

# Registered pharmacy inspection report

**Pharmacy Name:** Well, Unit 2, Sturdee Road, Eyes Monsell,  
LEICESTER, LE2 9DB

**Pharmacy reference:** 1120588

**Type of pharmacy:** Community

**Date of inspection:** 20/02/2024

## Pharmacy context

This is a community pharmacy situated in a row of shops in a Leicester suburb. Most of its activity is dispensing NHS prescriptions and selling medicines over the counter. The pharmacy provides the Pharmacy First and the hypertension case finding service. It supplies medicines in multi- compartment compliance packs to people who live in their own homes. The pharmacy delivers medicines to people's homes.

## 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. And the pharmacy keeps the records it needs to by law. The pharmacy manages people's electronic personal information safely. Team members record things that go wrong so that they can learn from them. And they keep people's private information safe.

### Inspector's evidence

The pharmacy had a set of electronic standard operating procedures (SOPs) which were routinely updated by the pharmacy's head office. After team members had read a SOP, they completed a test to make sure they had understood it. The team members were up to date with reading their SOPs. Staff were seen dispensing medicines and handing medicines out to people safely. Staff understood how to sell medicines safely and the advice to give during a sale. Staff knew that prescriptions were valid for six months apart from some controlled drugs (CDs) which were valid for 28 days. Prescriptions containing CDs were highlighted to remind staff of their shorter validity.

The pharmacy had 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 were then mainly recorded in the electronic near miss log. Unfortunately, there were some gaps where locum pharmacists had not been following this process. The team leader completed a monthly patient safety review. The review was discussed at a team meeting and staff present were able to explain the key actions the pharmacy was taking that month to improve safety. The reviewing and sharing of the outcomes with the team was good practice.

The responsible pharmacist (RP) certificate on display showed the name of the previous pharmacist. The pharmacist changed the notice to display the correct name. They had signed into the RP log. The pharmacy maintained the necessary records to support the safe delivery of pharmacy services. These included the RP log, the private prescription book, and the CD register. The running balance entries for two CDs checked at random during the inspection agreed with the physical stock held. Weekly balance checks of CDs were completed. Patient-returned CDs were recorded in a designated register. Patient-returned CDs and date-expired CDs were clearly marked and separated from stock CDs to prevent dispensing errors. Dispensed CDs waiting collection were in clear bags to make it easier to check when the patient collected their medicine.

The pharmacy had a complaints procedure and an information governance policy. Access to the electronic patient medication record (PMR) was password protected. Confidential information was stored and destroyed securely. Professional indemnity insurance was in place. The team members understood safeguarding requirements and could explain the actions they would take to safeguard a vulnerable person. The pharmacy team members were aware of the 'Safe Space Initiative,' and they knew what to do if someone 'asked for Ani.'

## 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. 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 three trained dispensers. They had a regular pharmacist for three days a week and locum pharmacists for the rest of the week.

Members of the team worked well together. They discussed any issues informally on a daily basis and felt able to raise concerns if necessary. There was regular training through an online training platform. Staff were also given informal training by the pharmacist. Staff were given additional responsibilities to support their development, for example carrying out the monthly near miss review and feeding back the outcomes to the team. There was the opportunity for development, one of the dispensers was the team leader and was also a trained accuracy checker. There was an annual review where they were able to give and receive feedback. The pharmacist had completed the training they needed to provide the new 'Pharmacy First' NHS service and the rest of the team had also received training to make sure the service ran smoothly.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy keeps its premises safe, secure, and mainly appropriately maintained. And people visiting the pharmacy can have a conversation with a team member in private. The pharmacy makes changes to help keep people using the pharmacy safer from the risk of catching infectious diseases.

### Inspector's evidence

One pharmacy counter had a clear plastic screen which provided some re-assurance to both the staff and the customers. The screen at the main pharmacy counter had been removed to allow easier communication between the team and people visiting the pharmacy. There was hand sanitiser available. The dispensary was a reasonable size for the services provided. There was a separate area to assemble multi-compartment compliance packs. There were some baskets of medicines on the floor which could be a trip hazard. There was air conditioning to provide suitable heating, and hot and cold running water was available.

The pharmacy had a leak in the roof above the dispensary. A temporary repair was in place to protect the medicines and direct rainwater into a bucket. The team said that this worked but that they had been waiting six months for a proper repair. The dispenser said they would raise the issue again. One reasonably sized consultation room was available for people to have a private conversation with pharmacy staff. The room was a little untidy. 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 and are accessible to people. The pharmacy gets its medicines and medical devices from reputable sources. It stores them safely and team members know the right actions to take if medicines or devices are not safe to use to protect people's health and wellbeing.

### Inspector's evidence

The pharmacy had an automatic door with flat access which provided good access for people with a disability or a pushchair to get into the pharmacy. The pharmacy team understood the signposting process and used local knowledge to direct people to local health services. Pharmacy medicines were stored out of reach of the public and staff were aware of higher-risk over-the-counter medicines such as painkillers containing codeine. The pharmacy 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. The pharmacist gave a range of advice to people using the pharmacy's services. This included advice when they had a new medicine, an antibiotic or if their dose changed. The pharmacist explained the advice she gave for medicines that required ongoing monitoring such as warfarin, methotrexate, or lithium.

The pharmacy was offering the NHS hypertension case finding service. The dispenser explained that they measured people's blood pressure in the pharmacy. If people had a higher blood pressure, they then wore a machine that measured their blood pressure for 24 hours. If necessary, they were then referred to their doctor for review. Following this some people had been prescribed medicines to reduce their blood pressure. The pharmacy was also offering the 'Pharmacy First' service. This allowed the pharmacy to treat seven common conditions including supplying prescription-only medicines. The team had been trained to allow them to complete the initial assessment to use the pharmacist's time most effectively. And they had spoken to the local surgery to make sure that referrals met the clinical criteria. The pharmacy team said that the service had been positively received.

Some medicines were dispensed at an automated hub as part of the company's central fulfilment programme. Before transmission to the hub, the pharmacist was required to complete an accuracy check of the computer data and a clinical check of the prescription. Dispensed medicines were received back from the hub within 24-48 hours. The team said that this process mainly worked well.

The pharmacy mainly used a dispensing audit trail which included use of 'dispensed by' and 'checked by' boxes on the medicine label to help identify who had done each task. Some dispensed medicines were seen without the 'checked by' box signed. If there was a query this could make it more difficult to confirm that an accuracy and clinical check had been completed.

Baskets were used to keep medicines and prescriptions for different people separate to reduce the risk of error. The pharmacy supplied medicines in multi-compartment compliance packs to people living in the community to help them take their medicines at the right time. The pharmacy spread the workload for preparing these packs across the month. Compliance packs seen included medicine descriptions on the packs to make it easier for people to identify individual medicines in their packs. Patient information leaflets were provided to people each month.

Medicines were stored on shelves in their original containers. Opened bottles of liquid medications were marked with the date of opening so that the team would know if they were still suitable for use. The pharmacy team members had a process for date checking medicines. They were a little behind but a check of a small number of medicines did not find any that were out of date. CDs were stored appropriately. A record of invoices showed that medication was obtained from licensed wholesalers. The pharmacist explained the process for managing drug alerts which included a record of the action taken.

## 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. Records showed that the fridges were in working order and stored medicines within the required range of 2 and 8 degrees Celsius. Records showed the pharmacy's portable electronic appliances had last been tested in March 2022 to make sure they were safe. The team leader said she would contact head office to arrange for a check.

### 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.  |