

# Registered pharmacy inspection report

**Pharmacy Name:** Well, Two Steeples Medical Centre, Wigston,  
WIGSTON, Leicestershire, LE18 2EW

**Pharmacy reference:** 1124005

**Type of pharmacy:** Community

**Date of inspection:** 28/06/2019

## Pharmacy context

This community pharmacy is attached to a large doctor's surgery. Most of its activity is dispensing NHS prescriptions and giving advice about medicines over the counter. The pharmacy supplies medicines in multi-compartment compliance aids to people who live in their own homes. Other services which the pharmacy provides include prescription deliveries to people's homes, Medicines Use Reviews (MUR) and the New Medicine Service (NMS). It also provides flu vaccinations under both private and NHS patient group directions (PGDs), and substance misuse 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	3.5	Good practice	The public area of the pharmacy presents a bright modern professional image.
<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 adequately identifies and manages the risks associated with the provision of its services. It has some procedures for learning from its mistakes but it doesn't always record all the near misses. This means that team members may not be aware of previous mistakes or understand how to stop them from happening again. The pharmacy adequately manages people's personal information. It asks its customers for their views and team members know how to protect vulnerable people.

### Inspector's evidence

The responsible pharmacist (RP) notice showing the name and registration number of the pharmacist in charge of the pharmacy was not clearly displayed. It was on the front dispensary bench and couldn't clearly be seen from the public area. It was supposed to be fixed to the wall but had fallen off and the pharmacist was waiting for it to be fixed back on.

The pharmacy had a set of standard operating procedures (SOPs) which reflected how the pharmacy operated. Staff had read the latest SOPs and mainly followed them. For example, the staff dispensed medicines from the prescription and undertook weekly controlled drug (CD) balance checks.

CD and fridge items were stored in clear plastic bags to make checking the medicine on supply and discussion with patients about their medicine easier. The trainee counter assistant understood the questions that needed to be asked to sell an over-the-counter medicine safely. He checked with the pharmacist before any sales were made. He said that prescriptions had a six month expiry date and was aware that CD prescriptions were valid for 28 days from the date on the prescription. The pharmacist said that schedule 3 and 4 CDs weren't highlighted but that staff were aware of them. The dispenser asked was able to name the regularly dispensed ones.

The pharmacy had records of errors and some records of near misses. Near misses were returned to the dispenser for them to find the mistake and then the reasons for the mistake were discussed. The pharmacist said that staff were supposed to enter the near miss on the electronic near miss recording system, Datix, but this wasn't routinely happening. The monthly safety patient reports for March had two near misses and none in April. The pharmacist said that she had realised this was a problem and had raised it in the weekly team meeting. She had also started recording near misses on a paper record to create a comparison. Between 25 and 28 June 2019, 11 near misses had been recorded on the paper near miss log.

Public liability and professional indemnity insurance were in place.

Records to support the safe and effective delivery of pharmacy services were maintained. These included the RP log, private prescription records, and the CD register. There had been a couple of occasions recently where the responsible pharmacist register hadn't been completed. This could make it harder for the pharmacist to identify who the pharmacist had been if there was a query. An audit trail was created using dispensed by and checked by boxes on the medicine labels. The final check was done by the RP.

There was a complaints procedure in place. There was also information on the complaints procedure on display on a poster in the public area. The pharmacy had just completed a customer satisfaction survey.

The result from the previous survey was on display in the public area. On this, 75% of patients who responded to the survey rated the pharmacy as excellent or very good. People had complained about the time taken to be served. During the inspection the pharmacist made sure that customers were served quickly and efficiently by moving additional staff onto the counter and to dispense waiting prescriptions as required.

CDs were stored in a legally compliant CD cabinet. A random check of the recorded running balance of a CD corresponded with the actual stock in the CD cabinet. CDs were audited weekly. There was a patient return CD register in place. Date-expired stock and patient-returned CDs were separated from in-date stock in the CD cupboard.

There were a number of dispensed CDs in the CD cupboard waiting collection. One was beyond its 28 day validity. The bags had CD stickers, but most didn't have the date they should be supplied by recorded. The SOP stated that this should have been done. This could make it harder for the team member handing out the medicine to know if the prescription was still valid.

Computer terminals were positioned so that the screens couldn't be seen by people using the pharmacy. Access to the electronic patient medication record (PMR) was password protected. Confidential patient information was stored securely. Confidential waste was shredded. There was an up-to-date information governance protocol. Smartcards were well managed with staff taking their Smartcard with them when they moved work stations.

The pharmacist said that just under 60% of the prescriptions for the pharmacy were sent away for dispensing by the Well hub pharmacy (a central dispensing pharmacy). She said that this mainly worked well. The pharmacy team were aware of safeguarding procedures and had completed appropriate training. Local contact details were available for reporting safeguarding concerns.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy team members are suitably trained and are mainly able to manage the workload within the pharmacy. Team members work well together. The pharmacy has a work culture of openness and honesty. The pharmacy encourages its team to act in the best interests of the people who use its services. The staff have regular performance reviews and they have access to ongoing training.

### Inspector's evidence

The pharmacy displayed who the RP in charge of the pharmacy was. During the inspection the pharmacy team worked well together and managed the workload effectively. During the inspection there was one pharmacist (there was a changeover of pharmacists in the early afternoon). There were three trained dispensers. There was also a person training to be a non-pharmacist branch manager. He worked on the counter. He was an extra member of staff and without him it would have been difficult to manage the busy counter.

There was a formal review for team members called a personal development plan, undertaken annually; looking at performance and achievements of the year. Staff had an input into the setting of new targets and objectives. Staff said it was easy to raise issues informally with the pharmacist. Staff said there was also a colleague survey which they had recently completed.

