

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: 16/03/2023

Pharmacy context

This is a community pharmacy situated just outside 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 provides other services including the seasonal flu vaccination service, and the hypertension case finding service. It 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	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

Overall, the pharmacy identifies and manages the risks associated with the provision of its services. Its team members have defined roles and accountabilities. And the pharmacy manages people's electronic personal information safely. The pharmacy has some procedures to learn from its mistakes. But because it does not regularly review all its mistakes it might miss opportunities to improve its ways of working.

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 staff members present understood how to sell medicines safely and were heard giving appropriate advice to people buying over-the-counter medicines. 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 prescriptions 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). The dispenser explained the process followed. Near misses were discussed with the member of staff at the time and were then recorded in the near miss log. Records seen included reasons for the error and indicated action taken. The pharmacist didn't routinely review the logs for trends and patterns which might mean opportunities to improve ways of working were missed.

The pharmacy mainly maintained the necessary records to support the safe delivery of pharmacy services. These included the responsible pharmacist (RP) record and the private prescription records. Records of schedule 2 CDs met legal requirements. The entries checked at random during the inspection agreed with the physical stock held. Balance checks were completed regularly apart from a liquid CD which had not been checked for some time. Patient-returned CDs were recorded promptly on receipt in a designated register. 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 said that he had a focus on mental health and routinely provided support to people who visited the pharmacy.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members work well together to manage the day-to-day workload within the pharmacy. And they have the appropriate range of experience and skills. Team members can raise concerns if needed.

Inspector's evidence

During the inspection, the pharmacy team worked together well, they supported each other, and managed the pharmacy's workload effectively. There was one pharmacist and three trained dispensary assistants. The team had access to online training and had recently completed training on antibiotic resistance. They mainly completed training at home because there wasn't time at work. When asked team members said that they discussed any issues informally on a daily basis and felt able to raise concerns if necessary.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises safe, secure, and appropriately maintained. And it has made changes to help keep its team members and people using the pharmacy safe

Inspector's evidence

Both the public and private areas of the pharmacy were a good size for the services provided. The pharmacy was 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 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's healthcare services are suitably managed and are accessible to people. The pharmacy's team shows care and concern for people using its services. 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 and a step which made it a little more difficult for people with a disability or a pushchair to get into the pharmacy. The pharmacy team knew most people who used its services by name and during the inspection was supportive and helpful to people visiting the pharmacy. The pharmacy team asked people collecting medicines if they had taken the medicine before and if they knew how to take their medicine. 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. The pharmacist didn't make records when he spoke to people who took medicines that required ongoing monitoring such as warfarin or methotrexate. This could mean helpful information is not available for other pharmacy staff to refer to.

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. The pharmacy spread the workload across the month. Each person had an individual record sheet and team members recorded any changes on this sheet. 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. Patient information leaflets (PILs) were provided to people each month.

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 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. The record showed that the fridge was in working order and stored medicines within the required range of 2 and 8 degrees Celsius. 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.