

# Registered pharmacy inspection report

**Pharmacy Name:** Pickfords Pharmacy, 4 Lockerbie Walk, Rushey Mead, LEICESTER, Leicestershire, LE4 7ZX

**Pharmacy reference:** 1034135

**Type of pharmacy:** Community

**Date of inspection:** 22/03/2023

## Pharmacy context

This is a community pharmacy situated in a row of shops on a residential estate 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 homes. It also provides the seasonal flu vaccination service and offers services such as the Community Pharmacist Consultation Service and the hypertension case finding service.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	2.2	Good practice	Team members are given the opportunity and support to develop their roles and they receive protected time to learn while they are at work.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	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. It has written instructions to help its team members work safely. Its team members have defined roles and accountabilities. People who work in the pharmacy talk to each other about the mistakes they make to try and stop the same sort of things happening again. The pharmacy keeps people's private information safely and its team members know how to protect vulnerable people.

### Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) which were due to be reviewed in January 2023. They had been signed by the pharmacy team members to show they had read and understood them. The staff member present understood how to sell medicines safely and knew when to seek the pharmacist's advice. Staff knew that prescriptions were valid for six months apart from some controlled drugs (CDs) which were valid for 28 days. 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). Team members took responsibility for recording near misses in the near miss log. Team members explained that they discussed the near misses and why they might have happened with the pharmacist. Team members recorded some details about each near miss. For example, the medicines involved. But they didn't always record the reason the error might have happened. And so, team members may have missed the chance to identify any trends or patterns and make specific changes to the way they worked. Team members informally discussed near misses on a weekly basis, and they talked about steps the team could take to prevent the risk of similar near misses recurring. The team had separated some medicines that looked and sounded like each other, known as LASAs. For example, gabapentin and pregabalin, which reduced the risk of them being selected in error.

The pharmacy mainly maintained the necessary records to support the safe delivery of pharmacy services. These included the responsible pharmacist (RP) record. The pharmacy had an electronic CD register. There were regular balance checks and the entries checked at random during the inspection agreed with the physical stock held. Patient-returned CDs were recorded promptly on receipt in a designated register. Date-expired CDs were clearly marked to prevent dispensing errors. The pharmacy also had an electronic private prescription record. The records checked didn't all record all required information. Such as the prescribers' details. The manager said that going forward they would make sure the required details were recorded.

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.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

Team members are given the opportunity and support to develop their roles and they receive protected time to learn while they are at work. The pharmacy's team members work well together to manage the 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 managed the day-to-day dispensing workload effectively. There was one pharmacist, a full-time dispenser who was also the manager, and two part-time dispensers. Team members had access to electronic training and received protected time to complete these to improve their knowledge and skills. They also regularly discussed learning topics informally with each other. Team members explained they could also raise learning needs informally with the manager who would support them to access the right resources to complete their learning. An example of this was explained by a team member who raised that she required training on the pharmacy "hub and spoke" operation. This was supported by her spending time at another pharmacy to observe this process.

The pharmacy had a formal appraisal process. The manager, who had been in role for 5 months had recently received training on how to complete these and felt supported. Team members had an appraisal meeting once a year with their manager to discuss their performance, learning needs and set objectives. 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 mainly appropriately maintained. It is designed so that people can receive services in private when they need to.

### Inspector's evidence

The pharmacy presented a bright modern image. The pharmacy had an automatic door which provided good access for people with a disability or a pushchair to get into the pharmacy. Unfortunately, the door was broken on the day of the inspection, the team said that it had been broken for a while. Both the public and private areas of the pharmacy were a good size for the services provided.

The pharmacy had air conditioning which kept the pharmacy at 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. 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 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 suitable access to allow people with a disability or a pushchair to get into the pharmacy. The pharmacist 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. Prescriptions were highlighted to remind the team about advice that needed to be given. The pharmacist didn't make records when she 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 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. Most of its prescriptions and all of its multi-compartment compliance packs were sent to the hub to be dispensed. The pharmacy said that this process worked well.

Compliance 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. But patient information leaflets (PILs) were not provided. The pharmacist said that she would raise the issue with the superintendent.

Medicines were stored tidily on shelves in their original containers. Opened bottles of liquid medications were generally 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. But the maximum temperature on the fridge thermometer was 13 degrees Celsius which was outside the required range. The pharmacist said she would review the temperature later that day to make sure it was back in range. 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.