

# Registered pharmacy inspection report

**Pharmacy Name:** Ashdale Pharmacy, Ayston Road, North Gate,  
Uppingham, OAKHAM, Rutland, LE15 9NX

**Pharmacy reference:** 1122905

**Type of pharmacy:** Community

**Date of inspection:** 23/02/2023

## Pharmacy context

This is a community pharmacy situated next to a health centre. Most of its activity is dispensing NHS prescriptions and selling medicines over the counter. The pharmacy supplies medicines in multi-compartment compliance packs to people who live in their own homes. It also provides the seasonal flu vaccination service, delivers medicines to people's homes, and offers the Community Pharmacist Consultation Service.

## 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. And the pharmacy manages people's electronic personal information safely. 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 had a set of standard operating procedures (SOPs) which required review. They had been signed by the pharmacy team members to show they had read and understood them. The staff member present understood how to sell medicines safely and knew when to seek the pharmacist's advice. Staff knew that prescriptions were valid for six months apart from some controlled drugs (CDs) which were valid for 28 days. But prescriptions containing CDs were not 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 and were then recorded in the near miss log apart from February where the log had not been completed. The pharmacist said that he would start recording near misses again.

The pharmacy maintained the necessary records to support the safe delivery of pharmacy services. These included the responsible pharmacist (RP) record, the private prescription book, and the CD register. The entries checked at random during the inspection agreed with the physical stock held. Patient-returned CDs were recorded promptly on receipt in a designated register. Date-expired CDs were clearly marked to prevent dispensing errors.

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 pharmacy's team members understood safeguarding requirements and could explain the actions they would take to safeguard a vulnerable person. The pharmacist had completed training on the 'Safe Space Initiative' and had asked his team to complete the training as well.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy's team members work together to cope with the day-to-day workload within the pharmacy. 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 dispensing workload effectively. There was one pharmacist and one trainee counter assistant. The trainee counter assistant had recently been registered on an appropriate training course but had not yet started it. She said that she felt supported by the pharmacist and the other team members. They discussed any issues informally on a daily basis and she felt able to raise concerns if necessary. She had received informal training from the pharmacist and other experienced members of the team.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy keeps its premises safe, secure, and appropriately maintained. And it has made changes to help keep its team members and people using the pharmacy safer from the risk of catching infectious diseases.

### Inspector's evidence

Both the public and private areas of the pharmacy were a small size for the services provided. The pharmacy had air conditioning which kept the pharmacy at a reasonable temperature; lighting was suitable and hot and cold water was available. A consultation room was available for people to have a private conversation with pharmacy staff. The pharmacy had a clear plastic screen at the pharmacy counter which provided re-assurance to both the staff and the customers. There was hand sanitiser available. Unauthorised access to the pharmacy was prevented during working hours and when closed.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy offers healthcare services which are adequately managed and are mainly accessible to people. The pharmacy gets its medicines and medical devices from reputable sources. It stores them safely. It takes the right actions 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 which provided good access for people with a disability or a pushchair to get into the pharmacy. The pharmacist knew most people who used the services by name and during the inspection was supportive and helpful to people visiting the pharmacy. The pharmacy team understood the signposting process and used local knowledge to direct people to local health services. The pharmacy delivered medications to some people.

The pharmacy team knew the advice about pregnancy prevention that should be given to people in the at-risk group who took sodium valproate. The pharmacist gave a range of advice to people using the pharmacy's services. This included advice when they had a new medicine or if their dose changed. Prescriptions were highlighted to remind the team about advice that need to be given. But he did not routinely speak to people who took medicines that required ongoing monitoring such as people who took warfarin to check their INR levels were appropriate or people taking methotrexate had regular blood tests. This could make it harder for the pharmacy to know if people were having relevant blood tests at appropriate intervals.

The pharmacy 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. Baskets were used to keep medicines and prescriptions for different people separate to reduce the risk of error. The pharmacy supplied multi-compartment compliance packs to people to help them take their medicines at the right time. The pharmacy spread the workload across the month, using a tracker to make sure packs were prepared and supplied on time. Packs were labelled with doses and warnings and included descriptions of the medicines on the packs to make it easier for people to identify individual medicines in their packs. Each person had an individual record sheet and team members recorded any changes on this sheet. The pharmacist said that patient information leaflets (PILs) were not provided to people each month because some people had requested not to receive them. The pharmacist said that he would start providing PILs to everyone.

Medicines were stored tidily 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 had a process for date checking medicines. 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

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 to use

### Inspector's evidence

The pharmacy used suitable measures for measuring liquids. The pharmacy had up-to-date reference sources. It had two fridges but was only maintaining records for one of them. The record showed that the fridge was in working order and stored medicines within the required range of 2 and 8 degrees Celsius. The second fridge had a current temperature within the required range. The pharmacist explained that the pharmacy had only recently got the second fridge and had not started recording the temperature. He set up a record on the system during the inspection. The pharmacy's portable electronic appliances had been tested recently to make sure they were safe.

### What do the summary findings for each principle mean?

Finding	Meaning
<span>✓ Excellent practice</span>	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.
<span>✓ Good practice</span>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span>✓ Standards met</span>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.