

Registered pharmacy inspection report

Pharmacy Name: Monsell Pharmacy, Land Adjacent to 29 The Exchange, 184 Sturdee Road, Leicester, Leicestershire, LE2 9DB

Pharmacy reference: 9011966

Type of pharmacy: Community

Date of inspection: 12/10/2023

Pharmacy context

This is a community pharmacy situated next to a health centre. Most of its activity is dispensing NHS prescriptions and selling medicines over the counter. The pharmacy supplies medicines in multi-compartment compliance packs to people who live in their own home. And it provides the New Medicine Service.

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

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 electronic personal information safely. The pharmacy has some procedures to learn from its mistakes. But because it does not routinely record all its mistakes it might miss opportunities to improve its ways of working.

Inspector's evidence

The pharmacy had a set of up-to-date standard operating procedures (SOPs) which had been signed by the pharmacy team members to show they had read and understood them. Staff were seen dispensing medicines and handing medicines out to people safely. Staff understood how to sell medicines safely and knew some advice to give during a sale. Staff knew that prescriptions were valid for six months apart from some controlled drugs (CDs) which were valid for 28 days. The pharmacy highlighted Schedule 3 and 4 CDs to remind the person handing out of the shorter validity of prescriptions.

The pharmacy had some processes for learning from 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 and the aim was to record them in the near miss log. When checked the last entry in the near miss log had been in September 2023. The pharmacist said that not all near misses were being recorded. The pharmacist said that going forward she would record near misses.

The responsible pharmacist (RP) record was mainly accurate. The pharmacy stayed open into the evening, and this was often covered by a second pharmacist. When the RP record was checked it showed that the change in RP was not always recorded. There was a notice on display saying who the RP was, but it was for the previous RP. When this was pointed out the pharmacist changed the notice. The entries checked at random in the controlled drug (CD) register during the inspection agreed with the physical stock held. CD balance checks were completed, but these were not as regular as the SOP required. Patient-returned CDs were recorded in a designated register. Patient-returned CDs and date-expired CDs were clearly marked and separated from stock CDs to prevent dispensing errors.

The pharmacy had a complaints procedure and an information governance policy. Access to the electronic patient medication record (PMR) was password protected. Confidential information was destroyed securely. Professional indemnity insurance was in place. The pharmacy understood safeguarding requirements and could explain the actions they would take to safeguard a vulnerable person. But the pharmacy had not introduced the 'Safe Space Initiative.'

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members work together to manage the day-to-day workload within the pharmacy. They have the appropriate qualifications to deliver services safely and effectively, but some ongoing structured training could enhance the service provided. They know how to raise a concern if they have one.

Inspector's evidence

During the inspection, the pharmacy team managed the day-to-day workload of the pharmacy effectively. There was one pharmacist, two trained dispensers and one trained counter assistant. Members of the team worked well together. Team members were observed supporting each other and referring queries to the pharmacist when needed.

When asked, members of the team said they would be comfortable discussing any issues they had at work with the pharmacist and knew how to raise a concern if they had to. They had an annual review where they were able to give and receive feedback. Staff were given informal training by the pharmacist but did not have any other ongoing training to keep their skills and knowledge up to date.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a reasonable environment to provide its services from. And people can receive services in private when they need to.

Inspector's evidence

The pharmacy was separated into two areas. Downstairs had the public area and the pharmacy counter where over-the-counter medicines were displayed and dispensed medicines were stored. The public area had suitable seating and plenty of space for people using the pharmacy. Upstairs there was a separate large room where medicines were dispensed, and stock medicines stored. There was suitable heating and lighting, and hot and cold running water was available. There were two reasonable sized consultation rooms available for people to have a private conversation with pharmacy staff. Unauthorised access to the pharmacy was prevented during working hours and when closed.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's healthcare services are suitably managed and are accessible to people. The pharmacy gets its medicines and medical devices from reputable sources. It stores them safely and it knows the right actions to take if medicines or devices are not safe to use to protect people's health and wellbeing.

Inspector's evidence

The pharmacy had flat access with an automatic door which provided good access for people with a disability or a pushchair to get into the pharmacy. The pharmacy team 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 gave some advice to people using the pharmacy's services. This included advice when they had a new medicine or if their dose changed. And making sure that people understood changes in medicines when the medicine itself or the dose of the medicine changed because the person's original medicine was out of stock. The pharmacy team checked the INR of people taking warfarin and made a record of this on the patient medication record. The pharmacist said that she would expand this to make sure that people taking other medicines that required ongoing monitoring such as methotrexate or lithium people were taking them safely. The pharmacy did not have any leaflets or posters offering healthy living advice on display. The superintendent said she would consider providing such information.

The pharmacist was mainly upstairs where medicines were dispensed. Staff communicated with each other by going up and down the stairs, as necessary. The counter assistant said that she called the pharmacist down before making an over-the-counter sale. This separation made supervision more difficult and might make people visiting the pharmacy more reluctant to ask to speak to the pharmacist. The superintendent said that she was aiming to expand the size of the downstairs dispensary so that most dispensing would take place there, and the pharmacist would mainly be downstairs and more accessible for people.

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 to help them take their medicines at the right time. The pharmacy spread the workload for preparing these packs across the month, using a tracker to make sure packs were prepared and supplied on time. Compliance packs seen included medicine descriptions on the packs to make it easier for people to identify individual medicines in their packs. Patient information leaflets were provided to people each month.

Medicines were mainly stored on shelves in their original containers. But a few medicines that had been de-blistered by mistake had been put in brown bottles. The bottles did not record all the information required such as batch number, expiry date and the date they were put in the bottle. These bottles were subsequently put in pharmaceutical waste bins and the pharmacist said that she would make sure the required information was recorded in future. Opened bottles of liquid medications were marked with the date of opening so that the team would know if they were still suitable for use. The pharmacy

team had a process for date checking medicines. A check of a small number of medicines did not find any that were out of date. CDs were stored appropriately. A record of invoices showed that medication was obtained from licensed wholesalers. The pharmacist explained the process for managing drug alerts which included a record of the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide. The pharmacy maintains the equipment and facilities adequately.

Inspector's evidence

The pharmacy used suitable measures for measuring liquids. The pharmacy had up-to-date reference sources. Records showed that the fridges were in working order and stored medicines within the required range of 2 and 8 degrees Celsius. The pharmacy's portable electronic appliances had been tested in January 2022 to make sure they were safe.

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.