

Registered pharmacy inspection report

Pharmacy Name: Mi Pharmacy, 9-10 Staniland Way, Werrington, Peterborough, Cambridgeshire, PE4 6NA

Pharmacy reference: 9012322

Type of pharmacy: Community

Date of inspection: 07/10/2024

Pharmacy context

This community pharmacy relocated to its current position, just across the small precinct from where it was sited previously, earlier in 2024. Its main activity remains dispensing NHS prescriptions, many of which it delivers to people's own homes. But the move has greatly increased its consultation space and ability to provide other services including seasonal flu and Covid-19 vaccinations, and the NHS Pharmacy First service. It continues to supply medicines in multi-compartment compliance packs to a large number of people who need this support to help them take their medicines at the right time. And it offers a substance misuse service.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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	3.1	Good practice	The pharmacy's new premises have better facilities to provide services to people and to carry out dispensing activities safely.
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 generally identifies and manages risks to protect the health and wellbeing of people using its services. It keeps people's information private, and its team members know when to refer to the pharmacist for advice and their role in protecting more vulnerable people. The pharmacy largely makes the records it needs to and it tries to learn from its mistakes but some areas for improvement found during the last inspection remain. Team members have written procedures to tell them how to work safely. But these have not been reviewed since 2019 so may not always reflect current best practice.

Inspector's evidence

The pharmacy team had access to a range of written procedures telling the team members how to undertake tasks such as dispensing, selling medicines, managing medicines, and making records safely and legally. And there was evidence that team members had mostly read procedures relevant to their roles. However, as pointed out at a previous visit, the last review date recorded for the procedures looked at was in 2019. This increases the chances that they do not always reflect current ways of working or best practice. The team members were observed dispensing and checking prescriptions in an orderly way. Baskets were used to keep medicines for different people separate and there were clear audit trails on prescriptions and dispensed items showing who had been involved in the various stages of dispensing including clinical checks, assembly, and accuracy checks.

The pharmacy team made a record of some mistakes that were made and corrected during the dispensing with around a couple of entries made per month. The trainee dispenser explained how the pharmacist or accuracy checking technician (ACT) pointed out mistakes to team members and encouraged them to record their own mistakes. The records didn't always include reasons why a mistake had happened or remedial actions and this could mean opportunities to learn from these events were missed. When dispensing mistakes weren't detected in the pharmacy and reached a person, these incidents were reported to head office and a full incident report was made. This included details about how the mistake had happened, who was involved, and learnings to reduce the likelihood of something similar happening in future.

There was a company complaints procedure in place which team members were aware of. Team members could explain the types of activities that could only take place when there was a pharmacist present. And they knew they couldn't hand out prescriptions or sell pharmacy-only medicines if there was no pharmacist at the pharmacy. The trainee ACT was currently completing her portfolio of accuracy checks and her work was being checked by the trained ACT. She could explain the prescriptions she wouldn't check including those where she had dispensed the items.

The pharmacy had current professional indemnity insurance. Records about controlled drugs (CDs) were kept on paper and appeared to be up to date. When a sample of records was checked, the recorded balance of items agreed with the physical stock held in the cabinet. The pharmacy kept a separate record of the receipt and destruction of patient-returned CDs. Records about the responsible pharmacist (RP) were kept electronically and were largely complete though often did not include the time at which the RP finished their shift. This had been the same at the last inspection. The RP notice was correct and was displayed where people could see it. Records about private prescriptions were

kept electronically and examples checked did not include the correct information about the prescriber. Similar had also been found during the previous inspection. Records about unlicensed medicines were in good order and contained all the required information.

The pharmacy team had undertaken training to protect people's privacy and data. Prescriptions waiting to be collected were kept out of sight of the public. Confidential waste was collected separately and was disposed of securely. Access to patient medication records was password protected and information on computer screens could not be viewed from the shop floor. Pharmacy team members had also completed training about protecting vulnerable people and there was information available to them if they needed to report a concern. A team member described how they would report uncollected instalment doses for substance misuse treatment to the issuing clinic so people could be safeguarded if needed.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members have the right skills and knowledge or are training towards these to provide the pharmacy's services safely. They understand their roles and responsibilities and they have some opportunities to learn and develop. They also feel able to raise concerns about issues in the pharmacy if the need arises.

Inspector's evidence

The pharmacy team members comprised the regular RP, a second pharmacist who was providing the vaccination service, a medicine counter assistant, an ACT, a trainee ACT, a trainee dispenser undertaking an apprenticeship, and two further dispensers. There were also three delivery drivers who worked across a number of branches. The pharmacy team members appeared to be coping with their workload during the inspection and there was no backlog of prescriptions to be dispensed. A new member of the team was helping to manage the queue of people attending for their vaccinations, greeting people at the pharmacy entrance and checking their appointment details. Other team members were observed working closely together and communicating with each other well during the inspection. They wore smart uniforms so could be easily identified by people visiting the pharmacy.

