

# Registered pharmacy inspection report

**Pharmacy Name:** Well, 30 Leicester Road, LOUGHBOROUGH,  
Leicestershire, LE11 2AG

**Pharmacy reference:** 1034199

**Type of pharmacy:** Community

**Date of inspection:** 31/07/2019

## Pharmacy context

This community pharmacy is in centre of Loughborough and is next to a GP surgery. Most of the prescriptions dispensed by the pharmacy are received from the GP surgery next door. The pharmacy mostly supplies medicines to people who live in the local area which includes some university students.

## 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	N/A	N/A	N/A
<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

The pharmacy generally manages its risks well. It takes the right actions when things go wrong and its team members make improvements to the safety of services. The pharmacy keeps the legal records that are needed and generally makes sure that these are completed accurately. Its team members manage people's personal information well.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which covered its services. The SOPs were regularly reviewed to make sure they were up to date. The pharmacy kept records which showed that its team members had read the SOPs that they needed to.

The pharmacy regularly asked people visiting the pharmacy to complete satisfaction surveys. The previous survey's results were positive. The team also received feedback through the pharmacy's NHS website profile. The pharmacy had a SOP about managing complaints. The complaints would be escalated to the pharmacy manager and could be recorded electronically to inform the pharmacy's head office.

The pharmacy had SOPs about information governance and confidentiality. Team members had their own NHS smartcards to access electronic prescriptions. Confidential waste was separated by the pharmacy's team members. It was collected by a third-party company, so it could be appropriately destroyed.

The pharmacy's team members had received training about safeguarding vulnerable people. Some team members had received additional training through their dispensing qualification or from the Centre for Pharmacy Postgraduate Education (CPPE). Team members said that there were no previous safeguarding concerns. The responsible pharmacist said that he would search for contact details on the internet if he needed to speak to the local safeguarding board. The inspector provided information about the NHS safeguarding app which could be used to find up-to-date information about local safeguarding boards.

The pharmacy kept records about dispensing errors and near misses. It investigated mistakes to identify the factors that contributed to them. The pharmacy had placed stickers on some shelves to highlight similar looking medicines to its team members. Some similar sounding medicines had been separated to stop them being mixed up. The pharmacy had a process to review dispensing errors and near misses every month, but this had not been carried out recently. The latest records were dated in May 2019. The responsible pharmacist said that this was because he was absent. The pharmacy had current arrangements for employer's liability, public liability and professional indemnity insurance.

The pharmacy kept the required records about controlled drugs (CDs). The records included running balances, so the pharmacy could make sure the records were correct. Some headers in CD registers were not always completed which may have made it harder for entries to be made in the correct register. This was highlighted to the pharmacist, so the headers could be completed. The balances of three CDs were checked and the physical stock matched the recorded balances. Other records about the responsible pharmacist, unlicensed medicines, private prescriptions and CDs returned by people

were kept and maintained adequately.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to safely provide its services. Its team members organise and manage the workload well which means that they can provide an efficient service to people. The pharmacy's team members have the right qualifications for their role and they receive training to keep their knowledge up to date.

### Inspector's evidence

At the time of the inspection there was the responsible pharmacist (pharmacy manager) and one trainee dispenser present. The staff could comfortably manage the pharmacy's workload. People visiting the pharmacy were served efficiently. Most prescriptions had already been dispensed and were ready to collect. The responsible pharmacist said that there was currently one team member on annual leave and there was one vacancy. He said that part-time staff were used to cover absences. A calendar was used to plan annual leave and to make sure that the staffing level was appropriate. The pharmacy could request relief team members or borrow staff from other local branches if needed.

Team members said that verbal discussions were used to share information. A noticeboard was displayed which recorded key messages for the team members to see. The pharmacy's head office kept records about the pharmacy qualifications that had been undertaken by team members. There were two team members employed at the pharmacy who were currently undertaking dispensing qualifications. The pharmacy's e-Learning system was used to track and monitor the ongoing training that was used to keep the team members knowledge up to date. The pre-registration pharmacy student often provided briefings to the team about long-term conditions and treatments.

The pharmacy's team members had annual appraisals which allowed them to receive feedback about their performance. Informal conversations were also used to provide feedback when it was needed. The pharmacy had set targets to achieve. The pharmacist said that there was no undue pressure and said that he received enough support from senior managers.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides its services from suitable premises. It has enough space to safely dispense and store people's medicines. And it has appropriate security arrangements to protect its premises.

