

Registered pharmacy inspection report

Pharmacy Name: Charnwood Pharmacy, 46A Lacey Court,
Charnwood Road, Shepshed, Loughborough, Leicestershire, LE12
9QY

Pharmacy reference: 9010159

Type of pharmacy: Community

Date of inspection: 09/05/2019

Pharmacy context

The pharmacy is situated just outside the village centre. The pharmacy provides most standard NHS services. The pharmacy dispenses NHS and private prescriptions. It sells over-the-counter medicines. The pharmacy provides substance misuse services and seasonal flu vaccination services. The pharmacy had a patient group direction for emergency hormonal contraception, but the current pharmacist wasn't trained to provide the service. The pharmacy was a Healthy Living Pharmacy, but the healthy living 'champion' had recently left.

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
1. Governance	Standards met	N/A	N/A	N/A
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards met	3.5	Good practice	The pharmacy premises present a modern professional image.
4. Services, including medicines management	Standards met	N/A	N/A	N/A
5. Equipment and facilities	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 learns from its mistakes. But because the pharmacy has not been recording the reviews it makes this could mean that it is missing opportunities to improve the safety and quality of its services. The pharmacy team members have defined roles and accountability. They mainly manage people's personal information adequately and they know how to protect vulnerable people.

Inspector's evidence

The responsible pharmacist (RP) notice showing who the pharmacist in charge of the pharmacy was displayed. The pharmacy had a set of up-to-date standard operating procedures (SOPs) that had been signed by staff. Staff mainly followed the SOPs. The pharmacy had a roles and responsibilities SOP which covered the tasks by role. The controlled drug (CD) SOP reflected a paper-based CD register rather than the electronic one which the pharmacy was now using.

The dispensing assistant knew the questions to ask to sell medicines safely. She had a reasonable product knowledge. She knew that most prescriptions had a six month validity apart from CDs which had a 28 day validity. However, the pharmacy did not have a sufficiently robust way of making sure that CDs were only supplied within 28 days of the date of the prescription. The dispenser was aware that tramadol was a CD but couldn't recall any other CDs not kept in the cupboard. Dispensed CDs on the shelves waiting collection weren't highlighted. The non-pharmacist pharmacy manager said that CDs not in the cupboard were not marked but staff were aware of them.

An audit trail was created using dispensed by and checked by boxes. The final check was by the RP. There were some dispensed CDs waiting collection in the CD cupboard. Most of them were only signed by the pharmacist. He said he had dispensed them but had got a check from the dispenser. The dispenser hadn't signed to show they checked them.

The pharmacy kept records of near misses, errors or other incidents. The near misses were returned to the member of staff at the time to see if they could find the error; if it was a significant error there was a team meeting to discuss it. The pharmacy had started recording near misses electronically in April. The records seen recorded reasons for the near misses and learning points. The electronic record included a written monthly review, but April's review had not been carried out. Prior to April the pharmacy manager had carried out informal reviews, but records had not been made.

The pharmacy had most of the records needed to support the safe delivery of pharmacy services. These included the RP log, specials and the controlled drug register. The pharmacy had an electronic private prescription record. When the record was checked the wrong prescriber had been recorded. This did not meet legal requirements and meant it would be harder to check details if there was a query about the prescription. The pharmacist didn't log out of the RP record which made it incomplete.

There were three boxes on the dispensing label. The pharmacy manager said that the aim was for the item to have two checks before it was given to the pharmacist. On the labels checked the second box often wasn't completed.

CDs were stored in a legally compliant CD cabinet. The pharmacy now had an electronic CD register. CDs were mainly audited weekly. A random check of the recorded running balance of a CD matched with the actual stock in the CD cabinet. Date expired stock was clearly separated and awaited destruction. There was a record book for patient-returned CDs. There were two pages of patient-returned CDs that had been signed as destroyed by the pharmacist; there was no witness signature which is a good practice requirement. The manager said that he recalled destroying the CDs with the pharmacist. There was one patient return still in the cupboard that had been signed as destroyed.

The last patient satisfaction survey had been completed in 2018 and was on the NHS England website. 98% of people rated the pharmacy as excellent or very good. There was a complaints procedure in place; staff referred to the pharmacy manager if required. Public liability and professional indemnity insurance were in place until November 2019.

Computer terminals were positioned so that they couldn't be seen by people visiting the pharmacy. Access to the electronic patient medication record (PMR) was password protected. Confidential paper work was mainly stored securely. In the consultation room old CD registers were kept in an unlocked filing cabinet and some other information was in folders on a shelf. The pharmacist said that he would move the information. Confidential waste was sent away for shredding. The pharmacy had an information governance process in place. The pharmacist was aware of safeguarding requirements; there was an SOP in place, local contact details were available.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team adequately manages the workload within the pharmacy. Team members work well together. They have regular performance reviews and there is a work culture of openness and honesty. The pharmacy doesn't have a formal approach to ongoing training, making it harder for the pharmacy to be sure that its team members knowledge is up to date.

