

# Registered pharmacy inspection report

**Pharmacy Name:** Leiston Pharmacy, 62 High Street, Leiston, Suffolk,  
IP16 4BZ

**Pharmacy reference:** 9010964

**Type of pharmacy:** Community

**Date of inspection:** 13/06/2019

## Pharmacy context

The pharmacy is in the Suffolk town of Leiston and relocated to the current premises in September 2018. The pharmacy dispenses NHS prescriptions. And it provides Medicines Use Reviews (MURs) and occasional New Medicine Service (NMS) consultations. The pharmacy assembles medication into multi-compartment compliance aids for people who need help managing their medicines and there is a popular delivery service. The pharmacy administers travel vaccinations throughout the year and flu vaccinations during the winter season.

## 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 has safe and effective working practices. It manages its risks appropriately by recording, reviewing and learning from its mistakes. And, it keeps people's private information safe. It regularly asks people for their views and uses their feedback to improve its services. It keeps the records required by law to ensure that its medicines are supplied safely and legally.

### Inspector's evidence

The pharmacy kept near miss and error logs. The pharmacy team members planned to introduce a regular review of these to identify any trends or patterns to reduce future risk. Following dispensing incidents, the mistake was discussed with the individual concerned on a one-to-one basis. Team members were encouraged to identify their own errors and were comfortable about feeding back to the pharmacist. They talked about the no-blame culture in the pharmacy where mistakes were discussed to reduce future risk.

Pharmacy team members said that people were complimentary about the friendly team. They said that there had been several complaints when the pharmacy relocated due to the pressures of moving. These complaints had reduced as the team had settled into the new environment and workflows. People were encouraged to complete an annual survey and the complaints procedure was published in the practice leaflet.

The pharmacy had current professional indemnity insurance. The pharmacy had the right responsible pharmacist (RP) notice on display and RP records were correctly completed. Roles and responsibilities were identified in the standard operating procedures (SOPs). When asked, members of the pharmacy team clearly understood what they could and couldn't do when the pharmacist was not present.

The pharmacy had a comprehensive range of SOPs which covered, for example, dispensing processes, information governance, controlled drugs (CDs), RP activities, sale of medicines, high-risk medicines, dispensing incidents and services the pharmacy provided. There was evidence that members of staff had read and signed SOPs relevant to their roles. The SOPs were in the process of being reviewed.

The records examined were generally maintained in accordance with legal and professional requirements. These included: the electronic private prescription register (for private prescriptions and emergency supplies), records for the supplies of unlicensed medicines and the RP record. The CD registers were generally appropriately maintained, but there was some evidence of overwriting. This could make it harder for the pharmacy to show when an entry had been altered, and by who. CD balance checks were done monthly for some items and less frequently for others. There was also a book where patient returned CDs were recorded.

The pharmacy had a cordless phone to facilitate private conversations and the correct NHS Smartcards were in use. The patient medication record (PMR) was password protected and sensitive waste was securely disposed of. Prescriptions were stored securely in the dispensary. The pharmacy team members were planning to undertake training about the General Data Protection Regulation and had signed confidentiality agreements.

The pharmacy had safeguarding procedures and team members described the actions that would be taken in the event of a safeguarding concern. There were contact details for the local safeguarding team.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to manage its workload safely. They are appropriately trained and have a good understanding about their roles and responsibilities. They make suggestions to improve safety and workflows where appropriate. They are provided with feedback and have appraisals to identify any opportunities for development or learning.

### Inspector's evidence

There was one regular pharmacist who worked on five or six days a week and one part-time technician. There were two trained dispensers (one part-time and one full-time) and three trainees (two part-time and one full-time) as well as one full-time and two part-time medicines counter assistants. There was one new team member who was not yet registered on a training course. All other pharmacy team members had completed medicines counter training to provide a skill mix in the pharmacy.

The pharmacy team members said that they were about to start a programme of regular ongoing learning to keep their knowledge and skills up to date. The pharmacist and technician were aware of the requirements for professional revalidation.

All the staff had annual appraisals which looked at areas where they were performing well and areas for improvement or opportunities to develop. There were weekly reviews in the pharmacy and a monthly team meeting to discuss any ideas and concerns.

The pharmacy team members said that they were able to make suggestions and improvements in the pharmacy. They had recently reviewed and changed the system for owed medicines and improved the process for bagging prescriptions to improve safety and efficiency. Targets and incentives were not used in the pharmacy.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy team largely keeps the pharmacy secure, clean and tidy. The pharmacy has been fitted out to a high standard to give a bright and professional appearance.

