

Registered pharmacy inspection report

Pharmacy Name: Mattock Pharmacy, 163 Fosse Road North,
LEICESTER, Leicestershire, LE3 5EZ

Pharmacy reference: 1034051

Type of pharmacy: Community

Date of inspection: 15/11/2019

Pharmacy context

This is a community pharmacy situated in a residential suburb of Leicester. Most of the activity is dispensing NHS prescriptions and giving advice about medicines over the counter. The pharmacy supplies medicines in multi-compartment compliance packs to people who live in their own homes. Other services that the pharmacy provides include prescription deliveries to people's homes, Medicines Use Reviews (MUR) and New Medicine Service (NMS) checks.

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

The pharmacy identifies and manages the risks associated with the provision of its services. The pharmacy adequately manages people's personal information. It knows how to protect vulnerable people. The pharmacy has adequate procedures to learn from its mistakes.

Inspector's evidence

The Standard Operating Procedures (SOPs) were in date and had been signed by all staff. The SOP on roles and responsibilities of staff had not been fully completed. Staff were complying with the SOPs. For example, Controlled Drug (CD) balance checks were completed in accordance with the SOP and the 'dispensed by' and 'checked by' boxes on the dispensing labels were signed. The pharmacy had a range of stickers to highlight medicines. This included fridge items, CD stickers for CDs in the cupboard and a different one for CDs on the shelf, warfarin and 'speak to pharmacist'.

The dispenser understood the questions to be asked to sell an over-the-counter medicine safely. She had a reasonable amount of product knowledge. She knew that prescriptions for controlled drugs (CDs) were valid for 28 days from the date on the prescription. She said that dispensed prescriptions on the shelves were highlighted to make her aware they contained a CD. She was able to name the CDs that, once dispensed, were put on the shelves for collection. When the inspector checked he saw that the prescriptions were highlighted, and the bags had a CD sticker.

The final check was carried out by the pharmacist. The pharmacy had suitable procedures in place for managing errors, incidents and near misses. The pharmacist discussed the near miss with the member of the team at the time. A record was then made in the near miss log. The pharmacist was able to explain actions taken. This included separating stock and ordering different brands when original packs looked alike. The pharmacist aimed to write the patient safety report monthly but the latest completed one was from August 2019. It highlighted improving processes for multi-compartment compliance packs and work on look-alike sound alike medicines (LASA). But when asked, a staff member couldn't recall what LASA medicines were.

The pharmacy maintained appropriate records to support the safe delivery of pharmacy services. These included the responsible pharmacist (RP) log, private prescription record and the CD register. CDs were stored securely. A random check of the recorded running balance of a CD matched the actual stock. CDs were audited monthly. Date-expired stock and patient-returned CDs were clearly separated and awaited destruction. There was a patient-returned CD register appropriately completed.

There was a complaints procedure in place; staff resolved the matter if possible or referred to the pharmacist when required. The last patient satisfaction survey on NHS.UK was from November 2017. Over 91% of people who completed the survey were satisfied with the service provided. The public liability and professional indemnity insurance certificate was on display with an expiry of April 2020.

The pharmacy had an up-to-date information governance policy. Computer terminals in the dispensary 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. On the dispensary bench there was an NHS smart card for a member of staff who wasn't working. Smart cards should be kept secure when not in use. Confidential paper work stored securely. Confidential waste was shredded.

The pharmacist was aware of safeguarding requirements; the pharmacy team had completed appropriate training. There was a safe guarding folder and local contact details were available if they needed to raise a concern and staff.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members are suitably trained for the roles they undertake. Team members work well together, 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 there was a pharmacist, one dispensing assistant and a trainee dispenser.

During the inspection the pharmacy team effectively managed the workload; the pharmacy team worked well together and engaged with the inspection process. The trainee dispenser said that they received protected training time while at work. She had an on-line classroom which she found helpful. She said that she sought feedback on how she was doing from the pharmacist and was able to talk about her strengths and weaknesses. On-going training was provided through informal training by the pharmacist and the use of training magazines. The pharmacist encouraged staff to take responsibility for their own training. The dispenser had started a training record in October 2019. She had completed training on a new nasal spray and had used the knowledge to recommend it to someone visiting the pharmacy. She said that she had training time at work.

