

Registered pharmacy inspection report

Pharmacy Name: Wigston Pharmacy, 36 Leicester Road, Wigston Magna, LEICESTER, Leicestershire, LE18 1DR

Pharmacy reference: 1082213

Type of pharmacy: Community

Date of inspection: 13/06/2019

Pharmacy context

This community pharmacy is situated on the main road through the centre of the town. Most of its activity is dispensing NHS prescriptions and giving advice about medicines over the counter. The pharmacy supplies medicines in multi-compartment compliance aids to people who live in their own homes. Other services which the pharmacy provides include prescription deliveries to people's homes, medicine use reviews (MUR), new medicine service checks (NMS), flu vaccinations under both private and NHS patient group directions (PGDs), and emergency hormonal contraception under an NHS PGD. It also provides blood pressure monitoring and blood glucose testing.

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	1.2	Good practice	The pharmacy has good processes for learning from mistakes and uses these to improve the safety and quality of the services it provides.
2. Staff	Good practice	2.1	Good practice	The pharmacy team members manage the workload within the pharmacy effectively. The pharmacy has contingency arrangements in place to cover staff absence.
		2.3	Good practice	The pharmacy empowers its team members to act in the best interests of the people who use its services.
		2.5	Good practice	The pharmacy actively seeks its team's views on how to improve services and implements good suggestions.
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

The pharmacy identifies and manages most of the risks associated with the provision of its services. The pharmacy has good processes for learning from mistakes and uses these to improve the safety and quality of the services it provides. The pharmacy adequately manages people's personal information. It asks its customers for their views and knows how to protect vulnerable people.

Inspector's evidence

The responsible pharmacist (RP) notice showing the pharmacist in charge of the pharmacy was visible to the public. The pharmacy had a set of up-to-date standard operating procedures (SOPs) which reflected how the pharmacy operated. One member of staff asked hadn't signed to show she had read the SOPs. But staff were appropriately trained to deliver the services provided. For example, staff signed the dispensed and checked by boxes and got the patient to sign the back of the controlled drug (CD) prescription to confirm receipt of the medicine. Counter staff knew that they couldn't work in the dispensary.

The pharmacy kept records of near misses, errors and incidents. The pharmacy technician who was responsible for reviewing near misses explained the process. The pharmacist discussed near misses with the member of staff at the time and then the member of staff recorded it in a near miss log. Staff then completed a more in-depth review to see what they could learn from the mistake. The reviews seen highlighted a range of learning points such as considering look alike sound alike medicines. The pharmacy technician explained that this review had significantly reduced the number of near misses made. She said that she reviewed near misses monthly and highlighted any patterns but didn't make a record of that review. She did complete a written annual review. Stickers were used on stock shelves to highlight medicines where mistakes had been made and different strengths of stock were also separated.

An audit trail was created through the use of dispensed by and checked by boxes. The final check was by the RP. The pharmacy had up-to-date Patient Group Directions (PGD) for emergency hormonal contraception (EHC) and Champix (Smoking Cessation). The pharmacist was able to provide his declaration of competence. The pharmacist provided blood pressure monitoring and type 2 diabetes testing.

The pharmacy team had a meeting every couple of months. This discussed issues such as near misses and gave the team the opportunity to discuss and issues or give suggestions about how to improve the service. The pharmacy technician wrote a newsletter. The was discussed at the meeting. The latest newsletter in January had highlighted how the pharmacy carried out risk management. The pharmacy had gone through risks in the dispensing process such as stock arrivals, patient returned medicines, prescription dispensing and training. The review flagged up areas that could be a risk and the team discussed how these could be improved. Previous meetings had highlighted the importance of the roles of each member of the team in assessing prescriptions at each part of the dispensing process.

The trainee counter assistant had a good understanding of the questions she needed to ask to sell a medicine safely. She had a limited understanding of the advice to give with the medicines she sold but said that she would always refer to the pharmacist. She knew scripts had a six-month validity. The

dispenser explained that CDs in the CD cupboard weren't usually dispensed until the patient came in. Dispensed prescriptions for tramadol, gabapentin and pregabalin were kept on separate shelves and were seen to have a CD sticker. She explained that they put a triangle and a supply by date on prescriptions for Schedule 4 CDs which were stored with other dispensed medicines.

