

# Registered pharmacy inspection report

**Pharmacy Name:** Healthways Chemist, 151-153 Loughborough Road,  
LEICESTER, LE4 5LR

**Pharmacy reference:** 1124127

**Type of pharmacy:** Community

**Date of inspection:** 11/04/2019

## Pharmacy context

This community pharmacy is situated on a busy road on the outskirts of Leicester. The pharmacy dispenses NHS and private prescriptions. It supplies medicines in multi-compartment compliance aids. Other services provided by the pharmacy include selling over-the-counter medicines, Medicines Use Reviews (MURs) and the New Medicine Service (NMS). The services are provided by a husband and wife team, both of whom are pharmacists.

## 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 identifies and manages most of the risks associated with the provision of its services. The pharmacy has adequate processes in place for learning from mistakes. The pharmacy team members have defined roles and accountability. They manage people's personal information adequately and know how to protect vulnerable people.

### Inspector's evidence

The responsible pharmacist (RP) notice showing the pharmacist in charge of the pharmacy was clearly displayed. The pharmacy had a set of standard operating procedures (SOPs) that were due for review in December 2018. The pharmacist said that he had started the process of reviewing them.

The pharmacy provided an occasional blood pressure and diabetes check service. They were hoping to start flu vaccinations this year. The superintendent said that the pharmacy kept records of errors and had procedures to learn from near misses. He explained that both the pharmacists discussed the errors informally but that they weren't recording them. The second pharmacist highlighted a near miss with escitalopram and enalapril 10mg, she had separated out the stock on the shelf to avoid another picking error. The final check was by one of the pharmacists. There was an audit trail with the dispensed and checked by boxes signed.

The pharmacy had the appropriate records to support the safe and effective delivery of pharmacy services. These included the RP log, private prescription records and the controlled drugs (CD) registers. The pharmacy supplied few CDs which were mainly ordered in on an as required basis. No methadone was supplied. CD running balances were audited weekly. The pharmacy had a patient return register. There were no out-of-date or patient-returned CDs requiring destruction. CDs were stored in a legally compliant CD cabinet. A random check of the recorded running balance reconciled with the actual stock in the CD cabinet.

The pharmacy wasn't a healthy living pharmacy but had a range of posters on Sepsis on display to give advice to people visiting the pharmacy. There was a complaints procedure in place; the superintendent was the regular pharmacist and dealt with any concerns. There was information on how to complain in the pharmacy leaflet.

The last customer survey had been completed in March 2019 and was on the NHS Choices Website; 100% of people surveyed were satisfied with the service. The pharmacy public liability and indemnity insurance in place until October 2019. Computer terminals were positioned so that they couldn't be seen by people using the pharmacy. Access to the electronic patient medication records (PMR) was password protected. Confidential paper work was mainly stored in folders in the dispensary. Confidential waste was shredded or bagged and taken away for destruction.

The pharmacy had an information governance SOP and the pharmacist was aware of the requirements for the General Data Protection Regulation (GDPR). The pharmacist was aware of safeguarding requirements and had completed suitable training. There was an SOP and local contact details were available if the pharmacy needed to raise any safeguarding concerns.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff who are properly trained for the job they do. They keep their knowledge and skills up to date.

### Inspector's evidence

The pharmacy displayed who the RP in charge of the pharmacy was. The RP record showed who the RP in charge of the pharmacy had been. The register was mainly completed accurately but there had been a gap from 30 March 2019 to 5 April 2019 inclusive.

During the inspection there were two pharmacists, a husband and wife team. One of the pharmacists was the superintendent. No other staff were employed to work in the pharmacy. They managed the services provided effectively. Both pharmacists said they were keeping up to date with their continuing professional development.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy keeps its premises safe, secure and maintained appropriately. But the consultation room and dispensary were very cluttered which presented an unprofessional image. The pharmacy mainly protects people's personal information. The premises are secure from unauthorised access during working hours and when closed.

### Inspector's evidence

The dispensary was a good size for the services provided, with an adequate dispensing bench available for the assembly of medicines. There was reasonable space for the storage of medicines there was a sink with hot and cold water. The pharmacy was an appropriate temperature for the storage of medicines; lighting was sufficient and was provided by overhead soft lighting.

The pharmacy facia and public area presented a bright modern image. But the dispensary was very untidy. Dispensary benches were very cluttered with paperwork and there were a large number of boxes on the floor which created a trip hazard.

A good-sized sound-proofed secure consultation room was available to ensure patients could have confidential conversations with pharmacy staff. But, the room was very cluttered which presented a less professional image. Some patient confidential information such as prescriptions were kept in the consultation room. The pharmacist said that she would remove them. Computer screens were set back from and face away from the counter. Access to the electronic patient medication record (PMR) was password protected. Unauthorised access to the pharmacy was prevented during working hours and at night.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy generally provides its services safely and effectively. Its team members are helpful and give appropriate advice to people. The pharmacy obtains 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 was within a row of shops. There was a push pull door and flat access to provide straight forward access for a wheelchair or those with physical disability. There was a clear route to the dispensary counter. The pharmacy had signs advertising opening hours and services provided. There was seating available; there were a range of leaflets including public information leaflets. There was a pharmacy practice leaflet which advertised the opening hours.

The superintendent understood the signposting process and used local knowledge to direct people. The pharmacy used a dispensing audit trail which included the use of dispensed by and checked by boxes. It also used baskets during the dispensing process to reduce the risk of error. Work was prioritised based on whether the prescription was for a person who was waiting or calling back, or part of the repeat prescription collection service.

The superintendent said that he gave advice to people on a range of matters. He routinely spoke to people taking high-risk medicines such as warfarin, methotrexate and lithium. He didn't record INR levels because the local surgeries wouldn't issue a script for warfarin without a recent INR test. He said that the pharmacy didn't have any at-risk people taking sodium valproate. He had a partial understanding of the recent guidance but didn't have the guidance leaflets and information in the pharmacy. He said he would order them.

The pharmacist knew the people using the pharmacy by name and went to speak to them when they arrived. The pharmacy delivered medicines to people. The pharmacists delivered themselves but didn't obtain signatures from the people who received the medicines. This could mean it is harder to show that the medicine was delivered.

The pharmacy had split the dispensing of compliance aids over four weeks to reduce the pressure on any particular week. Labels on the containers recorded the shape and colour of the medicine to allow easy identification. Changes in, or missing, medicines were checked with the doctor.

Fridge records showed that medicines which required cold storage were stored correctly between 2 and 8 degrees Celsius. The current temperature was within range. Stock medicines were stored tidily in their original containers on the shelf, fridge or CD cabinet as appropriate. CDs were stored safely.

The superintendent explained that date checking was carried out every three months but no records were maintained. No out-of-date stock was seen. Out-of-date medicines were put in yellow waste bins.

Only recognised wholesalers were used for the supply of medicines.

The pharmacy had the equipment to introduce the requirements of the Falsified Medicines Directive

but was completing the process of registration with SecurMed.

The pharmacist was aware of the procedure for drug alerts. He could recall what the latest alert had been and explain the action that he had taken. However, no audit of action taken was currently maintained. This meant that it was harder for the pharmacy to show that it had taken the necessary actions in response to a drug recall or alert.

## 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 mainly adequately maintains the equipment and facilities that it uses.

### Inspector's evidence

The pharmacy used crown marked measures for measuring liquids. The pharmacy had up to date reference sources. The superintendent said that the blood pressure monitor and the blood glucose monitor had been used for about three years. There was no procedure for calibration or for regularly changing them. Without checking or replacing equipment it is possible that people using the service will get inaccurate readings.

### 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.