

# Registered pharmacy inspection report

**Pharmacy Name:** Howitts Pharmacy, 465-467 Saffron Lane,  
LEICESTER, LE2 6UG

**Pharmacy reference:** 1110111

**Type of pharmacy:** Dispensing hub

**Date of inspection:** 11/04/2024

## Pharmacy context

This is a private pharmacy that assembles medicines in multi-compartment compliance packs for two other pharmacies (spoke pharmacies) for people who live in the community. One pharmacy was within the same company and the second pharmacy was within the same umbrella group but was a separate company. The pharmacy is not open to the public and does not provide any other services.

## 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 accountabilities. The pharmacy keeps people's private information safe, and its team members know how to protect vulnerable people. The pharmacy has some procedures to learn from its mistakes. But because it does not record all its mistakes it might miss opportunities to improve its ways of working.

### Inspector's evidence

The pharmacy was operating as a central assembly hub for the other pharmacies. It used an automatic robot system to assemble multi-compartment compliance packs. The pharmacy had standard operating procedures (SOPs) that reflected the nature of the business. The SOPs had recently passed their review date and the pharmacy did not have a complete set of SOPs. The superintendent said that he would review the SOPs and make sure that there was a complete set. The pharmacy team members had signed the SOPs to show they had read and understood them. Staff had a good understanding of the dispensing processes that they followed and were able to clearly demonstrate to the inspector their understanding of the pharmacy robot systems.

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 they were found, and the aim was to record them in the near miss log; but the pharmacy team said that this was not always done. The team explained that because of the automated system there were not many near misses. The team said they would make sure any near misses were recorded in the future. The pharmacist said that he would start reviewing the near miss logs and discussing the outcomes with the team.

On arrival at the pharmacy there was no pharmacist present. Staff explained that they started work, which included assembly of the compliance packs at 9am, and the pharmacist arrived at 10am. They said that as far as they were aware they had an RP from 9am. They understood the tasks that they could carry out when the RP was absent and knew that medicines could not leave the pharmacy. They phoned the pharmacist, who was the superintendent that day, and he arrived shortly afterwards. He stated that he was aware that the pharmacy needed a Responsible Pharmacist to assemble compliance packs. And when he arrived, he signed in as being the RP from 9am using the ability for the pharmacist to be absent for two hours a day. The inspector explained that the RP legislation did not allow a pharmacist to sign in as RP retrospectively. The superintendent said that he would make sure that an RP was signed in at 9am. When the RP log was checked previous records showed a pharmacist signed in as RP from 9am but absent until 10am. However, there were also some recent gaps in the RP register where the RP had not signed in for the whole day. The superintendent said he would remind all pharmacists to sign in to the RP record.

The pharmacy did not supply any controlled drugs that required entry in a controlled drugs register or private prescriptions. The pharmacy had a complaints procedure and an information governance policy. Access to the electronic patient medication record (PMR) was password protected. Confidential electronic information was stored securely, and confidential waste was destroyed appropriately.

Professional indemnity insurance was in place.

The pharmacy team also worked in a nearby community pharmacy within the same group and understood safeguarding requirements. They did not have any contact with people while working at this pharmacy. All contact was managed through the person's local community pharmacy.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

There are enough team members to manage the pharmacy's workload. They are suitably trained for the roles they undertake and are given opportunities to develop their roles. 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 effectively. There was one pharmacist and two trained dispensers. The pharmacy team members also worked at another pharmacy nearby, which was within the same pharmacy group. The pharmacist at the other pharmacy phoned this pharmacy's team to include both teams in any team huddles. To make sure that all the team members were included.

Staff were given informal training by the pharmacist. The team members said that they discussed any issues informally on a daily basis and felt able to raise concerns if necessary. They had an annual review where they were able to give and receive feedback.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy keeps its premises safe, secure, and appropriately maintained.

### Inspector's evidence

There was no public access to the pharmacy. The dispensary was a reasonable size for the assembly of compliance packs. There was air conditioning to keep room temperatures at a suitable level, 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. 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. But the pharmacy does not always identify prescriptions for people where additional advice might be appropriate. This might mean the pharmacy misses opportunities to make sure people have a good understanding of the medicines they are taking.

### Inspector's evidence

The pharmacy's purpose was to assemble multi-compartment compliance packs for its spoke pharmacies. It did not promote its services directly to members of the public. The spoke pharmacy received the prescription from the NHS electronic spine and entered the information on the person's medication record (PMR). Including the time of day that the person should take the medicine. The dispenser demonstrated how the files were transferred from the PMR at the spoke pharmacy to the software which operated the robot at the hub. The robot identified any items which needed to be added manually to the compliance packs. These could be medicines which were too large for the robot to be able to add safely or less frequently used medicines which were not kept inside the robot. A rack was then placed in the robot which added individual medicines into the appropriate section within the compliance pack.

For the spoke pharmacy within the same company, once the assembly process was completed, the medicines were checked by the dispenser and then passed to the pharmacist to complete the final check. The pharmacy used a dispensing audit trail which included use of 'dispensed by' and 'checked by' boxes on the compliance pack to help identify who had done each task. For the spoke pharmacy within the umbrella group, the pack was sent back to the pharmacy for the pharmacist there to complete the clinical check.

Compliance packs seen included medicine descriptions on the packs to make it easier for people to identify individual medicines in their packs. Some but not all had photographs of the medicine. Patient information leaflets (PILs) were provided to people when they started a new medicine. The pharmacist said that most people using the service had asked not to be routinely supplied a PIL but said that he would start doing so.

The pharmacy deblistered medicines that were to be dispensed in the pharmacy robot. These were kept in plastic sealed containers. The pharmacy team was aware that not all medicines could be deblistered. Such as those that were in special containers or those that could be damaged if removed from the original pack. The container included the original pack, and a record of when the medicine was deblistered was also kept. The pharmacy deblistered a maximum of a month's use of each medicine and reviewed this regularly. There was a robust process for putting the medicines into the containers in the pharmacy robot. This included scanning the bar code on the original pack and scanning the bar code on the container in the robot. If the wrong bar code was scanned a flag was generated on the computer and the process could not continue.

Medicines not kept in the robot were stored on shelves in their original containers. The pharmacy team

had a process for date checking medicines. The robot automatically quarantined medicines that would be out-of-date the following month. A check of a small number of medicines in original packs on the shelves did not find any that were out of date. A record of invoices showed that medication was obtained from licensed wholesalers. The pharmacist explained the process for managing drug alerts, but this did not include a record of the action taken. The pharmacist said that going forward he would make sure a record was made.

The pharmacist gave some advice to people using the pharmacy's services. He was able to phone people or to pass information back to the pharmacy that the person used. But this did not always happen, and he said that he would review processes to make sure that people got all the information they needed to take their medicines safely and effectively. The pharmacy team knew the advice about pregnancy prevention that should be given to people in the at-risk group who took sodium valproate and had implemented the latest advice including supplying sodium valproate in original packs.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides. It maintains its equipment so that it is safe to use.

### Inspector's evidence

The pharmacy used suitable measures for measuring liquids. The pharmacy had up-to-date reference sources. It had a service contract for its pharmacy robot. Records showed that the fridge was in good working order and stored medicines within the required range of 2 and 8 degrees Celsius. The pharmacist said that the pharmacy's portable electronic appliances had been recently tested to make sure they were safe.

### 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.