

Registered pharmacy inspection report

Pharmacy Name: Silverdale Pharmacy, 9 Silverdale Drive, LEICESTER,
Leicestershire, LE4 8NH

Pharmacy reference: 1034150

Type of pharmacy: Community

Date of inspection: 21/07/2022

Pharmacy context

This is a community pharmacy that is situated in a row of shops on a housing estate. 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.

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 personal information safely. The pharmacy has adequate procedures to learn from its mistakes

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) which had been signed by the pharmacy team members to show they had read and understood them. The team was seen dispensing medicines safely. The pharmacy had processes for recording 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 and recorded in a near miss log. A note of the action taken at the time was recorded in the log. The pharmacist discussed the near misses in the weekly huddle but didn't record any reviews he made for trends and patterns.

Staff understood how to sell medicines safely and knew the advice to give during a sale. Staff knew that prescriptions were valid for six months apart from some controlled drugs (CDs) which were valid for 28 days. Staff didn't know all of the CDs that were not kept in the CD cupboard and not all of the prescriptions indicated that they were a CD to remind staff of the shorter validity. This increased the risk that a medicine might be handed out when the prescription was no longer valid. The pharmacist said he would review this process.

The pharmacy maintained the necessary records to support the safe delivery of pharmacy services. These included the responsible pharmacist (RP) record, the CD registers, and the private prescription book. The pharmacy displayed who the RP in charge of the pharmacy was. The pharmacy carried out regular audits of CD running balances. A random check of the recorded running balance of a CD reconciled with the actual stock in the CD cabinet. The pharmacy recorded and destroyed patient-returned CDs promptly.

The pharmacy had a complaints procedure and an information governance policy. Access to the electronic patient medication record (PMR) was password protected. Confidential paperwork was stored and destroyed securely. Professional indemnity insurance was in place. The pharmacist understood safeguarding requirements and knew how to raise a concern about a vulnerable person.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members adequately manage the workload within the pharmacy. They are suitably trained for the roles they undertake. Team members are given opportunities to develop by the pharmacist and are able to raise concerns if needed.

Inspector's evidence

During the inspection the pharmacy team adequately managed the day-to-day dispensing workload. There was one pharmacist, three qualified dispensers and a pharmacy undergraduate. Staff said that they had a formal appraisal annually but that they also had the opportunity to make suggestions or raise any issues informally on a daily basis or at the weekly huddle. There was a notice board which the staff used to share information across the team. The pharmacy team had informal training from the pharmacist. Staff were given additional responsibilities to support their development, for example managing the drug alerts process.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises safe, secure, and appropriately maintained. But the dispensary is small for the number of prescriptions dispensed. The pharmacy makes changes to help keep people using the pharmacy safe during the pandemic.

Inspector's evidence

The pharmacy had a new fascia which presented a modern image, the rest of the shop front had not been refreshed for some time. The public area had a new floor which had improved the appearance of the pharmacy. The pharmacy was a small size for the number of prescriptions that were dispensed. The dispensary was extremely cluttered with little free dispensing work bench space and the floor covered with delivery boxes and stock. The pharmacist was aware of the problems and was looking at options to increase the size of the pharmacy. There was adequate heating and lighting with hot and cold water available. A small sized, basically fitted out 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 offers healthcare services which are adequately managed and are mainly accessible to people. The pharmacy gets its medicines and medical devices from reputable sources. It mainly stores them safely. It takes the right actions if medicines or devices are not safe to use to protect people's health and wellbeing.

Inspector's evidence

The pharmacy had a step at the front door which made it harder for people with a disability or with a pushchair to get into the pharmacy. The pharmacist was looking to install a ramp outside to improve access. The pharmacist understood the signposting process and used local knowledge to direct people to local health services. The pharmacy team members knew most people who used their services by name and during the inspection were supportive and helpful to people visiting and ringing the pharmacy. The pharmacy delivered medications to some people. The pharmacist 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 said that he spoke to people who took warfarin to check their INR levels were appropriate and that people taking methotrexate had regular blood tests. He recorded the information but wasn't sure how to access it on their electronic records. He said that he would find out.

The pharmacy used a dispensing audit trail which included use of 'dispensed by' and 'checked by' boxes on the medicine label. 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 who needed help managing their medicines. It had processes to make sure people got their medicines in a timely manner. The compliance packs seen recorded the colour and shape of the medicine to make it easier for people to identify the medicine. Patient information leaflets (PILs) were not always sent. Staff said the process would be reviewed.

Medicines were mainly stored on shelves in their original containers. There were some brown bottles containing medicines popped out of their foil blisters for assembling multi-compartment compliance packs. The labels on the bottles recorded the name of the product but not always the expiry date, batch number or date they were popped. The pharmacist said he would record those details going forward so that the medicines could be used safely. Opened bottles of liquid medications were not always marked with the date of opening which could make it harder for the pharmacist to know if they were still suitable for use. The pharmacist said that going forward he would make sure he recorded the date of opening on the bottle. The pharmacy team had a process for date-checking medicines. Medicines expiring over the next few months were recorded in a book by date and removed from the shelves at the end of the appropriate month. A check of a small number of medicines didn't find any that were out of date. The team didn't record when the shelves had been checked but used regular quiet times to date check. CDs were stored appropriately. A record of invoices showed that medication was obtained from licensed wholesalers. A team member explained the process for managing drug alerts which included a record of the action taken.

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 fridge was in working order and stored medicines within the required range of 2 and 8 degrees Celsius. But the pharmacy had recently had a problem with the fridge thermometer which meant that it didn't always show the temperature reading. The pharmacist had ordered another thermometer. The pharmacy's portable electronic appliances had been tested 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.