

Registered pharmacy inspection report

Pharmacy Name: Riverside Pharmacy, Unit C, 27 Western Boulevard,
LEICESTER, Leicestershire, LE2 7HN

Pharmacy reference: 1086096

Type of pharmacy: Community

Date of inspection: 02/02/2024

Pharmacy context

This is a community pharmacy that is situated near De Montfort University. 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 provides other NHS services including Pharmacy First, the hypertension case finding service, and the substance misuse service. It also delivers 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 electronic personal information safely. The pharmacy has some procedures to learn from its mistakes. But because it does not regularly review all its mistakes it might miss opportunities to improve its ways of working.

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. These SOPs had been due to be reviewed in April 2021. The pharmacist said that he had recently received updated SOPs from the superintendent pharmacist but had not had time to print them off and share them with the team. This could mean that some of the SOPs available in the pharmacy did not reflect current best practice. The superintendent subsequently confirmed that the SOPs had been reviewed in February 2023 and were available for staff to access on an online platform.

Staff were seen dispensing medicines and handing medicines out to people safely. 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. Some but not all prescriptions containing CDs were highlighted to remind staff of their shorter validity. This could increase the chance of some prescriptions being supplied beyond their 28-day validity. The pharmacist said he would remind the team to highlight the prescriptions.

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). Near misses were discussed with the member of staff at the time and were then recorded in the near miss log. The pharmacist didn't review the logs for trends and patterns which might mean opportunities to improve ways of working were missed.

The pharmacy displayed a notice showing the name of the responsible pharmacist (RP), and the RP record was up to date. Some CD records were made on single sheets of paper which did not comply with legal requirements for CD registers. The pharmacist said that he would change to legal records going forward. The entries checked at random in the CD register during the inspection agreed with the physical stock held. Balance checks were completed regularly. Patient-returned CDs were recorded promptly on receipt in a designated register.

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 destroyed securely. Professional indemnity insurance was in place.

The pharmacy understood safeguarding requirements and could explain the actions they would take to safeguard a vulnerable person. The pharmacy team were aware of the 'Safe Space Initiative,' and they knew what to do if someone 'asked for Ani.'

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members work together to manage the day-to-day workload within the pharmacy. They are suitably trained for the roles they undertake. Team members can raise concerns if needed.

Inspector's evidence

During the inspection, the pharmacy team managed the day-to-day workload of the pharmacy effectively. There was one pharmacist, one pharmacy technician, and a pharmacy undergraduate. Members of the team had opportunities to develop their roles and skills. The pharmacy technician was training to become an accuracy checking technician. There was online training available, and the team also had ad-hoc training by the pharmacist. The pharmacist had completed training to provide the new 'Pharmacy First' NHS commissioned service. A team member said they had an annual review with the pharmacist and felt able to raise any concerns or issues.

Principle 3 - Premises ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy had flat access with a push-pull door which provided suitable access for people with a disability or a pushchair to get into the pharmacy. The public area was a reasonable size. The dispensary did not have enough storage space so there were dispensed medicines on the floor which could be a trip hazard. The pharmacy had air conditioning which provided a reasonable temperature for storing medicines; lighting was suitable and hot and cold water was available. One small 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. 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 pharmacist was easily accessible and during the inspection engaged with people visiting the pharmacy. He provided care and advice and signposted them to other services when appropriate. The pharmacy knew the advice about pregnancy prevention that should be given to people in the at-risk group who took sodium valproate and had implemented the latest advice. The pharmacist gave a range of other advice to people using the pharmacy's services. This included advice when they had a new medicine, if their dose changed and for antibiotics. The pharmacist explained the advice he gave for medicines that required ongoing monitoring such as methotrexate or lithium. But dispensed prescriptions were seen that were not highlighted, which might mean that some people missed out on useful information about their medicine.

The pharmacy had started providing the new 'Pharmacy First' NHS service. The pharmacist explained that he had already treated several people and there was a positive response to the new service. The pharmacy also provided the hypertension case finding service. The local surgery referred people to the pharmacy for 24-hour ambulatory blood pressure monitoring and cases of hypertension had been detected and the person referred to their GP to start treatment.

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 medicines in multi-compartment compliance packs to people living in the community to help them take their medicines at the right time. The pharmacy spread the workload for preparing these packs across the month. Compliance packs seen included medicine descriptions on the packs to make it easier for people to identify individual medicines in their packs. The pharmacy supplied patient information leaflets to people when they received a new medicine but did not routinely provide them to people every month. The pharmacist said he would start doing so.

Medicines were stored on shelves or in cupboards in their original containers. Opened bottles of liquid medications were 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 pharmacy manager 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 fridges were in working order and stored medicines within the required range of 2 and 8 degrees Celsius. The pharmacy’s portable electronic appliances had been tested in October 2023 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.