Records to support the safe and effective delivery of pharmacy services were legally compliant. These included the RP log, private prescription records and the controlled drug register. CDs were stored in legally compliant CD cabinets. A random check of the recorded running balance of a CD reconciled with the actual stock in the CD cabinet. Regularly supplied CDs were audited every few weeks but records of other CDs showed audits every couple of months. The SOP said that running balance audits should be completed monthly.

Date expired stock and patient returned medicines were clearly separated and awaited destruction. There was a register for patient returned CDs. The register showed that the Schedule 3 CDs were generally recorded which was good practice. There was a Schedule 3 patient returned CD in the cupboard which hadn't been entered.

There was a complaints procedure in place; staff referred to the pharmacist if required. There was information about how to complain in the pharmacy leaflet and on a poster on display in the public area. The pharmacy's annual patient satisfaction survey was on display in the pharmacy and on NHS.UK. 100% of patients were satisfied with the service. The pharmacy had also received a number of positive comments about its service on the NHS website.

Public liability and professional indemnity insurance were in place until the end of June 2019. Computer terminals were positioned so that they couldn't be seen by people using the pharmacy service. Access to the electronic patient medication records (PMR) was password protected. Confidential paper work was stored securely. Confidential waste was bagged and shredded on-site. The pharmacist was aware of safeguarding requirements; there was guidance available. There was an information governance protocol in place.

Principle 2 - Staffing ✓ Good practice

Summary findings

The pharmacy team members manage the workload within the pharmacy effectively and they work well together. The pharmacy has a work culture of openness, honesty and training. Its staff do ongoing training to help keep their skills and knowledge up to date. The pharmacy actively seeks its team's views on how to improve services and implements good suggestions. And it empowers its team members to act in the best interests of the people who use its services. The pharmacy has contingency arrangements in place to cover staff absence.

Inspector's evidence

The pharmacy displayed who the RP in charge of the pharmacy was. The electronic RP record showed who the RP in charge of the pharmacy had been. The pharmacist didn't sign out which created an incomplete record.

The pharmacy team was able to manage the workload to provide pharmacy services safely. During the inspection there was one pharmacist and two pharmacy technicians; two dispensing assistants, one was training to become a pharmacy technician; two counter assistants, one of whom was undergoing training. There was a pharmacist from Romania who was working as a dispenser to gain experience of pharmacy in the UK and had not yet registered with the GPhC. Part-time staff were working at the pharmacy to provide cover for absent staff. The pharmacy team worked well together and engaged with the inspection process.

One of the dispensers was completing a pharmacy technician course. She said that she felt supported in her training by the pharmacist. She said that she completed most of her training but had time at work when she needed it. One of the pharmacy technicians had recently completed her training and also said that she had felt supported.

Staff said that they had a formal review annually. There was the opportunity to feedback ideas or concerns at the appraisal, the regular staff meetings or informally. The pharmacy technician said that there was a range of training provided to the team. She provided written training materials and allowed team members to choose what they wanted to study. Staff then recorded this in their own training log. Training logs had courses recorded but none in the last couple of months. Staff also attended evening training with recent training on inhaler technique and GPhC inspections. The regular pharmacist was the superintendent. No targets were set.

Principle 3 - Premises ✓ Standards met

Summary findings

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

Inspector's evidence

The dispensary was a small size for the services provided; the available dispensing bench for the assembly of medicines was also small. Overall the space was well managed but there were some dispensed medicines waiting collection on the floor in the dispensary which could be a trip hazard. The dispensary was clean and tidy; there was a sink with hot and cold water.

There was also a suitable separate room upstairs for the assembly of multi-compartment compliance trays and paperwork management. The pharmacy was an appropriate temperature for the storage of medicines; lighting was sufficient. A reasonable size sound-proofed secure consultation room was available to ensure people could have confidential conversations with pharmacy staff.

