

Registered pharmacy inspection report

Pharmacy Name: Leabank House Pharmacy, Leabank House, The
Cobbles, Wheaton Aston, Stafford, Staffordshire, ST19 9NB

Pharmacy reference: 9011762

Type of pharmacy: Community

Date of inspection: 24/01/2024

Pharmacy context

The pharmacy is situated alongside a medical centre in the village of Wheaton Aston in Staffordshire. It is co-located with the medical centre's dispensary. Its registered pharmacy services include dispensing NHS prescriptions, selling over-the-counter medicines and providing advice to people suffering from minor ailments.

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	N/A	N/A	N/A
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 manages the risks associated with its services to make sure people receive appropriate care. Members of the pharmacy team follow written procedures to make sure they work safely, and they complete tasks in the right way. They discuss their mistakes so that they can learn from them. And team members understand their role in protecting vulnerable people and they keep people's personal information safe.

Inspector's evidence

The medical centre was in a rural area and had been dispensing prescriptions as a dispensing doctor's service for several years. An existing NHS community pharmacy contract from a pharmacy nearby had been transferred across to the medical centre in January 2023. People who were registered with the medical centre had the option of continuing to have their prescriptions dispensed by the dispensing doctor's service or registering to use the community pharmacy. People who were registered with other medical centres could use the community pharmacy. The number of items dispensed by the community pharmacy had been increasing slowly but represented quite a small proportion of the team's overall workload. The pharmacy team worked across the dispensing doctor's service and the community pharmacy service. Team members could explain and demonstrate the differences and similarities between the two services. The dispensing doctor's service was inspected by the Care Quality Commission (CQC). This inspection focused solely on the GPhC registerable activity undertaken by the community pharmacy.

A range of standard operating procedures (SOPs) were in place which covered the activities of the pharmacy and the services provided. Signature sheets were used to record staff training, and roles and responsibilities were highlighted within the SOPs. The SOPs had been approved by the superintendent (SI). Each SOP contained the date that it had been implemented, and a date that it should be reviewed by. This meant the content was regularly reviewed to ensure the SOPs were still relevant.

A near miss log was available and near misses were routinely recorded. Near misses were discussed with the dispenser involved to ensure they learnt from the mistake, and learning was shared with the team. The pharmacy held very little stock and medicines were usually ordered when a prescription was received. The stock that was held was mostly for acute prescription, such as antibiotics, and split packs of other medicines. The team explained that this system helped reduce the chances of selection errors as stock was ordered on a named patient basis using the information from the electronically transmitted prescription. The SI was not aware of any dispensing incidents; however, she explained the process that would be followed in the event of an incident or complaint. Tools to support the investigation process were available and saved as favourites on the pharmacy's computers.

Members of the pharmacy team were knowledgeable about their roles and discussed these during the inspection. A dispensing assistant correctly answered hypothetical questions related to high-risk medicine sales and explained what could and could not be done in the absence of a responsible pharmacist (RP).

The pharmacy's complaints process was explained in the SOPs. People could give feedback to the

pharmacy team verbally or in writing. The pharmacy team members tried to resolve issues that were within their control and involved the SI if they could not reach a solution. The SI was not aware of any complaints about the pharmacy. The team was seeking feedback from pharmacy users as to whether the opening hours met the needs of the local community or whether they needed to be adjusted.

The pharmacy had up-to-date professional indemnity insurance. The responsible pharmacist (RP) notice was clearly displayed, and the RP log met requirements. Controlled drug (CD) registers were in order and two random balance checks matched the balances recorded in the register. Patient returned CDs were recorded in a register. Private prescription records were seen to comply with requirements.

Confidential waste was stored separately from general waste and destroyed securely. The pharmacy team members had their own NHS Smartcards and they confirmed that passcodes were not shared. The pharmacists had completed level three training on safeguarding and the rest of the team had completed an e-learning module. The pharmacy team members understood what safeguarding meant. A dispensing assistant gave examples of types of concerns that she may come across and described what action she would take. The SI gave examples of how she had worked with external agencies to make safeguarding referrals.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage the workload and the services that it provides. The team members plan absences in advance, so the pharmacy has enough cover to provide the services. They work well together in a supportive environment, and they can raise concerns and make suggestions.

Inspector's evidence

The pharmacy team comprised of the SI, an additional pharmacist, an accuracy checking pharmacy technician, a pharmacy technician, a level 2 dispensing assistant, a trainee dispensing assistant and two home delivery drivers. The SI was a director of the company that owned the pharmacy. The team worked across the dispensing doctor's service and the community pharmacy service. Whilst the services operated from the same room, it was clear what they what type of activity the team members were working on at any given time. Changes to the staff rota were made in advance when people were on holiday and members of the team worked additional hours when required.

