

Registered pharmacy inspection report

Pharmacy Name: Long Clawson Pharmacy, The Sands, Long Clawson, MELTON MOWBRAY, Leicestershire, LE14 4PA

Pharmacy reference: 1096683

Type of pharmacy: Community

Date of inspection: 18/06/2019

Pharmacy context

This community pharmacy is in a GP surgery and includes a dispensing doctors' practice. It mainly dispenses NHS prescriptions to people from Long Clawson and other nearby villages. The pharmacy supplies medicines to several care homes. And its supplies some medicines in multi-compartment compliance aids to help people take their medicines safely.

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 generally manages its risks well. Its team members make improvements when they identify risks. The pharmacy keeps the legal records that it needs to and generally makes sure that they are accurate. The pharmacy's team members manage confidential information appropriately. And they know how to protect vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which covered its services. The pharmacy had recently updated its SOPs, but these had not been signed by the team members. The pharmacy's team members had signed previous SOP versions and said they were waiting for the superintendent pharmacist to return from leave to sign the newer versions.

The pharmacy kept records about near misses in the dispensing process. Records were entered by the accuracy checker and discussed with the team every month. The discussions were recorded and displayed for all team members to see. The pharmacy team had stuck notices on storage shelves to highlight potential errors. Team members had clearly separated different medicine strengths so that they were not mixed up. 'Look alike' and 'sound alike' (LASA) medicines were highlighted so extra checks could be completed. The pharmacy team managed space effectively so that there was enough space to safely dispense and check people's medicines.

Certificates were displayed which indicated that there were current arrangements for employer's liability, public liability and professional indemnity insurance. The pharmacy kept controlled drug (CD) records and maintained running balances. Running balances were generally checked every month and when entries were made. Running balance checks had not been completed in January and March 2019 in several registers. Three CDs were chosen at random and matched the recorded running balances.

The pharmacy generally recorded CDs that people returned to it. There was one returned CD which had not been recorded in the register. This was highlighted to the team so that an appropriate record could be made before it was destroyed. Other records about the responsible pharmacist and private prescriptions were kept and maintained adequately.

The pharmacy gathered people's feedback by encouraging them to complete annual surveys. The latest results were positive. Team members said that they received additional verbal feedback. And would escalate any formal complaints to the pharmacist.

Team members described training which they received about safeguarding vulnerable people. They said that they would refer their concerns to the pharmacist. A team member said that there had been no previous concerns. She described previous training she had undertaken to identify abuse. Other team members described helping people who were unable to take their medicines as prescribed.

The team segregated confidential waste. The waste was destroyed by a third-party company. Team members described training about information governance they had received during their induction. Team members had signed confidentiality agreements to protect confidential information. They had their own NHS Smartcards to access electronic prescriptions.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough, suitably qualified staff members to safely provide its services. It provides some ongoing training to keep its team members' knowledge and skills up to date. The pharmacy's team members perform their roles competently and refer to the pharmacist when appropriate.

Inspector's evidence

At the time of the inspection there was the responsible pharmacist (locum pharmacist), four dispensers and one medicine counter assistant present. This staffing level appeared appropriate to comfortably manage the workload. Team members said that they generally worked the same hours each week. They said that staff absences could be covered with overtime. Team members performed their roles competently and knew when they needed to refer to the pharmacist.

There were several certificates displayed which indicated that team members had completed appropriate pharmacy qualifications. The counter assistant described NVQ level 2 training she had completed. She said that she kept her knowledge up to date by listening to advice provided to people by the pharmacist. And by reading booklets and training modules. The team described training they had completed about safeguarding, over-the-counter medicines and dementia.

Team members said that discussions were used to share messages. They said that the superintendent pharmacist was open to suggestions about improvements. They received annual appraisals and discussed their performance. Team members said that the pharmacy did not have formal targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides its services from suitable premises.