The external appearance presented a professional image with bright, clear signage. The public area presented a modern image. Computer screens were set back from and faced away from the counter. Access to the PMR was password protected. Unauthorised access to the pharmacy was prevented during working hours and when closed with an alarm.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally provides its services safely and effectively. Its team members are helpful and give good advice to people. But some people may not be getting all the information they need to take their medicines safely. The pharmacy gets its medicines and medical devices from reputable sources. It generally stores them safely. And it takes the right actions if any medicines or medical devices are not safe to use to protect people's health and wellbeing.

Inspector's evidence

The pharmacy was within a row of shops. There was a push pull door and flat access to provide reasonable access for a wheelchair or those with physical disability. There was sufficient seating available. There were clear signs advertising the services and the opening times of the pharmacy. There was a pharmacy practice leaflet which advertised services and the opening hours. The pharmacist understood the signposting process and used local knowledge to direct people who needed support from other healthcare providers.

The pharmacy used a dispensing audit trail which included use of dispensed by and checked by boxes on the medicine label. 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 was calling back.

During the inspection the pharmacy was busy with people visiting. The pharmacist was available to people who visited the pharmacy and was seen giving advice on numerous occasions. The pharmacist said that he spoke to people on a range of matters including dose changes; new medicines; and how to use inhalers. He said that he checked that people taking methotrexate knew their dose; he double checked people were taking NSAIDs after food. He said that he checked INR for people taking warfarin. A record of INR was seen on the electronic patient medication record.

The pharmacist said that he knew his patients and what medicines they were taking. He said that if they were on the medicine regularly and they knew what they were doing he didn't routinely speak to them. He said that people knew that he was available to chat if required. He knew the advice about pregnancy prevention that should be given to people in the at-risk group who were taking sodium valproate. He said that they gave out cards to those in the at-risk group which they kept with the medicine on the stock shelf. The pharmacy was a Healthy Living Pharmacy.

Records showed that fridge lines in the fridge in the dispensary were stored correctly between 2 and 8 degrees Celsius. There was a second fridge upstairs in the second room. Only the current temperature was recorded. The current temperature was within range, but the maximum temperature shown on the thermometer was 23 degrees Celsius. The pharmacist said that he thought that he had been told that because it was a medical fridge it was set to remain within 3 and 6 degrees Celsius and that when it went higher an alarm went off. However, when checked the alarm didn't sound. The pharmacist phoned the manufacturer and said he would start recording the maximum and minimum temperatures and resetting the thermometer.

Medicines were stored tidily. Medicines were stored in their original containers on the shelf, fridge or

CD cabinet as appropriate. The pharmacy delivered medicines to people. The recipient signed to confirm they had received a prescription to create an audit trail. For each person who received their medicines in a multi-compartment compliance aid the pharmacy had a record to ensure that medicines were ordered and delivered in a timely manner. Medicines were recorded on a chart so that any changes in or missing medicines could be easily managed. Original packs were kept with the compliance aids to allow the pharmacist to easily check that the medicine was correct. On the compliance aid checked the backing sheet recorded the shape and colour of the medicines to make them easily identifiable. But it wasn't attached which meant that it could easily fall out. Pharmacy information leaflets (PIL) were not included. The dispenser said that some patients didn't like having PILs. The inspector advised that it was a legal requirement for PILs to be dispensed.

Staff explained that date checking was carried out every three months. There were records of date checking in the dispensary. Short dated stock was marked with a sticker. Out-of-date medicines were put in yellow waste bins. CDs were stored safely. Access to the CD cupboard was managed appropriately. Only recognised wholesalers were used for the supply of medicines.

The pharmacist was aware of the procedure for drug alerts. The alert was printed off and the action recorded and signed to create a complete audit trail.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services that 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 an up to date reference sources. Electrical equipment appeared to be in working order. Records showed that PAT testing was up to date.

The pharmacist regularly checked the blood pressure machine against a second machine to confirm its accuracy. But he didn't check or routinely replace the blood glucose testing machine. This might mean that the blood glucose machine gives inaccurate measurements. CDs were stored in accordance with legal requirements.

The pharmacy had the equipment in place for the Falsified Medicines Directive. Staff were scanning some medicines for practice but had not yet fully implemented the system.

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.