

Registered pharmacy inspection report

Pharmacy Name: Leyes Lane Pharmacy, 35 Leyes Lane,
KENILWORTH, Warwickshire, CV8 2DE

Pharmacy reference: 1106506

Type of pharmacy: Community

Date of inspection: 05/07/2019

Pharmacy context

This is an independent community pharmacy located within a small precinct in Kenilworth. It dispenses NHS prescriptions, offers sexual health services and a prescription delivery service. And it supplies medicines in multi-compartment compliance packs to people who have difficulty in managing with their medicines and has a very small number of people who receive instalment supplies for substance misuse treatment. The pharmacy also provides an otoscopy service, a private phlebotomy service, blood pressure, cholesterol and diabetes screening, and seasonal influenza vaccinations.

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	Good practice	1.1	Good practice	The pharmacy can demonstrate that it learns from things that have gone wrong. And it puts measures in place to mitigate similar events in the future.
		1.2	Good practice	Members of the pharmacy team continually monitor the safety and quality of the pharmacy services they provide so that they can improve and further protect people's safety.
		1.3	Good practice	Members of the pharmacy team have defined roles and accountabilities and share the responsibility of making sure that the services they provide are safe.
		1.8	Good practice	The pharmacy team members know their responsibilities to protect vulnerable people. And they are able to take appropriate actions in the event of a concern.
2. Staff	Good practice	2.2	Good practice	The pharmacy supports its team members well to keep their skills and knowledge up to date.
		2.5	Good practice	Members of the pharmacy team work well together. They are comfortable about providing feedback to the rest of the team and are continually involved in improving the services they provide.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Good practice	4.1	Good practice	The pharmacy offers a range of services which are accessible to people and these are tailored to the needs of the local population.
		4.2	Good practice	The pharmacy offers a wide range of services and it manages these well. It can demonstrate positive outcomes for people who use its services.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Good practice

Summary findings

The pharmacy has safe and effective working practices. It manages risks appropriately by recording and reviewing any mistakes its staff makes. And it keeps people's private information safe. It asks people for their views and uses their feedback to improve its services where possible. It keeps the records required by law to ensure that medicines are supplied safely and legally. The pharmacy has safeguarding procedures and its team members understand how they can help to protect vulnerable people.

Inspector's evidence

The pharmacy had a range of up-to-date standard operating procedures (SOPs) for the services provided. Members of the pharmacy team had read and signed the SOPs. A responsible pharmacist (RP) notice was prominently displayed and members of the pharmacy team were clear on the tasks they could or could not undertake in the absence of a RP. And their roles and responsibilities had been defined within the SOPs.

The pharmacy had systems to review the safety and quality of its pharmacy services. Near misses were consistently recorded and reviewed to help identify emerging trends. The superintendent pharmacist (SI) explained the procedure to record and report dispensing errors, and this included submitting reports to the National Reporting and Learning System. She discussed a recent dispensing error which had been fully reviewed and improvement actions implemented to prevent a similar event in the future. The pharmacy had also identified look alike and sound alike medicines and these were separated to minimise the risks of selection errors during the dispensing process. The pharmacy made use of National Pharmacy Association's Medication Safety Officer's quarterly reports to get patient safety updates and tips to help minimise patient safety incidents. The reports were printed and these were discussed during staff meetings to share learnings.

The pharmacy's complaints procedure was prominently displayed and information about this was also included in the pharmacy's practice leaflet. Members of the pharmacy team conducted annual patient satisfaction survey and the results of the most recent survey were posted on the NHS website and displayed in the pharmacy. The results were very positive overall and majority of respondents had rated the pharmacy as excellent. There were some very complimentary testimonials written by people on the pharmacy's website and NHS website.

The RP records were up to date and complete. Records about controlled drugs (CDs) were kept in line with requirements and running balances were checked at the time of supply. A random balance check of an item during the inspection showed that the recorded balance matched the physical stock in the cabinet. CDs returned by people for disposal were recorded when received and denaturing kits were used for safe disposal. Records about private prescriptions, emergency supplies and unlicensed specials were in order.

The pharmacy had an information governance policy and it was registered with the Information Commissioner's Office (ICO). Members of the pharmacy team had completed training about the General Data Protection Regulation and had all signed confidentiality agreements. A privacy notice, chaperone policy and confidentiality policy were all prominently displayed in the pharmacy. There were leaflets available on the display stand about how the pharmacy safeguarded people's private

information and the name of the pharmacy's data protection officer was included in the leaflets. The pharmacy's computers were password protected and members of the pharmacy team used their own Smartcards to download electronic prescriptions. Confidential waste was segregated and collected by a waste contractor for secure disposal. Prescriptions awaiting collection were stored securely and private information on them was not visible to people visiting the pharmacy.

