

# Registered pharmacy inspection report

**Pharmacy Name:** Sage Cross Pharmacy, Sage Cross Street, MELTON MOWBRAY, Leicestershire, LE13 1NX

**Pharmacy reference:** 1034226

**Type of pharmacy:** Community

**Date of inspection:** 25/11/2024

## Pharmacy context

This is a community pharmacy located in the health centre in Melton Mowbray. The pharmacy dispenses NHS and private prescriptions and sells medicines over the counter. This was a targeted inspection and not all standards were looked at on this occasion.

## Overall inspection outcome

### Standards not all met

**Required Action:** Improvement Action Plan

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 not all met	1.1	Standard not met	The pharmacy does not have adequate processes to manage the risks associated with the transfer of some work to another branch effectively, for example by maintaining an appropriate audit trail.
		1.6	Standard not met	The pharmacy does not have robust systems in place to make sure that it keeps records about its controlled drugs up to date and accurate.
<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 not all met

### Summary findings

The pharmacy does not fully manage the risks associated with its services. It does not have adequate processes to manage the transfer of some work to another branch effectively. It does not keep an adequate audit trail for dispensed controlled drugs it has transferred in this manner. And the pharmacy does not always keep its records about controlled drugs up to date and accurate. However the pharmacy has processes to learn from any dispensing mistakes

### Inspector's evidence

The pharmacy had a set of up-to-date standard operating procedures (SOPs) which had been read and signed by most of the pharmacy team members. Team members were seen following some of the SOPs which included dispensing medicines and handing medicines out to people safely. But there was also evidence that procedures were not always followed. For example, not all supplies made by the pharmacy of Schedule 2 controlled drugs (CDs) had been recorded in the CD register. When questioned some of the team were not fully aware of the tasks they could and could not do when a responsible pharmacist was not present. But team members said that there had always been a pharmacist present when the pharmacy was open.

CD registers were available at the pharmacy. Most of the headings in the registers had not been completed, increasing the possibility of making entries in the wrong register. There had been a running balance audit when the pharmacy had changed ownership in September and another audit had been carried out in October. But when a running balance audit was carried out during the inspection there were some discrepancies and further investigations highlighted a number of missed entries. There was also a large discrepancy between the recorded balance and physical stock of a liquid CD preparation.

The pharmacist said that during November the pharmacy had been closed for a period of time. During the closure dispensed medicines, including CDs, had been transferred to another pharmacy nearby which was owned by the same company to ensure people would receive their medicines. They said that an accurate audit trail of these medicines had not always been maintained. They said they would complete a running balance audit and investigate the discrepancies in the registers. The pharmacist subsequently contacted the inspector and said that following an investigation all but one of the discrepancies had been resolved. The pharmacy did not have a book to record any patient-returned CDs. There were no patient-returned CDs in the CD cupboard. The pharmacist said that no patient-returned medicines had been received by the pharmacy since the change in ownership. They said they would obtain a book to record patient-returned CDs.

There was a Responsible Pharmacist (RP) notice displayed at the counter area where people visiting the pharmacy could see it. This notice displayed the details of the RP on duty at the time of the inspection. The RP record was available. Entries since the change of ownership in September 2024 were viewed and contained details for an RP for each day the pharmacy was open.

The pharmacist explained the processes for learning from dispensing mistakes where they had reached the person (errors). The pharmacist explained that since they had taken over ownership of the pharmacy no errors had been made. There was no confidential information visible to people visiting the pharmacy; prescriptions were stored out of sight in the dispensary. Confidential waste was disposed of

securely.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

There are enough team members to manage the pharmacy's workload. They are suitably trained for the roles they undertake.

### Inspector's evidence

During the inspection, the pharmacy team managed the day-to-day workload of the pharmacy appropriately. There was one pharmacist, who was also the superintendent pharmacist, four trained dispensers, and three trainee dispensers and one apprentice. All staff had completed or were enrolled on recognised training courses.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy keeps its premises safe, secure, and mainly appropriately maintained. And people visiting the pharmacy can have a conversation with a team member in private.

### Inspector's evidence

The public area had plenty of space for people using the pharmacy. The dispensary was a reasonable size for the services provided. There was suitable heating and hot and cold running water was available. One reasonably 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 mainly suitably managed and are accessible to people. And it gets its medicines and medical devices from reputable sources. The pharmacy has processes in place to date check stock medicines to minimise the risk of these being supplied to people. It stores them safely and it takes the right actions if medicines or devices are not safe to use to protect people's health and wellbeing. But the pharmacy does not make a record of the action it has taken which could make it harder for them to show what action it has taken in response to an alert.

### Inspector's evidence

The pharmacy had flat access and an automatic door which made it easier for people with a disability or with a pushchair to get into the pharmacy. CDs requiring safe custody were stored in the CD cabinet and access to the cupboard was controlled by the RP at the time of the inspection. Dispensed CDs waiting collection were clearly marked and separated from stock CDs. Medicine waste was placed in designated waste sacks, stored separately, and was collected for secure disposal.

The pharmacy had records showing a single temperature for each of the pharmacy fridges. The pharmacist explained that they were recording the current temperature of the fridges at the time of the reading, not the maximum and minimum fridge temperatures. The records viewed indicated the temperatures were within the required range at that time, but the single reading did not provide evidence that the fridges had been within the required range over the whole of that day. A check of the fridge's minimum and maximum thermometer readings conducted during the inspection found that all but one of the fridges were within the required ranges. And one fridge had been slightly above the maximum temperature. The pharmacist said that he would start recording the minimum and maximum temperatures.

Medicines were stored on shelves in their original containers. A spot check of stock medicines in the dispensary did not find any that were out of date. A record of invoices showed that medication was obtained from licensed wholesalers. The pharmacist could explain the process for managing drug alerts but did not make a record of the action taken. He said that he would start making a record.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy's team members have access to the equipment they need to provide services safely.

### Inspector's evidence

Patient information on computer screens was not visible from the shop floor. The medicines fridges provided adequate space for storing medicines and there was enough secure storage space for CDs. Team members had access to online reference sources to help with providing advice to people. There were calibrated measuring cylinders available for liquid medicines. The pharmacy's portable electronic appliances looked in a reasonable condition.

### What do the summary findings for each principle mean?

Finding	Meaning
<span>✓ Excellent practice</span>	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.
<span>✓ Good practice</span>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span>✓ Standards met</span>	The pharmacy meets all the standards.
<span>Standards not all met</span>	The pharmacy has not met one or more standards.