

Registered pharmacy inspection report

Pharmacy Name: Trustmed Pharmacy, Leicester Royal Infirmary, (Nr Osbourne Bldg), Infirmary Square, Havelock Street, LEICESTER, Leicestershire, LE1 5WW

Pharmacy reference: 1088231

Type of pharmacy: Community

Date of inspection: 25/11/2022

Pharmacy context

The pharmacy is situated in a portacabin just outside of the Osbourne building in the grounds of Leicestershire Royal Infirmary. The pharmacy dispenses out-patient prescriptions for Leicestershire NHS Hospitals Trust.

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
1. Governance	Standards met	N/A	N/A	N/A
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards not all met	3.2	Standard not met	The layout of the pharmacy is badly designed for the number of people using the service. It fails to protect the privacy and confidentiality of people who use the service.
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 responsibilities. And the pharmacy manages people's personal information safely. The pharmacy has some procedures to learn from its mistakes. But because it doesn't regularly review its near misses it might miss opportunities to improve its ways of working.

Inspector's evidence

The pharmacy had a set of electronic and paper standard operating procedures (SOPs) for the services that it provided. The electronic SOPs were up to date but not all the paper SOPs which were in a folder in the dispensary had been updated. Team members were required to read the SOPs relevant to their roles and training records were maintained for each team member. They knew what they could and could not do and when to seek help. Team members were seen dispensing medicines and handing medicines out to people safely.

The pharmacy had some 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 the mistake was found and were recorded in the near miss log. The person who made the mistake was supposed to write a reflection of the mistake, but this didn't always happen. Another team member reviewed the near misses and fed back at team meetings. The reviews seen had useful information but the records available didn't show that the reviews were done regularly. The pharmacy maintained the necessary records to support the safe delivery of pharmacy services. But the responsible pharmacist (RP) record was also being used as a log of all pharmacists present which meant that it was not always clear who the RP was. The controlled drug (CD) registers complied with legal requirements. The entries checked at random during the inspection agreed with the physical stock held. Balance checks had been completed regularly. Patient-returned CDs were recorded in a designated register. Patient-returned CDs and date-expired CDs were clearly marked to prevent dispensing errors.

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.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members work well together to manage the day-to-day workload within the pharmacy. They have the appropriate range of experience and skills for the tasks they undertake. Team members can raise concerns if needed.

Inspector's evidence

The RP at time of the inspection was a regular, full-time pharmacist. There were five additional pharmacists present. In addition, there were five dispensers and a counter assistant. The pharmacy was busy throughout the visit. People were waiting up to an hour for their prescription which increased the pressure on the team. However, the team worked well together with more experienced members of the team supporting those with less experience. Some long-term absences had put additional pressure on the current team members.

Team members had regular reviews with their manager. There was mandatory training such as safeguarding and data protection. New team members had a structured training program, Staff were also supported in their development with the opportunity for dispensers to start the pharmacy technician course. When asked, members of the team said they would be able to raise any issues they had at work with the pharmacist or superintendent.

Principle 3 - Premises Standards not all met

Summary findings

The layout of the pharmacy is badly designed for the number of people using the service. It fails to protect the privacy and confidentiality of people who use the service. But the pharmacy does keep its premises safe, secure, and appropriately maintained.

Inspector's evidence

The pharmacy was situated in a portacabin outside the Osbourne building. It was a small size and poorly designed for the number of people it provided a service too. People had to queue outside on the access ramp while waiting to hand in their prescription. There was no cover for inclement weather. Inside there was a small reception area where prescriptions were handed in and dispensed medicines were handed out. This was crowded and created a poor flow of people. There was a waiting room through a corridor at the far end of the pharmacy. This was full which meant that people were standing up along the corridor between the waiting room and the reception waiting for their medicine. There was a counter which had been separated into a number of individual counselling booths by the use of screens. However this provided limited confidentiality with people in the next booth and people standing around being able to hear the conversations. This was a particular concern considering the type of conditions that some of the medicines that were being supplied for. There was one consultation room which could be used for confidential conversations. However, one room was insufficient for the number of people served and the pharmacy team admitted it was not regularly used.

The dispensary was a small size for the number of people and the items dispensed. Work benches at the sides were cluttered although the dispensing and checking benches were kept clear. There were boxes on the floor which created a trip hazard. The pharmacist said they were short of space to store stock medicines. There was adequate heating and lighting, and hot and cold running water was available. 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 suitably managed and are accessible to people. The pharmacy team show care and concern for people using its services. 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 pharmacy had suitable access to allow people with a disability or a pushchair to get into the pharmacy. People often had to wait up to an hour to receive their medicine. The pharmacist explained that the complicated nature of some of the medicine regimes meant that they took longer to dispense. In addition the pharmacy was still dispensing paper prescriptions, and this increased the number of queries that had to be resolved with the out-patient teams in the hospital. People had to queue outside of the pharmacy on the ramp before handing in their prescription. Although they were given the option to call back or have medicines delivered most people waited. This meant that the waiting room was full, and people had to stand in the corridor between the waiting room and the reception. Despite the pressure the team showed care and compassion. For example, quickly managing a prescription for a person who had needed to go back to their out-patient clinic.

Staff who handed out medicines to people completed a counselling course to ensure that the right advice was given. The pharmacy team gave a wide 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 could access people's hospital records to ensure that appropriate tests had been carried out before supplying a medicine. For example, they checked and recorded information for people who took methotrexate. But didn't make records for the people who took warfarin which could mean helpful information is not available for other pharmacy staff to refer to. The pharmacy team knew the advice about pregnancy prevention that should be given to people in the at-risk group who took sodium valproate.

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. There was also a stamp on the prescription to record who had carried out the clinical check, dispensed and accuracy checked the medicine. Baskets were used to keep medicines and prescriptions for different people separate to reduce the risk of error.

Medicines were stored tidily on shelves 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 didn't 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 had a process for managing drug alerts.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide. They maintain the equipment so that it is safe to use.

Inspector's evidence

The pharmacy used suitable measures for measuring liquids. The pharmacy had a range of 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. Records seen showed that the pharmacy's portable electronic appliances had not been tested since February 2019 to make sure they were safe. But equipment seen looked in a reasonable condition.

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.