

# Registered pharmacy inspection report

**Pharmacy Name:** Somerby Pharmacy, 11a Leicester Road, Oadby, Leicester, Leicestershire, LE2 5BD

**Pharmacy reference:** 9011594

**Type of pharmacy:** Internet

**Date of inspection:** 13/04/2022

## Pharmacy context

This is a distance-selling pharmacy based in a retail unit on a main road. The pharmacy delivers medicines to people's homes. The pharmacy mainly supplies medicines in original packs to people in the community. Other services provided include supplying medicines in multi-compartment compliance packs to people.

## 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	2.1	Good practice	The pharmacy regularly reviews the number of staff and their skills and takes action to ensure there are enough staff with appropriate skills to effectively manage the workload within the pharmacy.
<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 personal information safely. The pharmacy has some procedures to learn from its mistakes. But because it doesn't record its mistakes it might miss opportunities to improve the way it works.

### Inspector's evidence

The pharmacy had a set of up-to-date standard operating procedures (SOPs) that had been read and signed by most, but not all, of the team. Staff asked were aware how to dispense medicines safely and knew that prescriptions had a six-month validity from the date on the prescription apart from some controlled drugs (CDs) which had a 28-day validity.

The pharmacy had some processes for managing 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. One pharmacist explained that stocks of aspirin (75mg dispersible and enteric coated tablets) had been separated on the shelves because of several near misses being made. The pharmacy had started to record near misses in the near miss log again after a gap of several months. Because it had not previously been recording near misses the pharmacy had been unable to review the logs for trends and patterns.

An accuracy checking pharmacy technician had recently started at the pharmacy. She was able to explain how the pharmacist clinically checked the prescription and placed the medicines in a basket on one side of the work bench for her to carry out the accuracy check. But the pharmacist didn't make a record to show that the prescription had been clinically checked. This might make it more difficult to confirm if a clinical check had been done. The superintendent hadn't written an SOP to cover the process of a clinical check. The superintendent said he would introduce an SOP.

The pharmacy mainly adequately maintained necessary records to support the safe delivery of pharmacy services. The pharmacy had a responsible pharmacist (RP) log and displayed who the RP in charge of the pharmacy was. The pharmacy had a register for recording patient-returned CDs. The pharmacy recorded the correct information in the CD registers. However there were a small number of supplied CDs, and invoices for CDs that had not been entered in the registers in the time required by legislation. This could increase the risk of a missed entry in the register. The superintendent said he would make sure they were entered in a timely manner. The pharmacy had an electronic private prescription register, but not all the required information was recorded, such as the correct prescriber or the correct date of supply. The superintendent said he would review the process. The pharmacy had an information governance policy and a complaints procedure in place. Access to the electronic patient medication record (PMR) was password protected. Confidential paperwork was stored and destroyed securely. Professional indemnity insurance was in place. The pharmacist understood safeguarding requirements but had not looked for contact details for the local safeguarding team. Not having these details to hand could cause delays if a concern arose.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy regularly reviews the number of staff and their skills and takes action to ensure there are enough staff with appropriate skills to effectively manage the workload within the pharmacy. The views of the pharmacy team are sought and acted upon to improve the service. Staff are suitably trained for the roles they undertake. Team members are supported in their development and can raise concerns if needed.

### Inspector's evidence

During the inspection the pharmacy team managed the day-to-day workload. There were two pharmacists, a pharmacy technician who was an accuracy checker (ACT), and one trainee dispenser. The superintendent explained that the business had continued to expand since moving into the new unit. As a result of this expansion he had employed a trainee dispenser and after considering the skill set required, an ACT. He was continuing to review the staffing levels and was considering looking for another ACT. The ACT said that she had been encouraged to make suggestions on how to improve the service since joining, for example around accuracy checking and the delivery service. The pharmacy team had a range of informal training from the pharmacist. Because it was a small team, staff discussed any issues informally on a daily basis

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy keeps its premises safe, secure, and appropriately maintained.

### Inspector's evidence

The pharmacy was situated in a retail shop. The pharmacy had adequate heating and lighting and there was hot and cold water available. It was a reasonable size for the services available. The pharmacy was able to prevent unauthorised access during working hours and when the pharmacy was closed.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy offers healthcare services which are adequately managed and are accessible to people. The pharmacy gets its medicines and medical devices from reputable sources. It stores them safely and 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 was a distance-selling pharmacy. The public only accessed the pharmacy for ear wax removal which was a private service. The pharmacist understood the signposting process and used local knowledge to direct people to local health services. The pharmacist knew the advice about pregnancy prevention that should be given to people in the at-risk group who took sodium valproate. The pharmacist explained that he rang people when he thought that they needed advice about a medicine. This might be a new medicine such as an antibiotic or a change in dose.

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 medicines in multi-compartment compliance packs to people living in the community who needed help managing their medicines. It had processes in place to make sure people got their medicines in a timely manner. The compliance packs seen recorded the colour and shape of the medicines. But this was in the form of a short code which was designed to allow the pharmacy to identify a medicine rather than the person receiving the compliance pack. This meant that people would find it harder to identify the medicines. The pharmacist said that when someone started a compliance pack he spoke to them or their carer to explain how the service was managed. This included how to order compliance packs and when they would be delivered. Each person was given a small pot which they could use to catch the medicine as they pushed it out of the pack. He advised them to ring the pharmacy if they had any concerns or problems. He also said that patient information leaflets (PILs) were sent each time the medicine was supplied. And that PILs included the colour and shape of a medicine to help identification.

Medicines were mainly stored tidily on shelves in their original containers. There were some brown bottles containing medicines popped out of their foil blisters by mistake when assembling multi-compartment compliance packs. The labels on the bottles recorded the name of the product but not always the expiry date, batch number or date they were popped out of the foil. The pharmacist put these bottles in the destruction box and said he would record those details going forward so that the medicines could be used safely. Opened bottles of liquid medications were not always marked with the date of opening which could make it harder for staff to know if they were still suitable for use. The superintendent said he would make sure the opening date was always recorded. There was a date-checking process in place. A quick check of stock medicines didn't find any that were out of date. CDs were stored appropriately. A record of invoices showed that medication was obtained from licensed wholesalers. The pharmacy had a process for managing drug alerts which included a record of action taken. The pharmacy delivered medications to people. The pharmacy used a delivery App to record and monitor the deliveries.

## 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, safely.

### Inspector's evidence

The pharmacy used suitable measures for measuring liquids. The pharmacy had up-to-date reference sources. Records showed that the fridge was in working order and stored medicines within the required range of 2 and 8 degrees Celsius. The pharmacy had an arrangement to have its portable electronic appliances tested regularly but did not have records of testing available. Equipment seen looked in a reasonable condition.

### 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.