

Registered pharmacy inspection report

Pharmacy Name: Masons Chemists, 24A Chitterman Way,
MARKFIELD, Leicestershire, LE67 9WU

Pharmacy reference: 1095761

Type of pharmacy: Community

Date of inspection: 27/11/2024

Pharmacy context

This community pharmacy is situated in the village of Markfield near Leicester. It is located next to a medical centre. The pharmacy dispenses NHS prescriptions, private prescriptions and sells over-the-counter medicines. It also provides a range of services including a weight management service, seasonal flu vaccinations and the NHS Pharmacy First service. The pharmacy supplies medicines in multi-compartment compliance packs to some people to help them take their medicines at the right time.

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

The pharmacy team follows written procedures, but these had not been reviewed for some time and so they may not reflect current practice. Team members know how to keep people's information safe, and they generally keep the required records. Members of the team record when things go wrong, and they conduct reviews to identify ways to improve.

Inspector's evidence

The pharmacy had written standard operating procedures (SOPs). But the stated date of review was in 2018, so they may not always reflect current practice. Members of the team had signed to say they had read and accepted the SOPs.

The pharmacy had systems in place to identify and manage risk, such as the recording of dispensing errors and details of the subsequent learning outcomes. Near miss incidents were recorded on a paper log. Each month the pharmacist would review the records and complete a patient safety report containing learning points. To help reduce the likelihood of a picking error the team had placed a reminder sticker in the location of medicines with similar pack sizes.

The pharmacy team had also undertaken a review of a process when it had gone wrong. The review recorded what went wrong and the actions put in place. For example, the team had recently identified an NHS repeat dispensing prescription where the full number of items had not been dispensed. To help prevent a similar mistake, the team had implemented an additional check against the master copy of the repeat dispensing prescription when it was supplied.

The roles and responsibilities for members of the team were documented within the SOPs. A trainee dispenser explained what their responsibilities were and was clear about the tasks that could or could not be conducted in the absence of a responsible pharmacist (RP). The correct RP notice was on display.

Records for the RP, private prescriptions and unlicensed specials appeared to be in order. Controlled drug (CD) registers appeared to be in order. Running balances were routinely recorded and checked on a frequent basis. Two CD balances were checked, and both were accurate. A separate register to record patient-returned CDs was available.

The pharmacy had a complaints procedure. Any complaints were recorded and followed up by a member of the team. A current certificate of professional indemnity insurance was available. An information governance procedure was available. When questioned, a trainee dispenser described how confidential information was separated and removed by the head office for destruction. Safeguarding procedures were available. The pharmacist had completed level two safeguarding training. Members of the team explained they would refer any concerns to the pharmacist in the first instance.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage the workload safely. And they complete the necessary training for their role. But ongoing learning is not routinely provided, so learning needs may not always be identified or addressed.

Inspector's evidence

The pharmacy team included a pharmacist manager, two pharmacy technicians, one of whom was trained to accuracy check medicines, three dispensers, one of whom was in training, and a medicine counter assistant. A pool of delivery drivers was shared across the company. All members of the pharmacy team were appropriately trained. The workload appeared to be well managed. Staffing levels were maintained by part-time staff and a staggered holiday system.

Members of the pharmacy team had completed online training packages, such as antibiotic stewardship. Records of training were kept showing what training had been completed. But ongoing training was not provided in a consistent manner, which would help to ensure learning needs were met. A trainee dispenser provided examples of selling a pharmacy only medicine using the WWHAM questioning technique, refusing sales which they felt were not appropriate, and referring people to the pharmacist when needed.

Members of the team felt well supported by each other. They were seen working well together and assisted each other with any queries they had. Team members were aware of the whistleblowing policy and said that they would be comfortable reporting any concerns to the pharmacy superintendent (SI). There were no targets for professional based services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable for the services provided. A consultation room is available for people to have a private conversation with a member of the team.

