

Registered pharmacy inspection report

Pharmacy Name: Stanton Pharmacy, 21 Long Street, Stoney Stanton, LEICESTER, Leicestershire, LE9 4DQ

Pharmacy reference: 1034084

Type of pharmacy: Community

Date of inspection: 18/01/2024

Pharmacy context

This is a community pharmacy situated in a row of shops in the village centre. 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 hypertension case finding service. The pharmacy delivers medicines to people's homes.

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 that they use these events to improve the safety and quality of the services they provide.
2. Staff	Standards met	2.4	Good practice	The pharmacy has a culture of openness, honesty, and learning.
		2.5	Good practice	The pharmacy's team members are able to make suggestions to improve the safety and effectiveness of the service.
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. Members of the pharmacy team review risks to the pharmacy service. And they 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's team members have defined roles and accountabilities. And the pharmacy manages people's personal information safely.

Inspector's evidence

The pharmacy had a set of up-to-date standard operating procedures (SOPs) which had been introduced after the pharmacy changed ownership in 2023. Most of the pharmacy team members had signed the SOPs to show they had read and understood them. Team members could explain their roles and responsibilities. Staff were seen 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. Some, but not all prescriptions containing CDs were highlighted to remind staff of their shorter validity. This might mean that some medicines were supplied beyond their 28-day 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 pharmacy carried out regular reviews to make sure that the pharmacy was running safely. This was split over four weeks and looked at the environment, people, and processes. The fourth week had a review of the near miss log and a staff briefing. The previous review had highlighted staff annual leave and the need to arrange cover which was being done, and to separate a medicine on the shelves that had been picked incorrectly.

The pharmacy maintained the legally required records to support the safe delivery of pharmacy services. These included the responsible pharmacist (RP) record and CD records. The entries checked at random in the CD register during the inspection agreed with the physical stock held. CD balance checks were completed regularly. Patient-returned CDs were recorded in a designated register. Patient-returned CDs and date-expired CDs were clearly marked and separated from stock CDs 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 understood safeguarding requirements and could explain the actions they would take to safeguard a vulnerable person. They were aware of the 'Safe Space Initiative', and they knew what to do if someone 'asked for Ani.'

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has a culture of openness, honesty, and learning. The pharmacy's team members are able to make suggestions to improve the safety and effectiveness of the service. They manage the workload within the pharmacy well. They are suitably trained for the roles they undertake. And they can raise concerns if needed.

Inspector's evidence

During the inspection, the pharmacy team managed the day-to-day workload of the pharmacy effectively and also kept clinical governance up to date. There was one pharmacist, one pharmacy technician, two trained dispensers, one of which was training to be a pharmacy technician, and two trained counter assistants. There was a friendly culture within the pharmacy. The team members actively engaged with the inspection and were keen to take on board any learning points or ways they could improve their service.

Members of the team had opportunities to develop their roles and skills. The dispenser was being supported to complete the pharmacy technician course, and completed the near miss and safety reviews. The pharmacy technician had been trained to provide Covid-19 and flu vaccination services. The team had ad-hoc training by the pharmacist, but the team members did not have any other regular training to keep their skills and knowledge up to date. The pharmacist said that he had not yet had any training on the new 'Pharmacy First' NHS commissioned service.

Members of the team worked well together, and staff said they felt supported by the pharmacist. They discussed any issues informally on a daily basis and felt able to raise concerns if necessary. A team member said that the pharmacist was open to new ideas and suggestions and explained two suggestions that she had made around prescription management and storage of fridge items that had been implemented.

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.

Inspector's evidence

The public area was neat and tidy with suitable seating and plenty of space for people using the pharmacy. The dispensary was a little small for the services provided. There were dispensed medicines on the floor which could be a trip hazard. There was air conditioning to provide suitable heating, and hot and cold running water was available. One good sized consultation room was available for people to have a private conversation with pharmacy staff. Unauthorised access to the pharmacy was prevented during working hours and when closed.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's healthcare services are suitably managed and are accessible to people. The pharmacy gets its medicines and medical devices from reputable sources. It stores them safely and it knows the right actions to take if medicines or devices are not safe to use to protect people's health and wellbeing.

Inspector's evidence

The pharmacy had a push-pull door with a small step which provided adequate access for people with a disability or a pushchair to get into the pharmacy. The pharmacy team understood the signposting process and used local knowledge to direct people to local health services. Pharmacy medicines were stored out of reach of the public and staff were aware of higher-risk over-the-counter medicines such as painkillers containing codeine. The pharmacy 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. The pharmacist did not make records when they spoke to people who took medicines that required ongoing monitoring such as warfarin or methotrexate. This could mean helpful information was not available for other pharmacy staff to refer to.

The pharmacy was offering the hypertension case finding service. It had started texting people who were eligible for the NHS funded service. The dispenser explained that they measured people's blood pressure in the pharmacy. If people had a higher blood pressure, they then wore a machine that measured their blood pressure for 24 hours. If necessary, they were then referred to their doctor for review. Following this some people had been prescribed medicines to reduce their blood pressure.

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 texted people to let them know their prescription was ready. The dispenser explained this reduced the number of people who came into the pharmacy unnecessarily and kept the process efficient. The pharmacy supplied medicines in multi-compartment compliance packs to people living in the community to help them take their medicines at the right time. The pharmacy spread the workload for preparing these packs across the month. Compliance packs seen included medicine descriptions on the packs to make it easier for people to identify individual medicines in their packs. Patient information leaflets were provided to people each month.

Medicines were stored on shelves and in drawers 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 did not 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

Members of the pharmacy team have the equipment and facilities they need for the services they provide. They maintain the 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. Records showed that the fridges were in working order and stored medicines within the required range of 2 and 8 degrees Celsius. The pharmacy had the appropriate equipment for the Covid-19 vaccinations. The pharmacy's portable electronic appliances had been tested just over a year ago. The pharmacist said he would arrange for them to be tested.

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.