

# 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:** 15/09/2023

## 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 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

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 written and electronic personal information safely. The pharmacy has procedures to learn from its mistakes and it encourages staff to record near misses so that it can learn from its mistakes and 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. The pharmacist said she would update or remove the paper SOPs. 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. Team members understood how to sell medicines safely and knew the questions to ask and the advice to give during a sale.

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 the mistake was found, or later if the pharmacy was busy or they were not at work. The mistake was recorded on each individual's own near miss log. The person who made the mistake then wrote a reflection of the mistake. Near miss records showed an increase in the numbers of mistakes recorded in the last few months. The branch manager said that this had been due to the team refocusing on the need to record near misses. The team patient safety representative reviewed the near misses and discussed them with the individual involved. She made a report which was fed back as part of the regular team meetings and then shared with all team members so that those who had not been present could see the learning points. The latest review had specific action points for the pharmacy team to reduce dispensing mistakes.

The responsible pharmacist (RP) record had a few gaps, the branch manager said she would speak to the pharmacists about maintaining it. The electronic controlled drug (CD) register complied with legal requirements. The entries checked at random during the inspection agreed with the physical stock held. Balance checks had been completed regularly. The destruction of the patient-returned CDs had not been recorded in the electronic record, but a separate paper record of their destruction had been made.

The pharmacy had a complaints procedure and an information governance policy. Patients were asked to rate their experience of visiting the pharmacy. Any occasions where patients were unhappy with the service were discussed in the team meetings. Access to the electronic patient medication record (PMR) was password protected. Confidential information was destroyed securely. Professional indemnity insurance was in place. The pharmacy team members 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

During the inspection, the pharmacy team managed the day-to-day workload of the pharmacy. Additional staff had been recruited and while the pharmacy was busy throughout the visit the team handled it well. More experienced members of the team supported those with less experience. Team members included pharmacy technicians and accuracy checking technicians. And some staff were training as dispensers on a rotation from the hospital.

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. When asked, members of the team said they enjoyed working at the pharmacy and would be able to raise any issues they had at work with the pharmacist or superintendent.

## Principle 3 - Premises ✓ Standards met

### Summary findings

Although there are still limitations due to the layout and size of the pharmacy the pharmacy team members have introduced a range of measures to significantly improve confidentiality and the experience for people who use the service. The pharmacy keeps its premises safe, secure, and appropriately maintained.

### Inspector's evidence

The pharmacy was situated in a portacabin outside the Osbourne building. There was one entrance into a small reception area where prescriptions were handed in and dispensed medicines were handed out. This caused some problems with the flow of people. There was a waiting room through a corridor at the far end of the pharmacy.

There was not much space in the pharmacy and the pharmacy team had introduced a number of processes to alleviate the pressure. Outside there was a covered area. The ramp up to the pharmacy was covered and there was an outside seating area which provided an alternative area for people to wait. There were some heaters for colder weather. At the reception, each person was offered a buzzer. This meant that they could wait for their prescription outside of the pharmacy or could go to the hospital canteen to wait. The buzzer would buzz to tell them that their prescription was ready. People were also offered a delivery service. In addition to reduce the pressure the pharmacy had recently opened a hub pharmacy to dispense prescriptions from virtual out-patient clinics. Although the design and size of the pharmacy were still an issue the pharmacy team the range of measures that the pharmacy had introduced had significantly improved the experience for people visiting the pharmacy.

The team handed out medicines at consultation booths to the side of where people handed in their prescriptions. The size and layout of the premises limited to some extent how well the pharmacy could protect people's personal information, but the team had taken steps to mitigate this. The middle booth of the three was no longer being used. Signs told people that they should not stand and wait opposite the booths and during the inspection this area was clear.

The dispensary was a small size for the number of people and the items dispensed. 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. 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. One member of the team explained that they had received training to offer the consultation room for people with medicines that might require extra sensitivity, such as HIV medicines, and look for signs that people might prefer to discuss their medicines in the consultation room. The pharmacists were available to give additional advice and support when required. The pharmacist said the team were aware that this was a stressful time for people and were looking to provide a patient-focused approach. The pharmacist could access people's hospital records to ensure that appropriate tests had been carried out before supplying a medicine. 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 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 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. The pharmacy's portable electronic appliances had been tested recently to make sure they were safe.

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

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