A safeguarding policy and a list of key contacts for escalating safeguarding concerns were available. Members of the pharmacy team had all completed safeguarding training relevant to their job roles. And they could explain what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person. The SI said there have been no concerns reported but she understood that the vast majority of her regular patients were elderly and members of the pharmacy team ensured that they were all well supported to take their medicines safely. But she also proactively collaborated with local GPs to ascertain whether people having difficulties in managing their medicines would benefit from having multi-compartment compliance aids. The pharmacy's delivery driver was also aware to report any concerns he had about delivery patients to the SI. The pharmacy had appropriate indemnity insurance arrangements and the certificate was on display in the pharmacy.

Principle 2 - Staffing ✓ Good practice

Summary findings

Members of the pharmacy team work well together and they have the right skills to provide services safely and effectively. They are very well supported by their superintendent pharmacist to undertake ongoing training to keep their skills and knowledge up to date.

Inspector's evidence

The SI normally worked at the pharmacy as the RP. A regular locum pharmacist was employed to cover her days off and worked as a second pharmacist to help assist the SI to undertake advanced services such as Medicines Use Reviews, screening services and other pilot schemes that the pharmacy was currently trialling. The pharmacy also employed a pharmacy technician, two full-time dispensers and two part-time dispensers. Members of the pharmacy team were working well together and were managing their workload comfortably. All staff had appropriate qualifications for their roles and their training certificates were suitably displayed in the pharmacy.

A whistleblowing policy had been signed by all members of the pharmacy team. An external HR company was used to manage staff induction and appraisals which were undertaken annually. A member of the pharmacy team said that they were given regular feedback about their performance and felt comfortable about raising any concerns they may have, with the SI. They also had an option of raising their concerns anonymously with the HR company. Whilst members of the pharmacy team were encouraged to promote the pharmacy's services and deliver the best possible service to their patients, there were no specific targets or incentives set.

Members of the pharmacy team were supported with ongoing training via the Virtual Outcomes online training, to help keep their skills and knowledge up to date. They had recently completed several training packages including oral health, allergy and safeguarding. They had also completed all the mandatory training required for the pharmacy to become a Healthy Living Pharmacy. Records of completed training were available in the pharmacy.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are safe, secure and suitable for the pharmacy services provided.

Inspector's evidence

The pharmacy was fitted out to a good standard, well maintained and presented a professional image. The retail area of the pharmacy was spacious and there was some seating available for people waiting for services. The dispensary was well organised and there was enough space to allow safe working. The dispensary's workstations were kept tidy and stock medicines were stored in an organised fashion.

The sinks in the dispensary for preparation of medicines were clean and had hot and cold running water. There were separate hand washing facilities for members of the pharmacy team. And a small kitchenette was available for staff to have their lunch break comfortably.

The pharmacy had two consultation rooms available for services and private counselling. The rooms were private, clean and kept locked when not in use. The local community drug team to used one of the consultation rooms every Friday so that people on substance misuse treatment could meet their care workers. The rooms were also hired out for private services such podiatry and phlebotomy.

The pharmacy had systems to monitor ambient temperatures and the pharmacy was well lit throughout. And the premises were secured against unauthorised access when they were closed.

Principle 4 - Services ✓ Good practice

Summary findings

The pharmacy delivers its services in a safe and effective manner, and people with a range of needs can access them. People receive the advice and support they need to help them to use their medicines appropriately. The pharmacy gets its medicines from reliable sources and stores them appropriately. And it takes the right action if any medicines or devices are not safe to use, to protect people's health and wellbeing.

Inspector's evidence

The shopping precinct had a car park for its customers to use. The entrance to the pharmacy had a small step but there was a notice displayed for people needing assistance to ring the bell. The retail area of the pharmacy was clear of slip or trip hazards and could accommodate wheelchairs and prams. Members of the pharmacy used their local knowledge to signpost people to other providers if a service required was not offered at the pharmacy. A wide range of leaflets and posters were suitably displayed throughout the pharmacy providing information about various healthcare matters.

A prescription delivery service was offered, mainly to housebound people, and the delivery driver kept records of signatures obtained from people when medicines were delivered to their homes.

Members of the pharmacy team used different coloured baskets during the dispensing process to prioritise workload and minimise the risk of prescriptions getting mixed up. Owing slips were issued to keep an audit trail when a prescription could not be fully supplied. Dispensing labels were initialled by members of the pharmacy team to keep an audit trail of which staff member had been involved in these stages.

