a medicine identifier showing the shape and colour of the medicine and also had a picture of the medicine (quinine) to allow easy identification of the medicine. When these details were checked against the medicine itself both the identifier and the picture were wrong. The ACT didn't have a PIL of this medicine to check against. She said that her experience told her it was quinine. On another pack seen one of the medicines didn't have a picture or a description of a medicine. It was unclear to the inspector how accurate a check of a similar looking medicine such as a white tablet with no markings could be. The compliance pack checked didn't have any PILs for the patient. The pharmacy had an SOP for assembling compliance packs which indicated that medicines should be sent to the other pharmacy for dispensing with the clinical and accuracy checking at Parkem Chemists. The SOP didn't have any details about how this was to be carried out.

The compliance pack checked that had been dispensed at Parkem Chemists didn't record the shape and colour of the medicine to allow easy identification. The ACT said that PILs weren't routinely sent with the packs.



## 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. There were separate measures for liquid CDs. The pharmacy had up-to-date reference sources. CDs were stored in accordance with legal requirements. Stickers showed that the electrical equipment had been last tested in December 2018.

### What do the summary findings for each principle mean?

Finding	Meaning
<span style="color: green;">✔</span> <b>Excellent practice</b>	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.
<span style="color: green;">✔</span> <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✔</span> <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.