

Registered pharmacy inspection report

Pharmacy Name: Soni (Leicester) Ltd, 27 Melton Road, LEICESTER, Leicestershire, LE4 6PN

Pharmacy reference: 1034115

Type of pharmacy: Community

Date of inspection: 02/05/2019

Pharmacy context

The pharmacy is situated on a busy road of commercial shops on the outskirts of Leicester. The pharmacy provides most of the standard NHS services. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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	3.5	Good practice	The pharmacy re-fit has resulted in premises that present a very professional image.
4. Services, including medicines management	Standards met	4.2	Good practice	People receive the advice and support they need to help them use their medicine appropriately. The team targets its advice to reflect the needs of the local population.
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's team members record their mistakes, but their records do not have a lot of detail. This could mean they are not able to spot any patterns in mistakes to stop the same thing happening again. The pharmacy team members understand their roles. The pharmacy keeps the records required to make sure that medicines are supplied safely and legally. It manages people's personal information adequately and knows how to protect vulnerable people.

Inspector's evidence

The responsible pharmacist (RP) notice showing the pharmacist in charge of the pharmacy was clearly displayed. The pharmacy had a set of standard operating procedures (SOPs) that had been signed by staff. SOPs were reviewed in March 2019 apart from the CD SOP. Each SOP highlighted the responsibilities of each member of staff. Staff mainly followed the SOPs. For instance, they signed the dispensed and checked by boxes on the dispensing label and asked the address when giving people their medicines.

The counter assistant had a good understanding of the questions that needed to be asked to sell a medicine safely. She also had a good knowledge of the medicines she was selling. She said that prescriptions had a six month expiry date apart from controlled drugs (CDs) which were valid for 28 days. She said that prescriptions were highlighted on the bag to make her aware that they contained a CD. She recalled tramadol and pregabalin as CDs not in the cupboard but couldn't recall any others. Prescriptions seen were highlighted with CD in the corner.

The pharmacy had procedures for recording near misses and errors or other incidents. The pharmacist explained the process for near misses. These were returned to the member of staff for them to find the error and then recorded in the near miss log. The near miss log was a tick sheet which meant that very limited information was recorded, this made it less useful as a learning tool. The pharmacy didn't review the logs at the end of the month. The pharmacist said as all the staff worked there regularly they recalled if an error had been made previously.

An audit trail was created using dispensed by and checked by boxes. The final check was by the RP or the accuracy checking technician (ACT). The ACT could explain the process for accuracy checking.

The pharmacy had the appropriate records to support the safe delivery of pharmacy services. These included the RP log, specials records and the controlled drug register. Private prescription records were recorded electronically; when checked not all a dental prescribers' details were recorded in the register. The superintendent said that this was a problem with the electronic patient record (PMR). A second prescriber didn't have their details recorded. This did not meet legal requirements and meant it would be harder to check details if there was a query about the prescription.

CDs were stored in a legally compliant CD cabinet. A random check of the recorded running balance of a CD matched with the actual stock in the CD cabinet. The pharmacy only supplied a small number of CDs and only routinely kept one CD in stock. There was a patient return CD register in place; patient returns had been destroyed. Schedule 3 CDs were also recorded which was good practice.

There was a complaints procedure in place; staff referred to the manager if required. There was information about how to complain in the patient information leaflet and on a poster on display. The pharmacy was currently carrying out a customer survey; the previous survey was from a couple of years ago. The superintendent said that they had positive feedback from people using the service. Public liability and professional indemnity insurance were in place until the end of November 2019.

Computer terminals were positioned so that they couldn't be seen by people in the retail area. People's confidential paper work was stored securely. The pharmacy used an external shredding service for confidential waste. The pharmacy had an information governance protocol in place. The pharmacy team were aware of safeguarding requirements; there was an SOP and there were local contacts available. The pharmacist had completed the CPPE safeguarding course.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members manage the workload within the pharmacy well. They work effectively together. The pharmacy team acts in the best interests of patients and the public. The pharmacy has a work culture of openness, honesty and training.

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 pharmacy team was able to manage the workload well. During the inspection there was one pharmacist; one pharmacy technician who was an ACT; one dispenser and one counter assistant. The pharmacy owner was also present. He carried out administrative and back-office tasks.

The counter assistant said that there were informal conversations rather than informal reviews. She said that she could raise any concerns or issues if required. She said that the pharmacy team attended external events in the evening approximately every three months. The last event had been on healthy living which she had been unable to attend. There was also informal training from the pharmacist with recent training covering electronic CD prescriptions and the changing schedule of pregabalin and gabapentin.

