

# Registered pharmacy inspection report

**Pharmacy Name:** Leek Pharmacy, 55 Queens Drive, LEEK,  
Staffordshire, ST13 6QF

**Pharmacy reference:** 1116505

**Type of pharmacy:** Community

**Date of inspection:** 14/07/2022

## Pharmacy context

This busy community pharmacy is located on a parade of shops in a residential area. Most people who use the pharmacy are from the local area and a home delivery service is available. The pharmacy dispenses NHS prescriptions, and it sells a range of over-the-counter medicines. It supplies some medicines in multi-compartment compliance aid packs to help people 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
<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

The pharmacy generally manages risks to make sure its services are safe, and it acts to improve patient safety. Members of the pharmacy team work to professional standards. They are clear about their roles and responsibilities and complete the records that they need to by law. The team has written procedures on keeping people's private information safe. And team members understand how they can help to protect the welfare of vulnerable people.

### Inspector's evidence

The pharmacy had up-to-date standard operating procedures (SOPs) for the services provided, with signatures showing that members of the pharmacy team had read and accepted them. Roles and responsibilities were set out in the SOPs and the pharmacy team members were performing duties which were in line with their roles. They were wearing uniforms and most had NHS identity (ID) smart cards. The responsible pharmacist (RP) notice was displaying the wrong pharmacist's name, which could be confusing in the event of an error or problem, but this was corrected when pointed out.

The pharmacy team recorded dispensing incidents on the online national recording system and reported them to the pharmacist superintendent (SI). Learning points were shared with the pharmacy team and actions were taken to prevent re-occurrences. For example, following an incident when the incorrect form of carbamazepine had been supplied, a 'select with care' alert sticker had been attached to the dispensary shelf in front of the prolonged release version. There was a near miss log, but it had not been used for a few months to record or review near miss errors, so team members might be missing out on additional learning opportunities. Alert stickers, designed with capital letters to highlight the differences in the names were placed in front of look-alike and sound-alike drugs (LASAs) such as amLODipine and amiTRIPTYline, so extra care would be taken when selecting these. Clear plastic bags were used for assembled CDs and insulin to allow an additional check at hand out.

The pharmacy had a complaint procedure and this was outlined in a SOP, but there was nothing on display informing people how they might raise concerns or leave feedback. Insurance arrangements were in place. A current certificate of professional indemnity insurance was on display in the pharmacy. The RP log was generally in order, although one of the regular pharmacists did not always enter the time they ceased their activities each day, so it did not provide a complete record. Private prescription records and the controlled drug (CD) register were appropriately maintained. Records of CD running balances were kept and these were regularly audited. Two CD balances were checked and found to be correct. Patient returned CDs were recorded and disposed of appropriately.

Members of the pharmacy team had received training on information governance (IG). A new member of the team confirmed they had read about patient confidentiality when they started working at the pharmacy, and they understood the difference between confidential and general waste. Confidential waste was collected in designated bags which were sealed until they were shredded on site. Assembled prescriptions and paperwork containing patient confidential information were stored appropriately so that people's details could not be seen by members of the public. A statement that the pharmacy complied with the General Data Protection Regulation (GDPR) and the NHS Code of Confidentiality was included in the 'safeguarding your information' leaflets. A privacy statement was on display, in line with

the GDPR.

The pharmacist had completed training on safeguarding. A member of the pharmacy team confirmed they would voice any concerns regarding children and vulnerable adults to the pharmacist working at the time. The pharmacy had a chaperone policy, and this was highlighted to people. Some members of the pharmacy team had completed Dementia Friends training, so they had a better understanding of people living with this condition.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

Pharmacy team members work well together in a busy environment, and they have the right training and qualifications for the jobs they do. Team members are comfortable providing feedback to their manager and they receive informal feedback about their own performance.

### Inspector's evidence

There was a pharmacist, three NVQ2 qualified dispensers (or equivalent), a trainee dispenser and a trainee medicines counter assistant (MCA) on duty at the time of the inspection. The staffing level was adequate for the volume of work during the inspection and the team were observed working collaboratively with each other and the people who visited the pharmacy. Planned absences were displayed on a holiday chart and organised so that not more than two dispensers were away at a time. Absences were covered by re-arranging the staff rota when necessary. There was a delivery driver on the pharmacy team. The RP worked two days on a regular basis and there was another regular pharmacist who covered the other three days. The pharmacy was managed by the SI who visited the pharmacy regularly. One of the dispensers was a supervisor who organised the pharmacy team and allocated their duties.

Members of the pharmacy team carrying out the services had completed appropriate training. They had access to online resources and were given regular protected training time. Each member of the team had an individual folder where their completed training was recorded. One of the dispensers had completed recent training on weight loss, blood pressure testing, diabetes, sepsis, cancer and vaccinations.

Team members discussed their performance and development informally with their manager. Team meetings were held when the SI visited the pharmacy and the supervisor kept brief notes to remind her of the main points. A variety of issues were discussed, and concerns could be raised. Members of the team confirmed they would be comfortable talking to the supervisor or SI about any concerns they might have, and they were comfortable admitting and discussing mistakes they had made. There was a whistleblowing policy.