Inspector's evidence

The pharmacy was in a purpose-built premises near to a medical centre. It appeared clean and adequately maintained. The premises were able to be secured. The size of the dispensary was sufficient for the workload. The room temperature was controlled by the use of air conditioning, and lighting was sufficient. Team members had access to a kitchenette and WC facilities.

A consultation room was available. It appeared to be clean, and it was clearly advertised to make people aware of its availability.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy to access. And it manages and provides them effectively. It gets its medicines from licensed sources, stores them appropriately and carries out regular checks to help make sure that they are in good condition. The pharmacy provides regular counselling advice to people when it supplies medicines, and it records the advice it gives to enable a good continuity of care.

Inspector's evidence

The pharmacy and consultation room were easily accessible by those with additional mobility needs. Information was on display about the services offered. The pharmacy opening hours were also on display. The pharmacy had a medicines delivery service, and delivery records were kept. Unsuccessful deliveries were returned to the pharmacy and a card posted through the letterbox indicating the pharmacy had attempted a delivery.

The pharmacy team initialled dispensed by and checked by boxes on dispensing labels to provide an audit trail. They used dispensing baskets to separate individual patients' prescriptions to avoid items being mixed up. The baskets were colour coded to help prioritise dispensing. The pharmacist clinically checked each prescription and signed the prescription to show it had been checked. This enabled the accuracy checking technician (ACT) to perform the final accuracy check in line with the pharmacy's SOP. Owing slips were used to provide an audit trail if the full quantity could not be immediately supplied.

Dispensed medicines awaiting collection were kept on a shelf using an alphabetical retrieval system. Prescription forms were retained, and stickers were used to clearly identify when fridge or CD safe storage items needed to be added. Team members were seen to confirm the patient's name and address when medicines were handed out. The pharmacy used the computer records to check prescriptions remained in date, including schedule 3 and 4 CDs. People were contacted by the pharmacy for any prescriptions which were due to expire. Prescriptions containing higher-risk medicines (such as warfarin, lithium, and methotrexate) were highlighted and patients were counselled on their latest results, and this was recorded on their medication record. Members of the team were aware of the updated guidance for valproate-containing medicines and the risks. They supplied original packs of these medicines and the pharmacist provided counselling advice and recorded the advice on the patient's medication record. But the team was not aware of the updated drug safety alert for topiramate-containing medicines. The pharmacist acknowledged that this was important information and would discuss it with the team following the inspection.

Some medicines were dispensed into multi-compartment compliance packs. A record was kept for each patient, containing details about their current medication. Any medication changes were confirmed with the GP surgery before the record was updated. Hospital discharge information was sought and kept for future reference. The compliance packs were supplied with patient information leaflets (PILs) and medication descriptions.

The pharmacy offered a weight loss service through use of patient group directions (PGDs). A copy of the PGD and evidence of the necessary training to provide the service was available. A variety of support materials were used to help educate people about healthy eating and exercise, in conjunction with the weight loss medicines. The necessary records were kept and allowed for follow up.

Medicines were obtained from licensed wholesalers, and any unlicensed medicines were sourced from a specials manufacturer. The expiry dates of medicines were checked every three to six months. Date checking records were kept. Short-dated stock was highlighted with a sticker and liquid medicines had the date of opening written on. CDs were stored in CD cabinets. There was a medicines fridge, equipped with a thermometer. Fridge records were kept, and the temperature had been in range for the past three months. Patient-returned medication was disposed of in designated bins. Drug alerts were received from the MHRA by email. The alerts were printed, action taken was written on, and filed away.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have access to the equipment they need for the services they provide. And they keep the equipment in a manner expected of a healthcare setting.

Inspector's evidence

Team members accessed the internet for general information. This included access to the British National Formulary (BNF), BNF for children and Drug Tariff resources. All electrical equipment appeared to be in working order. There was a selection of liquid measures with British Standard and Crown marks. Equipment appeared clean.

Computers were password protected and screens were positioned so that they weren't visible to external delivery drivers. A cordless phone was available in the pharmacy which allowed team members to move to a private area if the phone call warranted privacy.

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.