Pharmacy team members completed training modules regularly and training needs were identified to align with the pharmacy practice updates, new pharmacy services, seasonal conditions, and new product launches. The team member enrolled on an accredited training course was working through their training materials and were on track to complete the course requirements within the time period specified by the course provider.

The pharmacy team worked well together during the inspection and were observed helping each other and moving from their main duties to help with more urgent tasks when required. The pharmacy staff said that they could raise any concerns or suggestions with any of the pharmacists and felt that they were responsive to feedback. A dispensing assistant said that they would speak to other members of the team, the CQC, or GPhC if they ever felt unable to raise an issue internally. The RP and SI were observed making themselves available throughout the inspection to discuss queries with people and giving advice when they handed out prescriptions, or when people asked to speak to them. No targets for professional services were set.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and tidy, and it provides a suitable environment for the delivery of healthcare services. It has a consultation room, so that people can speak to the pharmacist in private when needed.

Inspector's evidence

The premises were smart in appearance and seemed to be well maintained. Any maintenance issues were reported to the SI and there was a list of local contractors that were contacted if any work was required. The dispensary was clean and tidy. An external cleaning company cleaned the surgery and pharmacy daily. Hot and cold running water, hand towels and hand soap were available. The pharmacy had air conditioning and the temperature in the dispensary felt comfortable during the inspection. Lighting was adequate for the services provided. Prepared medicines were held securely within the pharmacy premises and pharmacy medicines were stored securely.

The dispensary was an adequate size for the services provided and an efficient workflow was seen. Dispensing and checking activities took place on separate areas of the worktops and there was ample space to store completed prescriptions. The community pharmacy activity took place in a designated area and the stock was stored separately to the dispensing doctor's stock. There was a computer terminal specifically for the community pharmacy. There was a private soundproof consultation room which was signposted.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers a range of services which are easy for people to access. It manages its services and supplies medicines safely. The pharmacy obtains its medicines from licensed suppliers, and stores them securely and at the correct temperature, so they are safe to use.

Inspector's evidence

The pharmacy was located within the health centre and there was step free access. A home delivery service was offered to people who could not easily access the pharmacy. The pharmacy staff referred people to local services when necessary. They used local knowledge and the internet to support signposting. The pharmacy offered the NHS contraceptive service and was preparing for the launch of the NHS Pharmacy First service. The pharmacists had completed relevant training for both services and they had the required equipment.

Items were dispensed into baskets to ensure prescriptions were not mixed up together. Staff signed the dispensed and checked boxes on medicine labels, so there was a dispensing audit trail for prescriptions. The team were aware of the risks associated with the use of valproate during pregnancy, and the need for additional counselling. Counselling materials were available to support this. Community pharmacy prescriptions were clearly highlighted at the top to differentiate them from dispensing doctor's prescriptions.

A random sample of dispensary stock was checked, and all the medicines were found to be in date. Date checking records were maintained and showed that stock was regularly date checked. Medicines were stored in an organised manner on the dispensary shelves. All medicines were observed being stored in their original packaging. Split liquid medicines with limited stability once they were opened were marked with a date of opening. Patient returned medicines were stored separately from stock medicines in a designated area. Medicines were obtained from a range of licenced wholesalers and the pharmacy was alerted to drug recalls via emails from the Medicines and Healthcare products Regulatory Agency (MHRA). The pharmacy had two separate wholesaler accounts and stock was ordered specifically for the dispensing doctor's service and for the community pharmacy.

The controlled drug cabinets were secure and a suitable size for the amount of stock held. Medicines were stored in an organised manner inside. Fridge temperature records were maintained, and records showed that the pharmacy fridges were working within the required temperature range of 2°C and 8°Celsius.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide services safely. The pharmacy team stores and uses the equipment in a way that keeps people's information safe.

Inspector's evidence

The pharmacy had access to a range of up-to-date reference sources, including the British National Formulary (BNF) and the children's BNF. Internet access was available and used to access online resources such as NICE guidelines. Patient records were stored electronically and there were enough terminals for the workload currently undertaken. A range of clean, crown stamped measures and counting triangles were available. Computer screens were not visible to members of the public. Cordless telephones were in use and staff were observed taking phone calls in the back part of the dispensary to prevent people using the pharmacy from overhearing. Equipment for clinical consultations had been procured and was stored appropriately. Some of the equipment was single use, and ample consumables were available.

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.