

Registered pharmacy inspection report

Pharmacy Name: P T Pattani Chemists, Unit 1 Manor Medical

Complex, 575 Melton Road, Thurmaston, LEICESTER, Leicestershire,
LE4 8EA

Pharmacy reference: 1034112

Type of pharmacy: Community

Date of inspection: 20/06/2019

Pharmacy context

This community pharmacy is situated in a main road next to a doctor's surgery. Most of its activity is dispensing NHS prescriptions and giving advice about medicines over the counter. The pharmacy supplies medicines in multi-compartment compliance aids to people who live in their own homes. Other services which the pharmacy provides include prescription deliveries to people's homes, Medicines Use Reviews (MUR), the New Medicine Service (NMS), and substance misuse services.

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 most of the risks associated with the provision of its services. The pharmacy has not reviewed its written procedures for over four years. This increases the risks of tasks being undertaken in ways that are not good practice. The pharmacy doesn't have a robust way of recording all its near misses. This could mean it misses opportunities to improve the safety and quality of its services. The pharmacy mainly manages sensitive information adequately. And it has satisfactory procedures in place to protect vulnerable people.

Inspector's evidence

The responsible pharmacist (RP) notice showing the pharmacist in charge of the pharmacy was on display. The notice was attached to the wall by sticky tape which didn't present a professional image. The pharmacy had a set of standard operating procedures (SOPs). The controlled drug (CD) SOP said that the next review-by date was 2011; other SOPs had a review by date of 2014. The pharmacist said they were in the process of reviewing them and this would be completed in three weeks' time. The staff present understood what they could and couldn't do. The counter assistant was aware that she couldn't work in the dispensary.

The counter assistant knew the questions to ask to sell a medicine safely and knew when to refer to the pharmacist. She had some product knowledge. She knew that prescriptions were valid for six months apart from CDs which were valid for 28 days from the date on the prescription. She could name the CDs that were not stored in the CD cupboard but thought that the dispensed prescriptions weren't highlighted to remind staff when handing them out. The pharmacist said they were highlighting all dispensed CDs and showed a prescription for gabapentin that had a CD sticker.

The pharmacy had some procedures for near misses, errors and incidents. The pharmacist said that near misses were discussed at the time with the member of staff responsible. Near misses were then recorded on a piece of paper and the pharmacist entered them in the near miss log. The pharmacist said that one of the pharmacists with a clinical governance role had taken the near miss logs home to review. She said that she hadn't had the opportunity to properly record any near misses made that week.

An audit trail was usually created through the use of 'dispensed by' and 'checked by' boxes. The multi-compartment compliance aid seen didn't have an initial in the 'dispensed by' box. The final check was by the RP.

Records to support the safe running of the pharmacy were in place. CDs were stored in a legally compliant CD cabinet. A random check of the recorded running balance of a CD reconciled with the actual stock in the CD cabinet. The pharmacy recorded CDs using an electronic register. Solid dose CDs were mainly audited monthly although there were some occasions where the balance had been audited every couple of months. Liquid CDs were audited weekly.

There was out-of-date stock that required destruction. They were in a marked bag on the top shelf. There were dispensed CDs in the cupboard waiting collection. There was one that could no longer be supplied because it was beyond its 28 day validity. Most but not all had CD stickers on with a supply by

date recorded.

The pharmacy had a paper patient returns CD Register. There were patient returned CDs in the CD cupboard that hadn't been entered in the register. Making entries at the time of receipt reduces the risk of error or of diversion. There were also five records from January 2019 to February 2019 that were not in the cupboard. The pharmacist said that they had been destroyed but there was no record of who had destroyed them or who had witnessed the destruction.

There was a complaints procedure which staff were aware of. The latest annual patient survey from June 2018 was on NHS UK. 100% of people who had responded to the survey were satisfied with the service provided. Public liability and professional indemnity insurance were in place until April 2020.

Computer terminals were positioned so that they couldn't be seen by people visiting the pharmacy. Access to the electronic patient medication record (PMR) was password protected. An NHS Smartcard belonging to a pharmacist who was absent had been left on the dispensary bench. Cards should be securely stored when not in use.

Confidential paper work was mainly stored securely but some multi-compartment compliance aids and dispensed prescriptions were kept in the consultation room. This created a risk of a breach of patient confidentiality. Confidential waste was shredded.

The pharmacist was aware of safeguarding requirements and had completed level 2 safeguarding training. There was an SOP about safeguarding but no contact details for reporting safeguarding concerns. There was an information governance protocol in place. During the inspection there was a student from De Montfort University present. Patient confidentiality had been discussed but the student hadn't signed a confidentiality agreement.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members manage the workload within the pharmacy well. They support each other. The pharmacy team acts in the best interest of people using the pharmacy. The pharmacy doesn't have a formal approach to ongoing training making it harder for team members to continue to learn and develop their skills.