Inspector's evidence

The pharmacy was clean and tidy. There was adequate heating and lighting throughout the pharmacy. And it had hot and cold running water available. The pharmacy used a consultation room in the GP surgery's building. Team members said that the room was generally free and was used for private conversations. Conversations that were held could not be overheard from outside the room. The pharmacy had appropriate security arrangements.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally manages its services well. It generally makes sure that medicines are stored appropriately. Its team members make sure people use their medicines safely. But the pharmacy does not always provide patient information leaflets with medicines in multi-compartment compliance aids. And this may restrict people's access to up-to-date information about their medicines. The pharmacy's team members identify higher-risk medicines and largely provide people with appropriate advice.

Inspector's evidence

A team member said that she would help people open the door to the pharmacy if needed. People could access the adjacent GP surgery through automatic doors and then enter the pharmacy. The pharmacy did not have practice leaflets displayed in its retail area which may have restricted people's accessibility to information about the pharmacy and its services.

The pharmacy supplied medicines for around 160 people across seven care homes. Care homes had different packaging preferences for their medicines. Some would receive medicines in their original packaging and others would receive medicines in multi-compartment compliance aids. The pharmacy kept records about each care home, their requirements and their contact details. The workload was planned over several weeks so that it was organised and manageable. The pharmacy kept a communication book to record key messages. The pharmacy kept records about ordered prescriptions, medicines and their administration times. A team member said that patient information leaflets were not regularly sent with multi-compartment compliance aids unless new medicines were included. This may have restricted accessibility to up-to-date information about people's medicines. The superintendent pharmacist completed regular visits to the care homes to complete audits and discuss any issues. A team member said that visits usually occurred every six months.

The pharmacy supplied medicines in multi-compartment compliance aids to around 65 people in the community. The pharmacy kept records about medicines and administration times. Assembled compliance aids included descriptions so that individual medicines could be easily recognised. The compliance aids were initialled by the dispenser and checker. A team member said that patient information leaflets were not usually supplied with the compliance aids unless it was a new medicine.

The pharmacy had invoices which indicated that it obtained medicines from licenced wholesalers. Stock requiring cold storage was stored appropriately. The pharmacy kept temperature records to monitor storage conditions. CDs were stored appropriately.

The pharmacy checked its medicines' expiry dates every six months. The pharmacy kept records about checks that had taken place. Several medicines were chosen at random and were within date.

Bottles were generally labelled with the date when liquid medicines were used. This was so dispensers knew whether the medicines remained safe to use. There were three opened bottles seen that did not include the opening date. The packaging stated that the medicines shouldn't be used 90 days after opening. This was highlighted to the pharmacy team.

Expired and returned medicines were segregated and placed in pharmaceutical waste bins. These bins were kept safely away from other medicines. A dispenser described the process for managing returned CDs and sharps. There was a separate bin for cytotoxic medicines and a list displayed to help the team identify them.

Dispensers used baskets to make sure prescriptions were prioritised and medicines remained organised. Computer-generated labels contained relevant warnings and were initialled by the dispenser and checker to produce an audit trail.

The pharmacy's dispensing software highlighted interactions. Team members said that they verbally informed the pharmacist about interactions. They said that these warnings could also be printed. The team checked relevant blood test results when supplying warfarin to people. It made appropriate records about higher-risk medicines.

The pharmacy team knew about pregnancy prevention advice to be provided to people in the at-risk group who were given sodium valproate. They said that GPs reviewed people's medicines to make sure appropriate advice was given. The pharmacy had appropriate guidance materials to provide to people.

The pharmacy delivered some people's medicines. It kept delivery records that included recipient signatures. The pharmacy had scanners to help verify its medicines' authenticity in line with the Falsified Medicines Directive. Team members said that they were not currently scanning medicines because the required software was not installed. The pharmacy received information about medicine recalls. It kept records about recalls it had received and actioned. This included a recent recall about paracetamol tablets.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy maintains suitable equipment and facilities for its services.

Inspector's evidence

The pharmacy's equipment appeared to be adequately maintained. Team members said that maintenance issues were escalated to the superintendent pharmacist or practice manager. Confidential information was not visible to people using the pharmacy. Computers were password protected to prevent unauthorised access to people's medication records.

Sinks had running hot and cold running water. Crown-stamped measures were available in the pharmacy to measure liquids. Separate measures were used for CDs to help avoid cross-contamination. The pharmacy had access to up-to-date reference sources on paper and on the internet.

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.