The pharmacy had an efficient system to manage people's repeat prescriptions. A dispensing check list was used to ensure there was an audit trail at each stage of the process. Stock medicines were ordered when people requested their repeat prescriptions. This ensured stock was available and ready to dispense when prescriptions arrived from the surgery. This helped reduce the amount of medicines owed to people, improve efficiency in the dispensing process and prescriptions were ready for collection when people arrived in the pharmacy.

At the time of the inspection, the pharmacy was running a mental health medicine management pilot commissioned by Central Health Solutions. It involved screening people on antipsychotic medicines to ensure that they were on right doses and had access to appropriate education and advice services. It also encouraged people to attend for regular physical health monitoring, which normally included weight, glucose, lipids BP monitoring. The pharmacy could make urgent referrals to Community Mental Health Pharmacist for a follow up, for example on high dose and not known to secondary care Consultant. The pharmacy was also in the process of running a pilot for undiagnosed hypertension in people who have never been tested for high blood pressure and were not on any anti-hypertensive medication.

The pharmacy supplied medicines in multi-compartment compliance packs to people who had difficulties in managing their medicines. Each person using the service had their medicines listed on a summary sheet. Any changes to people's medication were recorded showing clearly what changes were

made and by whom.

The pharmacy had a system for tracking the ordering of prescriptions, assembly and supply of medicines in the compliance packs. Staff members used a communication book to convey any relevant information pertaining to the service to team members who may not be working on the day. The service was well managed and well organised. A compliance pack checked during the inspection included descriptions of medicines contained within it. The dispensing labels were initialled at the dispensing and checking stages to show which member of staff had completed these tasks. Patient information leaflets (PILs) were routinely supplied.

The pharmacy had a licence to dispense medicinal cannabis for a named patient. The SI had taken the initiative and had worked closely with a local GP to obtain a licence from home office to be able to dispense medicinal cannabis for a patient. The SI said that this had helped improve the person's quality of life.

The SI was aware of the valproate pregnancy prevention programme and had briefed members of the pharmacy team about the current valproate guidelines. She knew which people needed to be provided with additional advice about its contraindications and precautions. Patient information leaflets and guides were available in the pharmacy.

Prescriptions for higher-risk medicines were highlighted to the dispensing team for them to give appropriate advice to people when these were handed out. The SI said members of the pharmacy team routinely asked people about therapeutic monitoring (INR) levels when dispensing warfarin prescriptions and they were recorded on people's medication records and evidence about this was provided.

Medicines were obtained from licensed wholesalers and specials were obtained from specials manufacturers. No extemporaneous dispensing was carried out. Medicines were generally stored in an orderly fashion and pharmacy only (P) medicines were stored out of reach of the public.

At the time of the inspection, the pharmacy had implemented the SOPs for the Falsified Medicines Directive (FMD) and members of the pharmacy team had all signed these SOPs. The SI said that although the equipment to comply with the FMD was in place, the system was not yet fully operational due some glitches in the software. She was hoping to resolve these and be fully operational in very near future.

Expiry date checks on stock medicines were carried out every three months, and a record maintained. Short-dated stock was highlighted for removal at an appropriate time. Liquid medicines with limited stability were marked with opening dates. Medicines requiring refrigeration were stored between 2 and 8 degrees Celsius. Temperatures were checked and recorded each day.

All CDs were stored appropriately, and the cabinet was tidy and well organised. Designated bins were available to store waste medicines. And denaturing kits were available to denature waste CDs safely. Prescriptions for CDs were marked with their validity dates to ensure these were not handed out after the prescription had expired.

The pharmacy had processes in place to deal with safety alerts and drug recalls. Records of these and the actions taken by members of the pharmacy team were recorded and kept in the pharmacy.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment and facilities to deliver its services safely and effectively.

Inspector's evidence

Members of the pharmacy team had access to the internet and a range of up-to-date reference sources. Pharmacy computers were password protected and computer terminals were not visible to customers visiting the pharmacy. Confidential waste was appropriately managed, and consultation rooms were available for private conversations and services. The dispensary was clearly separated from the retail area and afforded good privacy for the dispensing operation and any associated conversations or telephone calls.

A range of clean crown-stamped glass measures and equipment for counting loose tablets and capsules was available at the pharmacy. All diagnostic equipment such as cholesterol and blood pressure meters were clean and kept securely. The meters were calibrated regularly and records kept. And all other electrical equipment appeared to be in good working order.

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.