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. The pharmacist didn't always sign out which created an incomplete record. The pharmacy team was able to manage the workload to provide pharmacy services safely. The pharmacy team worked well together. During the inspection there was one pharmacist, three trained dispensers and two trained counter assistants. A second pharmacist was present for part of the inspection.

Staff received informal training from the pharmacists. They were up to date with recent changes, for example, electronic CD prescriptions and that gabapentin and pregabalin were both schedule 3 CDs. The pharmacist informally reviewed performance and raised issues when required. No formal reviews were undertaken. Staff said that issues could be raised informally, and they could make suggestions about how to improve the service the pharmacy provided. No targets were set.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises safe, secure and appropriately maintained. It protects people's confidentiality. The premises are secure from unauthorised access when open and when closed.

Inspector's evidence

The dispensary was a reasonable size for the services provided, with an adequate dispensing bench available for the assembly of medicines. It was clean and tidy; there was a sink with hot and cold water. The pharmacy had air conditioning which provided an appropriate temperature for the storage of medicines; lighting was sufficient.

The pharmacy had one good sized consultation room. However, it was used for storing confidential information such as dispensed multi-compartment compliance aids and dispensed prescriptions. There were also cardboard boxes, a fridge and stock delivery records. This affected the professional look of the room. The room was unlocked.

Computer screens were set back from and faced away from the counter. Access to the PMR was password protected. The public area of the pharmacy presented a bright, clean modern image. The external appearance of the pharmacy was well maintained with clear signage presenting a professional image. 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 and supportive to the people who use the pharmacy. However, some people who receive higher-risk medicines may not be getting all the information they need to take their medicine safely. The pharmacy gets its medicines and medical devices from reputable sources. It generally stores them safely. And it takes the right actions 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 next door to a medical centre. There were two entrances. The entrance from the medical centre had an automatic door; the door to the street was a push pull door. Both had flat access, suitable for a wheelchair or those with physical disability.

The hours of opening and services provided were displayed. The pharmacy had a leaflet in Urdu explaining the electronic prescription service. In addition, staff could speak Gujarati which was helpful for the local community. There were some healthcare leaflets but the pharmacy wasn't a Healthy Living Pharmacy.

The pharmacist knew the advice that he should give to people on higher-risk medicines such as warfarin and methotrexate. He said that he spoke to people when they were starting a higher-risk medicine, but he didn't always speak to them when it was a repeat supply. The pharmacy didn't have any people taking sodium valproate. He knew the current advice to give about pregnancy prevention. Guidance information was available. The pharmacist used local knowledge to signpost people to other healthcare providers when required.

The pharmacy mainly used a dispensing audit trail which included use of 'dispensed by' and 'checked by' boxes on the dispensing labels. The multi-compartment compliance aid seen didn't have an initial in the 'dispensed by' box. 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. Work was prioritised based on whether the prescription was for a person who was waiting or calling back.

The pharmacy had three fridges. Current temperatures were within range and records showed that stock was stored correctly between 2 and 8 degrees Celsius. However, the maximum and minimum temperatures for two of the fridges were outside of the range. The pharmacist was not sure how to reset the thermometers. He said that he would review the way fridge temperatures were monitored. There was a bottle of reconstituted amoxicillin without a date on it. Amoxicillin has a 14 day expiry once reconstituted. Medicines were stored tidily in their original containers on the shelf, fridge or CD cabinet as appropriate.

The pharmacy provided a delivery service. The recipient signed to confirm they had received a prescription to create an audit trail. CD deliveries were written on a single sheet which recorded patients' names and medication.

For each person who received their medicines in a multi-compartment compliance aid the pharmacy had a record to ensure that medicines were ordered and delivered in a timely manner. Each chart listed

the medicines to be put into the compliance aid. Any changes in or missing medicines were checked with the surgery before being dispensed. When a compliance aid was checked the dispensing labels didn't show the shape and colour of the medicines which meant they were not easily identifiable. The pharmacy didn't routinely send pharmacy information leaflets (PILs).

Date checking was carried out when staff had time but at least every couple of months; out-of-date stock was recorded in a book and stock was checked as came in. Staff couldn't find the current date checking book in the dispensary. No out-of-date medicines were seen. CDs were stored safely. Access to the CD cupboard was appropriately maintained.

Only recognised wholesalers were used for the supply of medicines.

The company was trialling its procedures for complying with the Falsified Medicine Directive in another branch. The aim was to learn from that and roll it out into the other branches. The pharmacist was aware of the procedure for drug alerts. An electronic audit trail was maintained to provide evidence of 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 largely maintains its equipment and facilities adequately.

Inspector's evidence

The pharmacy used crown-marked measures for measuring liquids. There were separate measures for CDs. The pharmacy had up-to-date reference sources. The current fridge temperatures were within the required range; temperatures were recorded daily. The CD cupboard complied with legal requirements. The sticker seen on a piece of electrical equipment said that the last portable appliance testing (PAT) had been in 2015. The pharmacist said that he was arranging for PAT testing to be carried out.

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.