There was online learning operational and clinical governance training. SOPs were now issued electronically. As part of the process staff needed to complete a test to show they had understood the SOP. Staff were up to date with mandatory training. The staff member asked said that there was also informal training from the pharmacist. She was aware of recent changes in requirements for gabapentin and pregabalin. She said that she hadn't completed any online clinical training. The pharmacist said there was training but it was the team's responsibility to access it. There were targets for services which the pharmacist said didn't compromise the safety or wellbeing of patients or the public.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy keeps its premises safe and maintained appropriately. The public area of the pharmacy presents a bright modern professional image. The pharmacy protects people's personal information. The premises are secure from unauthorised access when closed.

### Inspector's evidence

The pharmacy was part of a health centre. The public area was bright, spacious and clean with a large waiting area with plenty of seating. Along with the external fascia it presented a modern professional image. There was a separate area at the end of the pharmacy counter which had a large privacy screen to allow some additional privacy in the public area. But this wasn't used during the inspection.

The dispensary was clean and tidy; there was a sink with hot and cold water. The pharmacy had air conditioning to provide a suitable temperature for the storage of medicines. The dispensary was a good size for the services provided with a large area of work bench for the assembly, checking and a good amount of space for the storage of medicines.

A good-sized sound-proofed secure consultation room was available to ensure people could have confidential conversations with pharmacy staff. The pharmacist used the room appropriately to give advice. Computer screens were set back from and faced away from the counter. Access to the PMR was password protected. Unauthorised access to the pharmacy was prevented when it was closed.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy generally provides its services safely. Its team members are helpful and supportive to the people who use the pharmacy. Some people who receive higher-risk medicines may not be getting all the information they need to take their medicine safely. The pharmacy gets its medicines and medical devices from reputable sources. It generally stores them safely. And it takes the right actions if any medicines or devices are not safe to use to protect people's health and wellbeing.

### Inspector's evidence

The pharmacy entrance provided flat access with a push pull door and wide unhindered access to the pharmacy counter. This provided satisfactory access for disabled or wheelchair customers. The healthcare centre had automatic doors and there was a shuttered entrance through into the pharmacy which provided an alternative route for patients. The pharmacy had a hearing loop. The front of the shop had signs advertising the times of opening and services provided. The pharmacy had a good range of healthcare leaflets and a good sized seating area.

Work was prioritised based on whether the prescription was for a person who was waiting or coming back. The pharmacy used a dispensing audit trail which included use of dispensed by and checked by boxes on the medicine label. This helped identify who had done each task. Baskets were used to reduce the risk of error. The pharmacy had a defined workflow with separate areas for dispensing and checking of medicines.

During the inspection the pharmacy was very busy with people bringing in prescriptions and buying over-the-counter medicines. The pharmacist was easily accessible to people visiting the pharmacy. She had a good rapport and gave advice on a range of matters. She said that she also gave advice on areas such as new medicines, interactions, antibiotics and children's medicines. She gave a recent example of an intervention on a child's prescription. She said that she spoke to people starting higher-risk medicines such as methotrexate and warfarin but people who took them regularly were not routinely spoken to. She was aware of the guidance about pregnancy prevention to be given to people in the at-risk group who took sodium valproate.

The pharmacy was a Healthy Living Pharmacy. There was a poster on display for the latest public health campaign on healthy teeth. The dispenser said that she handed out advice leaflets and tooth brushes but hadn't kept a record of the number of interventions.

Each person who received their medicines in a multi-compartment compliance aids had a chart so that any changes in or missing medicines could be easily managed. These charts had notes highlighting queries made with the surgery and any changes in medicines. The compliance aids checked had labels which identified that the medicines were tablets but did not record the shape and colour to allow easy identification. Patient information leaflets (PILs) were not routinely sent to make sure that people had information about their medicines.

Stock medicines were stored tidily. Medicines were kept in their original containers and were stored appropriately. Date checking was recorded electronically with stock to be checked listed on the computer. Records were up to date. Short-dated medicines were highlighted with 'use first' stickers.

Out-of-date medicines were put in yellow waste bins; a patient returned CD register was in place. Bottles were marked with the dates they had been opened and staff explained that if there was no specific expiry date they would be discarded after six months. The pharmacy delivered medicines to people. The person who received the medicine signed for it. This meant that an audit trail was available if required.

CDs were stored safely and securely. The pharmacy had three fridges for medicines that required cold storage. Records showed that the fridges stored medicines correctly between 2 and 8 degrees Celsius. Fridge items waiting collection were stored in clear plastic bags to make checking the medicine on supply and discussion with patients about their medicine easier. When checked the third fridge had some water in it. The pharmacist put the medicines in another fridge while the cause was investigated.

Only recognised wholesalers were used for the supply of medicines. The pharmacist was aware of the procedure for drug alerts. A record showed what action had been undertaken and by who. The pharmacist said that they had received training about the Falsified Medicines Directive, but the pharmacy hadn't yet received scanners to implement the process.

The pharmacist used local knowledge to signpost people to other healthcare providers when required. She also worked next door at the surgery, so she had a good rapport with them and was able to easily access their services if necessary.

## Principle 5 - Equipment and facilities ✔ Standards met

### Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services it offers. It makes sure its equipment and facilities are adequately maintained.

### Inspector's evidence

The pharmacy used crown marked measures for measuring liquids. Separate measures were used for CDs. There was a separate tablet triangle for methotrexate. There were up-to-date reference sources available. Stickers showed that the next portable electrical appliance test was due in October 2019.

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

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