### Inspector's evidence

The pharmacy had vinyl floors throughout, laminated worktops and a dedicated sink for the preparation of medicines. These were clean and well maintained. The dispensary was extended when the pharmacy relocated in 2018. Multi-compartment compliance aids were assembled in a dedicated area of the stock-room. There were clear workflows in place and a designated checking area which was kept tidy to reduce the risk of mistakes.

The pharmacy was tidy with good levels of lighting throughout and used air-conditioning to keep medicines in the dispensary and shop at the right temperature. There was no air-conditioning in the stock-room where the compliance aids were assembled, and the pharmacy team members said that they would carefully monitor the temperature in these areas.

There was a clean, bright and well-maintained consultation room with a good level of soundproofing where people could consult pharmacy team members in private. The pharmacy premises were generally kept secure from unauthorised access.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy gets its medicines from reputable suppliers and it generally stores them properly. It takes the right action if any medicines or devices need to be returned to the suppliers. This means that people get medicines and devices that are safe to use. The team members follow safe practice when assembling compliance aids which help people to take their medication. The pharmacy identifies and gives advice to people taking high-risk medicines to make sure that they are taken safely.

### Inspector's evidence

The pharmacy was accessed via a wide door at path level and there was an open layout to assist wheelchair users. The pharmacy team members were able to generate large-print labels for people with visual impairment. The pharmacist was fluent in Romanian and Ghanaian and this was sometimes used to help people to access the pharmacy's services.

The pharmacy obtained dispensing stock from a range of licensed wholesalers and it was stored in a neat and tidy manner in the dispensary. Stock was date checked quarterly and there were records to support this. There were some items on the pharmacy shelves which did not have a batch number or expiry date displayed and the pharmacy team members disposed of these. The pharmacy team members were aware of the Falsified Medicines Directive, and the pharmacist was actively consulting with software providers to ensure the pharmacy achieved compliance.

The pharmacy counselled people taking high-risk medicines such as lithium, warfarin and methotrexate and the pharmacists routinely enquired about blood test results related to these medicines. The pharmacist gave advice about the medicines so they were taken safely. Results were recorded on the patient's medication record (PMR) where appropriate. The pharmacy team members were aware of the risks associated with dispensing valproate containing products, and the Pregnancy Prevention Programme. The pharmacy had conducted an audit of all the people they had dispensed valproate containing medication for. But, they did not have the published support materials to help people to take these medicines safely. These were ordered during the inspection.

The pharmacy kept medicines requiring cold storage in two fridges. The maximum and minimum temperatures were continually monitored and recorded daily. The records confirmed that stock was consistently stored between 2 and 8 degrees Celsius. The pharmacy stored CDs securely. There was no formal system to ensure that CDs were issued before the prescription expired and the pharmacy team members said that they would use coloured labels to address this.

The pharmacy team dispensed medication into multi-compartment compliance aids for some people who needed help managing their medicines. These were disposable, tamper-evident, and had descriptions of the medication included in the pack labelling. The pharmacy routinely supplied patient information leaflets (PILs) with compliance aids to people. Team members described the process they followed to ensure that any mid-cycle changes to the compliance aids were re-checked to make sure that these were supplied safely. The pharmacy had record sheets for some people to record any changes to medication in the compliance aids and to help with effective team communication. There was also a communications board.

The driver had 'missed delivery' cards and pharmacy team members wrote on bags of medicine for controlled drugs and refrigerated items to ensure appropriate storage. There was a record book with an audit trail to show the medicines had been safely delivered.

The pharmacist had undertaken anaphylaxis training. Patient-returned medicines were clearly segregated into designated bins and disposed of appropriately. Drug alerts were received electronically and recorded in the pharmacy. There was evidence that the pharmacy team members had appropriately actioned recent alerts.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the right equipment for its services and generally makes sure that it is looked after properly. It uses its equipment to keep people's private information safe.

### Inspector's evidence

The pharmacy had up-to-date reference sources, and testing equipment from reputable suppliers. It used stamped glass measures (with designated labelled measures for liquid CDs), and labelled equipment for dispensing cytotoxic medication such as methotrexate. The glass measures had some slight limescale and the pharmacy team members said that they would clean these.

The pharmacy had a blood pressure meter, and this was replaced every two years. There was also a range of infection control and anaphylaxis materials. Fire extinguishers were serviced under an annual contract. All electrical equipment appeared to be in good working order. Sensitive records were stored securely in the dispensary and the patient medication record was password protected. Confidential waste was disposed of using a shredder.

### 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.