Inspector's evidence

The pharmacy team was able to manage the workload to provide pharmacy services safely. During the inspection there was one pharmacist, a qualified dispensing assistant who was also the pharmacy manager, a trainee dispensing assistant and a pharmacy apprentice.

The dispenser said that they had an appraisal once a year. She said that she had the opportunity to give feedback and raise concerns. She had started as an apprentice and now was training to be a dispenser. She mainly completed her training at home. The pharmacy apprentice said that she had training via a video call for an hour once a week. The pharmacy manager said that he was about to start a business management course.

The pharmacy manager said they had just changed to a new training provider but were waiting for the iPad to be fixed before they could start. Targets didn't compromise the pharmacist's customer service or professional integrity.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises safe, secure and maintained appropriately. The design of the premises protects people's personal information. The pharmacy premises present a modern professional image. The premises are secure from unauthorised access during working hours and when closed.

Inspector's evidence

The pharmacy had a spacious bright public area. The dispensary was a good size for the services provided, with a large dispensing bench available for the assembly of medicines and good space for storing medicines. The dispensary was clean and tidy; there was a sink with hot and cold water. The pharmacy had air conditioning which provided an appropriate temperature for the storage of medicines; soft lighting was provided.

A good size sound-proofed secure consultation room was available to ensure people could have confidential conversations with pharmacy staff. Overall the pharmacy presented a professional image. Computer screens were set back from and faced away from the counter. Access to the PMR was password protected. Access to the pharmacy was suitably controlled.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally provides its services safely and effectively. Its team members are helpful but 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

There was a wide push pull door and flat access to provide reasonable access for a wheelchair or those with physical disability. There was a large public area with a clear route to the dispensary counter. The pharmacy had comfortable seating. The pharmacy had a hearing loop. There was a range of leaflets and health posters on display.

Pharmacy staff wore uniforms and had badges to make them easily identifiable to the public. The newest member of staff didn't have a name badge with her name or the right role. The pharmacy's opening hours and services were clearly advertised and the consultation room was signposted.

The pharmacist understood the signposting process and used local knowledge to direct people to a range of services. The pharmacist provided a range of counselling. He said that he gave advice on new medicines and changes of dose. He used a 'speak to pharmacist' sticker to highlight these prescriptions. He said that there were no specific processes for highlighting prescriptions for people on higher-risk medicines such as warfarin, methotrexate, lithium and sodium valproate. The pharmacy had completed an audit and didn't have anybody taking sodium valproate. But the pharmacist wasn't sure if the pharmacy had the latest patient information. He said that if not he would contact the manufacturer to obtain it.

The pharmacy used baskets during the dispensing process to reduce the risk of error. There were separate areas for the assembling and checking of prescriptions. The pharmacy used a dispensing audit trail which included use of dispensed by and checked by boxes. Work was prioritised based on whether the prescription was for a person who was waiting or was calling back.

For each person who received their medicines in a multi-compartment compliance aid the pharmacy had a reminder to ensure that medicines were ordered and delivered in a timely manner. The dispensing assistant contacted the surgery if there were any changes in the prescription to confirm the change. Labels recorded the shape and colour of the medicine to allow easy identification. The pharmacy supplied one care home; this seemed well managed.

The pharmacy provided a delivery service. The person receiving the medicine signed to confirm they had received a prescription to create an audit trail. Records showed that stock medicines that needed cold storage were stored correctly between 2 and 8 degrees Celsius. The current temperature of the fridge was within this range. There was a second fridge in the back room for dispensed medicines. When checked there was no thermometer with the fridge and no records of temperatures were made. The pharmacy manager said that he checked the fridge periodically with a thermometer but didn't make any records. When the fridge was checked during the inspection the temperature was 4.2

degrees Celsius. He said that he would get a thermometer for the fridge and check and record temperatures daily.

CDs were stored safely. Access to the CD cabinet was managed appropriately. Date checking was carried out monthly with records kept. Out-of-date medicines had a use first sticker with the date of expiry written on it. Out-of-date medicines were put in yellow waste bins; a patient-returned CD register was in place.

Only recognised wholesalers were used for the supply of medicines. The pharmacy manager said that the PMR system they used wasn't compliant with the Falsified Medicines Directive. They didn't have any scanners and hadn't had any training. The pharmacist was aware of the procedure for drug alerts; a record of the action taken was made electronically. When asked the pharmacist wasn't sure how to access these records.

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 generally makes sure its equipment and facilities are maintained adequately.

Inspector's evidence

The pharmacy used crown marked measures for measuring liquids. There were separate measures for CDs. The pharmacy had up to date reference sources. The manager said that the blood pressure machine had been replaced a few weeks ago and that a new one was going to be provided by head office shortly.

Most of the computer equipment had been recently replaced. However, a portable appliance test sticker said that the fridge had been due its next test in 2016. The pharmacy manager said he would arrange a test. There was no evidence to show that the heat-sealing machine was routinely checked to make sure it was working correctly.

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.