Staff said that they had appraisals annually. Staff said they were able to raise issues and said that the pharmacist was easy to approach. The pharmacist said that he was going to ask for feedback from the rest of the team about himself. The pharmacist said that no specific targets were set.

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 pharmacy was maintained to a suitable standard. The dispensary was a reasonable size for the services provided, with an adequate dispensing bench available for the assembly of medicines. There was a sink with hot and cold water. The pharmacy was an appropriate temperature for the storage of medicines; lighting was sufficient. There were some boxes on the floor which created a trip hazard.

A good-size sound-proofed, secure consultation room was available to ensure people could have confidential conversations with pharmacy staff. The consultation room was locked during the inspection. The room was a little messy and used as a storage room which meant it presented a less professional image.

Computer screens were set back from and faced away from the counter. Access to the electronic patient record (PMR) was password protected. Unauthorised access to the pharmacy was prevented during working hours and at night.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely. Its team members are helpful to the people who use the pharmacy. The pharmacy gets its medicines and medical devices from reputable sources. It stores them safely. Staff understand the actions to take 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 reasonable access for a wheelchair or those with physical disability. There was a clear route to the dispensary counter. The opening hours and services were displayed on the window but there was no patient information leaflet available. The pharmacist understood the signposting process and used local knowledge to direct people to the correct service. Staff knew most people visiting the pharmacy and during the inspection were helpful and supportive; the pharmacist was easily accessible and gave advice on over-the-counter medicines and a person's compliance pack. The pharmacist said that he gave advice to people about a range of issues. This included new medicines and changes in dose. He gave advice to people taking higher-risk medicines such as warfarin and recorded people's INRs on their electronic record. A dispensed prescription had a warfarin sticker on the bag and INRs recorded monthly on the PMR. The pharmacist knew the advice about pregnancy prevention that should be given to people in the at-risk group that took sodium valproate. Patient information and leaflets for sodium valproate were available.

The pharmacy used a dispensing audit trail which included use of 'dispensed by' and 'checked by' boxes on the medicine label. This helped identify who had done each task. Baskets were used to reduce the risk of error. The pharmacy had a defined workflow with separate areas for dispensing and checking of medicines.

Each person who received their medicines in a multi-compartment compliance pack had a chart so that any changes or missing medicines could be easily managed. The charts were in a folder which included a range of additional information such as discharge letters. Any changes in the prescription were checked with the surgery before supply. The compliance pack seen recorded the colour and shape of each medicine to make the medicine easily identifiable. Patient information leaflets were not routinely sent which meant that some people might not be getting all the information they needed about their medicine. The pharmacist signed the backing sheet to show who had checked it, but the dispenser didn't sign which meant that there was an incomplete audit trail.

The pharmacy delivered medicines to people. The recipient signed to confirm they had received the prescription to create an audit trail. Stock medicines were stored in their original containers on the shelf, in the fridge or CD cabinet as appropriate. Medicines on the shelves were stored tidily. The dispenser explained that date checking was carried out with a gap of no longer than two months and short-dated stock was recorded in a book. The pharmacy recorded the date of opening on all liquid medicines to make sure that they were still safe to be used.

The pharmacy had Falsified Medicine Directive compliant scanners in place and the computer had the software capability, but they had not started implementing the process. Only recognised wholesalers were used for the supply of medicines. The pharmacist was aware of the procedure for drug alerts. He

printed the alerts off and signed and dated them to provide an audit trail for the action taken.

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 mainly maintains its equipment and facilities adequately.

Inspector's evidence

The pharmacy used crown marked measures for measuring liquids. The pharmacy had up-to-date reference sources. Records showed that the fridge stored medicines correctly between 2 and 8 degrees Celsius. CDs were stored in accordance with legal requirements.

The pharmacist said that he was not aware of any safety testing taking place for electrical equipment. He said that he would speak to the pharmacy owner. Equipment checked 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.