

Registered pharmacy inspection report

Pharmacy Name:Pharmak Pharmacy, 7 Kingsgate Avenue, Birstall,
LEICESTER, Leicestershire, LE4 3HD

Pharmacy reference: 1034079

Type of pharmacy: Community

Date of inspection: 10/01/2023

Pharmacy context

This is a community pharmacy situated in a row of shops in a Birstall suburb. Most of its activity is dispensing NHS prescriptions and selling medicines over the counter. The pharmacy supplies medicines in multi-compartment compliance packs to people who live in their own homes. It also provides the seasonal flu vaccination service, delivers medicines to people's homes and offers the Community Pharmacist Consultation Service.

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	1.2	Good practice	Members of the pharmacy team record and review their mistakes and can demonstrate how they use these events to improve the safety and quality of the services they provide.
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	4.2	Good practice	The pharmacy makes sure that people are given the information they need about their medicines so they take them safely and effectively.
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. Members of the pharmacy team record and review their mistakes and can demonstrate that they use these events to improve the safety and quality of the services they provide. The pharmacy keeps the records it needs to by law, to show that medicines are supplied safely and legally. And it keeps people's private information safely and its team members know how to protect vulnerable people.

Inspector's evidence

The pharmacy had a set of up-to-date standard operating procedures (SOPs) which had been signed by the pharmacy team members to show they had read and understood them. The team members were seen following the SOPs which included dispensing medicines and handing medicines out to people safely. Staff understood how to sell medicines safely and knew the advice to give during a sale. Staff knew that prescriptions were valid for six months apart from some controlled drugs (CDs) which were valid for 28 days. Prescriptions containing CDs were highlighted to remind staff of their shorter validity.

The pharmacy had processes for learning from dispensing mistakes that were identified before reaching a person (near misses) and dispensing mistakes where they had reached the person (errors). Near misses were discussed with the member of staff at the time and were then recorded in the near miss log. The near miss log had good information which included a range of reasons why a mistake had been made and the learning points to be drawn from that. The pharmacist completed a monthly review which highlighted actions to be taken going forward. Staff, when asked, were able to recall these actions.

The pharmacy maintained the necessary records to support the safe delivery of pharmacy services. These included the responsible pharmacist (RP) record, the private prescription book, and the CD register. The entries for two items checked at random during the inspection agreed with the physical stock held. Balance checks were completed when a supply was made and regularly each month. This was good practice. Patient-returned CDs were recorded promptly on receipt in a designated register. Patient-returned CDs and date-expired CDs were clearly marked to prevent dispensing errors.

The pharmacy had a complaints procedure and an information governance policy. Access to the electronic patient medication record (PMR) was password protected. Confidential information was stored and destroyed securely. Professional indemnity insurance was in place. The pharmacy's team members understood safeguarding requirements and could explain the actions they would take to safeguard a vulnerable person. The pharmacist had completed training on the 'Safe Space Initiative' and had asked his team to complete the training as well.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members manage the workload within the pharmacy, keeping up-to-date with both dispensing and clinical governance. They are suitably trained for the roles they undertake. And they are given opportunities to develop in their roles and are able to raise concerns if needed.

Inspector's evidence

During the inspection the pharmacy team managed the day-to-day dispensing workload effectively. There was one pharmacist and two qualified dispensers. Members of the team worked well together with staff saying they felt supported by the pharmacist. They discussed any issues informally on a daily basis and felt able to raise concerns if necessary. There was also a formal annual appraisal. And the team members were given opportunities to develop in their roles by the pharmacist. They also had ad hoc informal training from the pharmacist.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises safe, secure, and appropriately maintained. And people visiting the pharmacy can have a conversation with a team member in private. The pharmacy makes changes to help keep people using the pharmacy safer from the risk of catching infectious diseases.

Inspector's evidence

Both the public and private areas of the pharmacy were a reasonable size for the services provided. The pharmacy had adequate heating which kept the pharmacy at a reasonable temperature; lighting was suitable and hot and cold water was available. A consultation room was available for people to have a private conversation with pharmacy staff. The pharmacy had a clear plastic screen at the pharmacy counter and the pharmacy team wore masks which provided re-assurance to both the staff and the customers. There was hand sanitiser available. Unauthorised access to the pharmacy was prevented during working hours and when closed.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers healthcare services which are well managed and are accessible to people. The pharmacy makes sure that people get the information they need about their medicines so they can take them safely and effectively. The pharmacy gets its medicines and medical devices from reputable sources. It mainly stores them safely. It takes the right actions if medicines or devices are not safe to use to protect people's health and wellbeing.

Inspector's evidence

The pharmacy had a ramp leading to a push-pull door which provided suitable access to allow people with a disability or a pushchair to get into the pharmacy. The pharmacy team members knew most people who used their services by name and during the inspection were supportive and helpful to people visiting the pharmacy. The pharmacist was easily accessible and during the inspection engaged with people visiting the pharmacy; people came in to seek his advice about a range of matters. The pharmacy team understood the signposting process and used local knowledge to direct people to local health services. The pharmacy delivered medications to some people. The pharmacy team knew the advice about pregnancy prevention that should be given to people in the at-risk group who took sodium valproate. The pharmacist gave a range of advice to people using the pharmacy's services. This included advice when they had a new medicine or if their dose changed. Prescriptions were highlighted to remind the team about advice that need to be given. The team members explained that they spoke to people who took medicines that required ongoing monitoring such as warfarin or methotrexate. A record was seen where the person's INR was recorded as well as the date of their next blood test. The team members were also asking people on direct-acting oral anticoagulants such as apixaban if they had any unusual bruises or bleeding.

The pharmacy used a dispensing audit trail which included use of 'dispensed by' and 'checked by' boxes on the medicine label to help identify who had done each task. Baskets were used to keep medicines and prescriptions for different people separate to reduce the risk of error. The pharmacy supplied multi-compartment compliance packs to people to help them take their medicines at the right time. There was sufficient lead time to prepare packs and the pharmacy spread the workload across the month, using a tracker to make sure packs were prepared and supplied on time. Packs were labelled with doses and warnings and included descriptions of the medicines on the packs to make it easier for people to identify individual medicines in their packs. Each person had an individual record sheet and team members recorded any changes on this sheet and kept information about hospital admissions and discharges with the sheet. The sheet then accompanied the packs during the dispensing processes, so the pharmacist had the right information available when completing clinical and accuracy checks. But patient information leaflets (PILs) were not provided to people each month. The pharmacist said that he would start providing (PILs).

Medicines were stored tidily on shelves in their original containers. Opened bottles of liquid medications were marked with the date of opening so that the team would know if they were still suitable for use. The pharmacy team had a process for date checking medicines. A check of a small number of medicines didn't find any that were out of date. CDs were stored appropriately. A record of invoices showed that medication was obtained from licensed wholesalers. The pharmacist explained the process for managing drug alerts which included a record of the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides. It maintains its equipment so that it is safe to use.

Inspector's evidence

The pharmacy used suitable measures for measuring liquids. The pharmacy had up-to-date reference sources. It had two fridges but was only maintaining records for one of them. The record showed that the fridge was in working order and stored medicines within the required range of 2 and 8 degrees Celsius. The second fridge had a current temperature within the required range, but the maximum was above 8 degrees Celsius. The dispenser explained that the pharmacy had only recently got the second fridge and had not started recording the temperature. He set up a record on the system during the inspection. The pharmacy's portable electronic appliances had been tested recently to make sure they were safe.

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.