

Registered pharmacy inspection report

Pharmacy Name: Enderby Pharmacy, 15 Mill Lane, Enderby,
LEICESTER, Leicestershire, LE19 4NW

Pharmacy reference: 1034111

Type of pharmacy: Community

Date of inspection: 16/01/2020

Pharmacy context

This is a community pharmacy located near the village centre. 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 includes prescription deliveries to people's homes, Medicines Use Reviews (MUR) and New Medicine Service (NMS) checks. It also offers seasonal flu vaccinations, medicines for erectile dysfunction and period delay under private patient group directions (PGDs).

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. But it doesn't routinely review its near misses. So, it could be missing opportunities to 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 visible to the public. The pharmacy had up-to-date standard operating procedures (SOPs). Staff had signed to say they had read the SOPs. Each SOP listed the staff role which had the skills and responsibility to complete it.

The counter assistant had a good understanding of questions to be asked when selling a medicine over the counter and gave a range of examples of the advice that she would give. She showed a good duty of care for the people visiting the pharmacy. She knew that prescriptions had a six-month validity and was aware that controlled drug (CD) prescriptions were valid for 28 days from the date on the prescription. CDs in the cupboard weren't dispensed until the person collected their medicine. She knew the CDs that were not kept in the CD cupboard and said that dispensed prescriptions with CDs were highlighted to remind the person who was handing them out of their 28-day validity. When checked, prescriptions for Schedule 2 and 3 CDs were highlighted but prescriptions with Schedule 4 CDs were not. One Schedule 4 CD was found that was beyond its 28-day validity. The pharmacist said that he would make sure all the CD prescriptions were highlighted.

The pharmacy kept records of near misses, errors and incidents. The pharmacist discussed the near miss with the member of staff at the time and the near miss was then recorded in the near miss log. The sections of the near miss log for action taken and additional comments were not routinely completed. The pharmacist said that near miss reviews were carried out on an ad-hoc basis and any issues found were discussed with staff. No written records were kept of the reviews.

The pharmacy had up-to-date private patient group directions (PGDs) for period delay, erectile dysfunction and seasonal flu vaccinations. The pharmacist had completed the required training. The pharmacy wasn't providing NHS flu service but signposted people to local providers.

The pharmacy had the records needed to support the safe delivery of pharmacy services. This included RP logs, private prescription and controlled drug records. The entries made in the CD register met legal requirements. CDs were not regularly audited which increased the risk that a mistake might not be found. The pharmacist said he would make sure that running balance audits were carried out regularly. There was a patient-returned CD register. Patient-returned CDs recorded but not destroyed went back as far as January 2019. At least one patient-returned CD had not been entered in the register. There were also out-of-date stock CDs that were waiting destruction.

Public liability and Indemnity insurance were in place until April 2020. The pharmacy had a complaint process with information on how to complain in the pharmacy information leaflet. The pharmacy was

carrying out a satisfaction survey. The pharmacist said that informal feedback from people visiting the pharmacy was positive. 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. Confidential paper work was mainly stored securely. There was some confidential patient information in a folder in a folder on the bench in the consultation room. The pharmacist said he would store it 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.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members adequately manage the workload within the pharmacy. Team members are able to share ideas to improve how the pharmacy operates and they can raise concerns if needed. The pharmacy's team members have access to training packages to help keep their skills and knowledge up to date. But the pharmacy could do more to make sure they benefit from these.

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 were two qualified dispensers and one dispenser who was completing a dispensing assistant course. There were also two trained counter assistants and the pharmacist.

The dispenser said that she had been supported in her development with regular meetings with the pharmacist to discuss how she was getting on. She said that she mainly carried out her training at home. The counter assistant said that she reviewed her own training books as self-learning for new seasons such as cough and cold and hay fever. She said that she read the patient information leaflet for any new medicines. There was informal training which included training from the pharmacist. The pharmacy had recently signed up to an on-line training package, but staff had not had the opportunity to use it yet. Staff said that they felt able to raise concerns when necessary and were able to make suggestions about how to improve the service provided.

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 clean and maintained to a suitable standard throughout. The dispensary was a good size for the services provided. The outside fascia still displayed the name of the previous owner, which could cause some confusion. The pharmacy was an appropriate temperature for the storage of medicines. There was a sink with hot and cold water.

The pharmacy had a good sized, sound proof consultation room. It was signposted and was used during the inspection. The door from the public area was blocked so people had to walk through the dispensary which could create a confidentiality risk. The dispenser said it was a short-term problem while retail stock was being moved. The consultation room was used as a store room with boxes on the floor and medicines on the shelves. This presented a less professional image. Computer screens were set back 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 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 generally 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

There was a push-pull door and a small step which made it more difficult for people with mobility issues or a pushchair to access to the pharmacy. There was a wide clear aisle to provide an unhampered route to the dispensary counter. There were sufficient seats available for people waiting for prescriptions. There was a range of health leaflets and posters on display. The opening hours were displayed on the door but were hard to read.

The pharmacist understood the signposting process and used local knowledge to direct people who needed support from other healthcare providers. The pharmacist said that he gave a range of advice about medicines to people visiting the pharmacy. This included dose increases, interactions or new medicines. He highlighted a recent intervention with the local surgery. He said that he spoke to people who had been prescribed higher-risk medicines including warfarin, methotrexate and lithium but people were mainly well informed by hospital services. The pharmacist knew the advice about pregnancy prevention that should be given to people in the at-risk group taking sodium valproate and had the latest information leaflets to give to people.

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 carried out each task. The pharmacy also used baskets during the dispensing process to reduce the risk of error. There were separate areas for the assembling and checking of prescriptions.

Stock medicines were generally stored in an organised manner in their original containers on shelves, fridge or CD cabinet as appropriate. Records showed that date checking was carried out over a three-month period. Bottles of liquid medicines were marked with the date they had been opened.

There was a record to make sure that each person living in the community who received their medicines in a multi-compartment compliance pack received their medicines in time. If there was a change in a medicine the surgery was contacted before the compliance pack was assembled. The medicine chart in the pack checked recorded the shape and colour of the medicines to allow easy identification. Patient information leaflets were not sent with the compliance pack of each month which meant that some people might not have all the information they needed to take their medicines safely.

The pharmacy delivered medicines to people. People signed a sheet to confirm a delivery of a controlled drug, but the delivery driver annotated the record for other medicines. This didn't create a complete audit trail for deliveries. The pharmacy owner understood the requirements for the Falsified Medicine Directive and was looking to implement the process but had not yet done so. Only recognised wholesalers were used for the supply of medicines. The pharmacy team members were aware of the procedures for drug alerts and showed what they were doing to implement the latest alert. They

weren't keeping a record of their actions and so wouldn't be able to provide evidence of action taken if there was a future query.

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 maintains its equipment and facilities adequately.

Inspector's evidence

The pharmacy had a range of up-to-date reference sources. The pharmacy had a range of suitable measures for measuring liquids. A separate measure was used for CDs. A separate triangle could be used for counting cytotoxic medicines. The fridge stored medicines requiring cold storage at appropriate temperatures. Records showed that fridge lines were stored correctly between 2 and 8 degrees Celsius. When checked temperatures were within range apart from the maximum temperature which was 14 degrees Celsius. CDs were stored securely. The pharmacy had last tested its electrical equipment in September 2019.

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.