### Inspector's evidence

The pharmacy was clean and tidy. Its team members kept workbenches tidy so that there was enough space to complete tasks safely. There was adequate heating and lighting throughout the pharmacy. The pharmacy had hot and cold running water available. The pharmacy had a consultation room which was suitable for private consultations and conversations. And it had appropriate security arrangements to protect its premises.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy generally manages its services well and makes sure that they are organised. It makes sure that its medicines are stored correctly so they are safe for people to use. The pharmacy's team members provide the right advice to people who receive higher-risk medicines and help them to take their medicines safely.

### Inspector's evidence

The pharmacy's team members said that they would provide help and support to people who could not access the pharmacy or rang the doorbell. They were unable to find the pharmacy's practice leaflets in the retail area which may have restricted some people's access to information about the pharmacy and its services. The pharmacy kept records about the prescriptions it ordered from local GP surgeries. This helped its team members to make sure all required medicines were prescribed.

The pharmacy supplied medicines in multi-compartment compliance packs to some people. The workload was arranged across four weeks which helped it to be more organised. Team members provided examples about referrals they made to GPs about people who needed more support with their medicines. Prescriptions were ordered around eight days before the packs were supplied. This allowed enough time for the packs to be assembled and checked. The pharmacy kept records about medicines and their administration times. The pharmacy telephoned people to ask them about any medicines outside of the packs that were needed. Assembled packs included descriptions which helped people to identify individual medicines. Patient information leaflets were supplied to people who received the packs.

The pharmacy used an offsite dispensary to help dispense most prescriptions. Prescription information was entered on to the pharmacy's computer system and the dispensed medicines were generally received within two to three working days. Barcodes were allocated to bags of dispensed medicines and the pharmacy used these to track their location. The pharmacy's team members used stickers to highlight dispensed CDs, new medicines and any specific advice or service to be provided by the pharmacist.

Dispensers used baskets to make sure prescriptions were prioritised and medicines remained organised. Computer-generated labels contained relevant warnings and were initialled by the dispenser and checker to provide an audit trail. The pharmacy's dispensing software highlighted interactions to the team. Team members said that they verbally informed the pharmacist about interactions or printed warning labels when needed.

The pharmacy team recorded information about relevant blood tests for people who received warfarin. They were aware about pregnancy-prevention advice to be provided to people in the at-risk group who received sodium valproate. The pharmacy delivered some people's medicines. It kept appropriate records about these deliveries which included the recipient's signature.

The pharmacy kept invoices which showed that its medicines were obtained from licenced wholesalers. Stock that required cold storage was kept in two fridges. The pharmacy kept fridge temperature records, so it could monitor storage conditions for these medicines. CDs were stored appropriately.

Expired CDs were separated from other stock to prevent them being mixed up.

The pharmacy checked its stock's expiry dates every month. It kept records about checks that it completed and expired medicines. Recent checks were dated in August 2019. Medicines that were approaching their expiry date were highlighted to the team. Several medicines were checked at random and were in date. The pharmacy wrote the date onto medication bottles when they were opened. This helped the team members to know that the liquid medicine was suitable if they needed to use it again.

Expired and returned medicines were placed in to pharmaceutical waste bins. These bins were kept safely away from other medicines. A separate bin was used for hazardous medicines. Team members were not sure how to identify some hazardous medicines when they were asked by the inspector. This may increase the chance of these medicines not being separated.

The pharmacy was in the process of organising the equipment and software needed to help verify its medicines' authenticity in line with the Falsified Medicines Directive. The pharmacist had received a briefing from the pharmacy's head office about the next steps to take. The pharmacy received information about medicine recalls. It kept records about recalls it had received and the actions that had been taken. This included a recent recall about aripiprazole.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the right equipment and facilities to provide its services. Its team members make sure that the equipment is maintained properly. And they use up-to-date reference sources when providing the pharmacy's services.

### Inspector's evidence

The pharmacy's equipment appeared to be in good working order and maintained adequately. The pharmacy team had access to telephone numbers, so they could escalate any maintenance issues. Confidential information was not visible to people visiting the pharmacy. Computers were password protected to prevent unauthorised access to people's medication records. The pharmacy had appropriate measures to accurately measure liquids. Separate measures were used for CDs. The pharmacy had suitable equipment to count loose tablets. Its team members accessed up-to-date reference sources on the internet.

### 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.