The pharmacists were empowered to exercise their professional judgement and could comply with their own professional and legal obligations. For example, refusing to sell a pharmacy medicine containing codeine, because they felt it was inappropriate. The RP was encouraged to carry out additional services such as the New Medicine Service (NMS) and vaccinations but was not under any pressure to achieve targets.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a professional environment for people to receive healthcare services. It has a consultation room that enables it to provide members of the public with the opportunity to receive services in private and have confidential conversations.

### Inspector's evidence

The pharmacy premises, including the shop front and fascia, were clean, spacious and in a good state of repair. The retail area was free from obstructions, professional in appearance and had a waiting area with two chairs. The temperature and lighting were adequately controlled. The pharmacy had been re-fitted to a good standard, and the fixtures and fittings were in good order. Staff facilities included a small kitchen area and a WC with a wash hand basin and hand wash. There was a separate dispensary sink for medicines preparation with hot and cold running water. Hand washing notices were displayed above the sinks. The consultation room was equipped with a sink, and was uncluttered, clean and professional in appearance. This room was used when carrying out services such as vaccinations and when customers needed a private area to talk.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy offers a range of healthcare services which are adequately managed and easy for people to access. The pharmacy generally sources, stores and supplies medicines safely. And it carries out appropriate checks to ensure medicines are in good condition and suitable to supply.

### Inspector's evidence

The pharmacy, consultation room and pharmacy counter were accessible to everyone, including people with mobility difficulties and wheelchair users. The pharmacy team members were clear what services were provided, but the services were not clearly advertised, so people might not realise what was offered. There was a small range of healthcare leaflets with some information on mental health and the Samaritans phone number. There were posters advertising local services. For example, the Leek peer group.

There was a home delivery service with associated audit trail. The service had been adapted to minimise contact with recipients, during the pandemic. The delivery driver confirmed the safe receipt in their records. A note was left if nobody was available to receive the delivery and the medicine was returned to the pharmacy.

Space was adequate and the workflow was organised into separate areas with a designated checking area. The dispensary shelves were neat and tidy. Dispensed by and checked by boxes were initialled on the medication labels to provide an audit trail. Different coloured baskets were used to improve the organisation in the dispensary and prevent prescriptions becoming mixed up. The baskets were stacked to make more bench space available.

The RP was aware of the valproate pregnancy prevention programme. He said original packs were always supplied which contained the valproate care cards to ensure people in the at-risk group were given the appropriate information and counselling.

Multi-compartment compliance aid packs were reasonably well managed. There was a partial audit trail for changes to medication in the packs. But it was not always clear who had confirmed these and the date the changes had been made, which could cause confusion to people assembling the packs, or if there was a query. Medicine descriptions were added to the packaging if requested to enable identification of the individual medicines. Packaging leaflets were not usually included. So, people might not have easy access to all of the information they need. Disposable equipment was used. An assessment was made as to the appropriateness of a pack or if other adjustments might be more appropriate to the person's needs. For example, supplying in original packs with medicine administration record (MAR) charts. New patients were only taken on if they had been referred by their GP or another healthcare professional.

The trainee MCA explained that she always involved a qualified member of the pharmacy team when a person requested a pharmacy (P) medicine. She was clear which medicines could be sold in the presence and absence of a pharmacist, and she understood what action to take if she suspected a customer might be abusing medicines such as a codeine containing product. A dispenser described

what questions she asked when making a medicine sale and knew when to refer the person to a pharmacist.

CDs were stored in two CD cabinets which were securely fixed to the wall. The keys were under the control of the RP during the day and stored securely overnight. Date expired, and patient returned CDs were segregated and stored securely. Patient returned CDs were destroyed using denaturing kits. P medicines were stored behind the medicine counter so that sales could be controlled.

Recognised licensed wholesalers were used to obtain stock medicines. Medicines were stored in their original containers at an appropriate temperature. Date checking was carried out, but this was not always documented, so there was risk that some areas of the pharmacy might be missed. Short-dated stock was highlighted. Dates had been added to opened liquids with limited stability. Expired and unwanted medicines were segregated and placed in designated bins.

Alerts and recalls were received via email messages. These were read and acted on by a member of the pharmacy team. But the action taken was not always recorded, so team members might not be able to respond to queries and provide assurance that the appropriate action had been taken.



## 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 and use it in a way that protects privacy.

### Inspector's evidence

Current versions of the British National Formulary (BNF) and BNF for children, were available for reference and the pharmacist could access the internet for the most up-to-date information. There were two clean medical fridges. The minimum and maximum temperatures were being recorded regularly and were within range. All electrical equipment appeared to be in good working order. There was a selection of clean glass liquid measures with British standard and crown marks. Separate measures were marked and used for methadone solution. The pharmacy had a range of clean equipment for counting loose tablets and capsules, with a separately marked tablet triangle that was used for cytotoxic drugs. Medicine containers were appropriately capped to prevent contamination. Patient medication records (PMRs) were password protected. Cordless phones were available in the pharmacy, so staff could 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.