

Registered pharmacy inspection report

Pharmacy Name: Omcare Pharmacy Hub, 221 Melton Road,
Leicester, Leicestershire, LE4 7AN

Pharmacy reference: 9012119

Type of pharmacy: Dispensing hub

Date of inspection: 19/06/2024

Pharmacy context

This is a dispensing hub pharmacy that is situated in a row of shops on a main road in Leicester. Its sole activity is dispensing medicines for people who live in care homes for the other pharmacy in the group.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.1	Standard not met	The pharmacy does not adequately identify and manage some of the risks associated with providing its services. It has not introduced governance processes to support the safe running of the pharmacy. The pharmacy does not have any written procedures at the pharmacy for its team members to refer to so they can work safely. And the procedures available elsewhere do not reflect all of the pharmacy's activities or that it is a closed pharmacy. The skill mix of the pharmacy is not suitable for the services provided.
		1.6	Standard not met	The pharmacy does not keep records about the responsible pharmacist.
2. Staff	Standards not all met	2.1	Standard not met	The pharmacy team members do not all have the right training for the tasks they carry out.
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 not all met

Summary findings

The pharmacy does not adequately identify and manage some of the risks associated with providing its services. It has not introduced adequate governance processes to support the safe running of the pharmacy. The pharmacy does not have any written procedures at the pharmacy for its team members to refer to so they can work safely. And the procedures available elsewhere do not reflect all of the pharmacy's activities or that it is a closed pharmacy. The skill mix of the pharmacy is not suitable for the services provided. And the pharmacy does not keep records about the responsible pharmacist. However, the pharmacy has some procedures to learn from its mistakes.

Inspector's evidence

There was no Responsible Pharmacist (RP) notice on display in the pharmacy. When asked the pharmacist said that they didn't have a RP notice. She also said that the pharmacy didn't have a RP log. She said that she was the only pharmacist who worked at the pharmacy. The pharmacist said that because the pharmacy was a closed pharmacy, she hadn't thought that the notice or the log were required. She said that on reflection she realised that they were required, and she would put both of them in place immediately.

The pharmacist also said that there were no standard operating procedures (SOPs) at the pharmacy. She said that there were SOPs at the other pharmacy under the same ownership which was just down the road and these SOPs were shared by both pharmacies. The SOPs were brought to the pharmacy. The pharmacy team members, who mainly worked at both sites, had signed the SOPs. The SOPs did not reflect that this was a closed pharmacy and did not have specific guidance for dispensing into the compliance packs used.

The pharmacist said that dispensing mistakes that were identified before reaching a person (near misses) were discussed with the member of staff at the time the mistake was made. But the pharmacy did not have a process for recording near misses and taking additional learning from them. The pharmacist said that the pharmacy had not made any dispensing errors that had reached a person but was able to explain the process she would follow.

The pharmacy didn't supply any controlled drugs (CDs) that had to be recorded in a CD register, so it didn't have a CD register. If a care home required a Schedule 2 CD it was dispensed at the other pharmacy.

The pharmacy had informal conversations with care homes to discuss how the service was running. It had not received any complaints. Access to the electronic patient medication record (PMR) was password protected. The pharmacist stated that the pharmacy was registered with the Information Commissioner's Office (ICO). Confidential electronic information was stored securely, and confidential waste was destroyed appropriately. Professional indemnity insurance was in place. The pharmacist had completed safeguarding training but needed to reflect on how to provide effective safeguarding in the context of the pharmacy.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy team members do not all have the right training for the tasks they carry out. However, team members say they can raise concerns if needed.

Inspector's evidence

During the inspection not all team members had completed or were undertaking the required training for the tasks they were carrying out. There was one pharmacist, one pharmacy technician, a trained dispenser, and a trainee medicine counter assistant present. The trainee counter assistant was on an approved medicine counter assistant course. She worked part of the time at the other pharmacy but when she was at this pharmacy, she dispensed prescriptions including preparing compliance packs. The pharmacist explained that after the trainee counter assistant had assembled a compliance pack, the pharmacy technician checked it was correct and initialled the 'dispensed by' box on the medicine label. The inspector explained that to dispense prescriptions the trainee medicine counter assistant either needed to have completed an approved dispensing qualification or be on an approved course. The pharmacist said that she would stop the counter assistant from dispensing prescriptions until she was registered on an approved course.

When asked, members of the team said they discussed any issues informally on a daily basis and felt able to raise concerns if necessary. Staff were given informal training by the pharmacist and had received training in the electronic systems required for the care home service.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises safe, secure, and appropriately maintained. But the premises are small and have limited storage space meaning some items are stored on the floor and could be a trip hazard.

Inspector's evidence

The pharmacy was a reasonable size for the services provided. But there wasn't sufficient dispensing bench space. This meant there were some baskets containing dispensed medicines in multi-compartment compliance packs were on the floor, they could create a trip hazard. There was suitable heating and lighting, and hot and cold running water was available. The premises were secure against unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy mainly manages its services and supplies medicines safely. It generally stores its medicines and medical devices 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. But the pharmacy does not have information about where it gets its medicines from readily available. And it doesn't keep information at the pharmacy about the actions it has taken if medicines or devices are not safe to use. So, it may find it more difficult to show that it has responded appropriately to safety alerts and recalls if there is a future query.

Inspector's evidence

There was no access for members of the public to the pharmacy. The service that the pharmacy provided was that of a hub pharmacy dispensing medicines that were supplied to care homes. Medicines were supplied in original packs, multi-compartment compliance packs and single medicine blister packs in racks. The pharmacy spread the workload across the month, using a calendar to plan the work. 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.

Multi-compartment compliance packs were labelled with doses and warnings and included medicine descriptions on the packs to make it easier for people to identify individual medicines in their packs. The pharmacy knew about the advice about pregnancy prevention that should be given to people in the at-risk group who took sodium valproate. The pharmacist said that they mainly supplied sodium valproate in original packs. But did supply sodium valproate in a single blister strip for one patient when required. While the appropriate advice and warning labels were provided, she had not completed a written risk assessment. The pharmacist said that she would complete a risk assessment and review the process. She said that some medicines with stability issues were still supplied in compliance packs because that was what the care homes requested.

The pharmacist gave advice to the care homes about people's medicines. This included advice when they had a new medicine, or their dose changed. The pharmacist did not always check that appropriate monitoring was taking place for people who were taking medicines that required ongoing monitoring such as methotrexate, warfarin, or insulin. She said that she would consider the most effective way of checking for this information.

Medicines were stored on shelves or in cupboards in their original containers. 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. The pharmacist said that medicines were obtained from licensed wholesalers but did not have records of invoices because they were delivered to the other pharmacy. The pharmacist explained the process for managing drug alerts; she said that a record of the action taken was kept at the other pharmacy in the group.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides. It maintains its equipment so that it is safe to use.

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 new when the pharmacy opened and looked in a reasonable condition.

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.