Principle 3 - Premises ✓ Standards met

Summary findings

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

Inspector's evidence

Both the inside and the outside of the pharmacy had been re-fitted in January 2017. It gave the pharmacy a bright spacious modern look. The size of the dispensary had been increased; it was a good size for the services provided, with a good-sized dispensing bench available for the assembly of medicines and space for storing stock and dispensed medicines. Air conditioning had been fitted and new modern lighting provided a bright but less harsh feel. The dispensary was clean and tidy; there was a sink with hot and cold water.

A sound-proof secure consultation room was available to ensure that people could have confidential conversations with pharmacy staff. The room was situated next to the counter and the dispensary which made it easily accessible for the pharmacy team and people visiting the pharmacy.

Computer screens were set back from and face away from the counter. Unauthorised access to the pharmacy was prevented during working hours and at night.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and effectively. People receive the advice and support they need to help them use their medicine appropriately. The team targets its advice to reflect the needs of the local population. The pharmacy stores medicines 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 in a row of shops. There was a push pull door with a step which made access more difficult for a wheelchair or those with physical disability. However, the pharmacy had a mobile ramp for use when required. Once inside the shop there was a clear route to the dispensary counter; there was seating for people waiting for their medicine.

Pharmacy opening hours and services were clearly advertised (not all services were still being provided). There were a range of leaflets on display. The pharmacy had a practice leaflet which gave details of opening hours and services. The pharmacy team understood the signposting process and knew about local services and how to access them.

The pharmacy used a dispensing audit trail which included use of dispensed by and checked by boxes. The pharmacy also used baskets during the dispensing process to reduce the risk of error. Work was prioritised based on whether the prescription was for a person who was waiting or calling back.

The pharmacist was seen counselling people using the pharmacy on a range of matters. She said that she spoke to people who had a new medicine, if there was a change in dose or when they had come out of hospital. People visiting the pharmacy had a lot of problems with indigestion and heartburn. She gave them advice on healthy living. She checked people's blood pressure and gave them advice or referred them as appropriate. She also asked people about their mental health and if they were depressed directed them to suitable services. She explained that she checked that people taking higher risk medicines such as warfarin and methotrexate had been for an appropriate check ask before dispensing a prescription and that a patient taking lithium regularly went to a clinic regularly.

The pharmacist understood the latest guidance on sodium valproate. She hadn't been sent the latest information leaflets, so she had rung up and got them. She had checked that people in the at-risk group were on the pregnancy prevention program and made a record on the electronic patient medication record (PMR). She had given them the patient guide.

The pharmacy kept records of people using multi-compartment compliance aids. Each person had a chart which recorded when medicines were taken. If there was a change the surgery usually contacted the pharmacy but if not the surgery was contacted. Labels recorded the shape and colour of the medicine to allow easy identification. Patient information leaflets (PILs) were sent monthly.

The pharmacy provided an occasional delivery service to elderly people. Because they were elderly it was difficult to obtain signatures, so the driver signed and recorded the time of delivery.

Fridge lines were stored correctly between 2 and 8 degrees Celsius. The fridge was generally well

managed but was a little full; no medicines that had been dispensed earlier than March 2019 were seen with most being April or May 2019. Stock medicines were stored on shelves tidily. Medicines were stored in their original containers on the shelf, fridge or CD cabinet as appropriate. CDs were stored safely. Access to the CD cabinet was managed appropriately.

The dispenser explained that date checking was carried out monthly; there were records of short-dated stock in a diary. The pharmacy also date checked stock on receipt and when cleaning shelves. Bottles without specific dates of expiry once opened didn't have a date of opening recorded. This meant that it was more difficult to decide if it was still appropriate to supply the medicine. Only recognised wholesalers were used for the supply of medicines. Drug alerts were printed out and there was a drug alert log to provide a clear audit trail.

As part of implementing the Falsified Medicines Directive the pharmacy had registered with SecurMed; the scanner was not working, and they were waiting for a replacement.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services it offers. It largely maintains its equipment and facilities adequately.

Inspector's evidence

The pharmacy used crown marked measures for measuring liquids. The pharmacy had up-to-date reference sources. The pharmacy fridge was in working order with the current temperature within the required range; temperatures were recorded daily. CDs were stored in accordance with legal requirements. Electrical equipment hadn't been tested to make sure it was safe. The owner said that he was arranging for testing to be carried out. Testing for fire and gas safety was carried out annually.

The blood pressure meter had been used since January 2017. There was a sticker with the date it had started to be used on the bottom. Accuracy was checked against a second blood pressure meter, but records shown this had not been done since 2017. There were no records available for when the blood glucose meter had been changed or last calibrated. This might mean that inaccurate blood pressure and blood glucose readings were being supplied. The pharmacy owner said that the meters would be regularly calibrated and replaced if necessary.

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.