

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: 21/03/2024

Pharmacy context

This is a community pharmacy that is situated next to two medical centres in Leicester. 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 home. Other services that the pharmacy provides include delivering medicines to people's homes and the 'Pharmacy First' 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 manages people's personal information safely. Its team members understand their roles and accountabilities. The pharmacy has some procedures to learn from its mistakes. But because the pharmacist does not always record its near misses and the outcome of the near miss reviews, the pharmacy might miss opportunities to improve its ways of working.

Inspector's evidence

The pharmacist was currently reviewing the pharmacy's standard operating procedures (SOPs). He said that the previous SOPs had not always reflected the practice in the pharmacy so as part of the review he was discussing the SOPs with the pharmacy team to make sure that the new SOPs did reflect the practice of the pharmacy. This meant that not all SOPs were currently in place which meant they did not provide information to help staff or locum pharmacists follow current best practice. The pharmacist said he would complete the review in the next month. However, staff were seen dispensing medicines and handing medicines out to people safely. Staff understood how to sell medicines safely and knew how to give advice during a sale. Staff knew that prescriptions were valid for six months apart from some controlled drugs (CDs) which were valid for 28 days. The pharmacy highlighted prescriptions containing CDs to remind the person handing them out of the shorter validity of these prescriptions.

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. The aim was to record them in the near miss log, but the pharmacist said that in some months not all near misses were being recorded. The pharmacist carried out a near miss review and then discussed the outcomes with the team as part of the regular huddle. But he did not always record that he had completed the review. The pharmacist said that going forward he would make sure both were completed.

The Responsible Pharmacist (RP) notice was visible from the public counter but identified the previous pharmacist on duty. The pharmacist changed the notice to display the correct RP. The RP log had occasional gaps, the pharmacist said that he would make sure that the RP was recorded in the log. The CD register complied with legal requirements. The entries for two CD items checked at random during the inspection agreed with the physical stock held. Weekly balance checks of all CDs were completed. Patient-returned CDs were recorded in a designated register. Patient-returned CDs had been destroyed.

The pharmacy had a complaints procedure and an information governance policy. Access to the electronic patient medication record (PMR) was password protected. Confidential electronic information was stored securely, and confidential waste was destroyed appropriately. Professional indemnity insurance was in place. The pharmacy understood safeguarding requirements and could explain the actions they would take to safeguard a vulnerable person. The pharmacy team members 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

There are enough team members to manage the pharmacy's workload. Team members can raise concerns if needed.

Inspector's evidence

During the inspection, the pharmacy team managed the day-to-day workload of the pharmacy effectively. There were two pharmacists, two trained dispensers, one trainee dispenser and a trainee counter assistant. Both trainees were on recognised training courses.

Members of the team worked well together. When asked, members of the team said they discussed any issues informally on a daily basis and felt able to raise concerns if necessary. They had an annual review where they were able to give and receive feedback. Some team members were keen to start the pharmacy technician course and the pharmacist said he was in the process of arranging this. Staff were given informal training by the pharmacist including recent training on the 'Pharmacy First' services.

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

Outside the pharmacy had a clear bright fascia. Inside the public area presented a modern look, with soft lighting, and had suitable seating and plenty of space for people using the pharmacy. There was a clear plastic screen at the pharmacy counter which provided re-assurance to both the staff and the customers. And there was hand sanitiser available. The dispensary was a reasonable size for the services provided. The pharmacy had air conditioning which provided an appropriate temperature for storing medicines. 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 two entrances. One was an automatic door with flat access and the second had a push-pull door with flat access. This provided good 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. The pharmacy knew the advice about pregnancy prevention that should be given to people in the at-risk group who took sodium valproate and had implemented the latest advice. The pharmacist gave a range of advice to people using the pharmacy's services. This included advice when they had a new medicine, or their dose changed. The pharmacist routinely give advice to people who were taking medicines that required ongoing monitoring such as methotrexate, warfarin, or insulin. But 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 providing the NHS 'Pharmacy First' services. This allowed the pharmacy to treat seven common conditions including supplying prescription-only medicines. The pharmacist had spoken to the two local GP surgeries to make them aware the service was available and make sure that people who met the criteria were referred. Both regular pharmacists had completed the required training and signed the accompanying patient group directions (PGDs). The pharmacy was also offering the NHS hypertension case finding service and the NHS contraceptive service. The two GP surgeries were referring people who contacted them for blood pressure monitoring and contraceptive services to the pharmacy which was helping to reduce pressure on the surgeries.

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 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 did not included medicine descriptions on the packs which made it more difficult for people to identify individual medicines in their packs. Patient information leaflets (PILs) were provided to people each month.

Medicines were stored 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 to 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. The pharmacist explained the process for managing drug alerts which included making a record of the action taken. The pharmacist said he was considering introducing an electronic record system.

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. Records showed that the fridges were in working order and stored medicines within the required range of 2 and 8 degrees Celsius. The pharmacy's portable electronic appliances had been last tested in September 2020. The pharmacist said he would arrange for a test. Equipment seen looked in a reasonable condition.

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.