Team members were observed asking for help and advice throughout the inspection and the pharmacist responded patiently and effectively. When asked, the dispenser covering the medicine counter understood the restrictions on sales of products containing pseudoephedrine and the usual recommendations for codeine-containing analgesics.

Team members had either completed or were undertaking the right training for their roles. They used trade publications to keep their knowledge up to date. The trainee dispenser explained how she was supported to complete her course and could take time at work to study if needed. The company's operations manager attended her reviews so could be aware of any employee concerns. Other team members described how they felt comfortable raising concerns or discussing other issues within the team or with the pharmacist. The registrants were aware of the duty of candour and speaking up if something unsafe was happening. Those asked felt able to exercise their professional judgement.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's new premises provide a much-improved environment to deliver services safely and effectively. Its dispensing space is better organised. And the pharmacy has greater availability of private spaces for consultations and providing advice to people.

Inspector's evidence

The pharmacy had moved to much larger premises a few months before the inspection. The new premises had been fitted out to a suitable standard and were clean and professional in appearance. There was now a much larger retail space with wide aisles and places for people to sit inside while waiting for services. The shop floor and dispensary were clear of slip or trip hazards. Pharmacy medicines were stored behind the medicine counter and prescription-only medicines were kept in the dispensary. The dispensary was set behind the pharmacy counter back wall and was much larger than in the previous premises. It offered ample space for carrying out various dispensing and checking activities safely. Team members in the dispensary could see into the shop through windows in the pharmacy counter back wall. This made it easier for them to serve people promptly and for the RP to supervise sales.

The pharmacy now had two consultation rooms which were well screened and provided a space where people could have a conversation about their health and receive services in private. One of the rooms was in constant use throughout the visit for flu and Covid-19 vaccinations. However, the second room was available if the RP needed to provide other services such as Pharmacy First consultations.

The ambient temperature and lighting throughout were suitable for comfortable working. The premises were lockable and were secured when the pharmacy was closed. There were suitable hygiene facilities for team members, and hot and cold running water and handwash for handwashing. Sinks and other working surfaces appeared clean.

Principle 4 - Services ✓ Standards met

Summary findings

People can access a range of services from the pharmacy and these are generally delivered safely. The pharmacy refers people to other healthcare services when additional support or treatment is needed. It gets its medicines from reliable sources and largely manages them well. It responds appropriately to safety alerts about medicines so people get medicines that are fit for purpose.

Inspector's evidence

Access to the premises was via a push-pull door and was level from the pavement outside. Members of the team had good visibility of the door and could assist people enter if needed. There was free parking nearby and covered space outside the premises if queues extended beyond the shop itself. There was a greeter standing outside the premises assisting with the vaccination service. The new premises offered better indoor space for people waiting for services and there were improved private consultation facilities, increasing people's access to services. There were some health-related leaflets for people to read and take away as well as posters promoting health campaigns such as seasonal flu and Covid-19 vaccinations. The pharmacy continued to provide medicines in multi-compartment compliance packs to some people. This was found to be well-managed during the recent inspection at the previous location and was not reviewed during this visit.

The pharmacy was completing a reasonable number of Pharmacy First consultations each week; uptake was particularly busy on Saturdays when GP surgeries were closed. There had been occasional referrals by local surgeries to the service which fell outside the service that could be provided. The pharmacy had engaged with the surgeries to reduce these occurrences to limit inconvenience to people. Signed patient group directions for Pharmacy First and evidence of training was available. The pharmacy was also offering the Hypertension Case-finding service and gave examples of referring people to their GPs for further investigation. Some of these people had subsequently been started on treatment for high blood pressure.

Prescriptions for some medicines including those for CDs and higher-risk medicines were highlighted so appropriate checks could be made when these were handed out to people. The RP explained how additional checks had been put in place following the last inspection to make sure prescriptions weren't handed out when no longer valid. Team members asked knew about the updated information regarding the supply of valproate-containing medicines in their original packs. They also knew the checks they needed to make about pregnancy prevention when supplying these medicines.

Medicines were obtained from recognised supplies and were stored appropriately. Temperature-sensitive medicines were kept in fridges reserved for this purpose. The temperature ranges displayed on the fridges checked during the inspection were within the required range of between 2 and 8 degrees Celsius. However, the last temperature records had been made in the middle of September 2024. Prior to that, records had generally been made each day. The ACT agreed to ensure records were kept daily going forward. Medicines requiring secure storage were kept in the CD cabinets and there was good control of the CD keys. Date checking of medicine stock was carried out regularly and this activity was recorded; the last check had been completed in September 2024. Medicines with short shelf lives were highlighted to alert team members during the dispensing process. When checked, there

were no date- expired medicines found amongst in-date stock. Medicine waste bins were used to store obsolete and returned medicines and these were collected for safe disposal. There was evidence that the pharmacy received information about safety alerts and medicine recalls. And there was an audit trail showing how the pharmacy had responded to these.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. It generally makes regular checks to make sure its equipment is fit for purpose.

Inspector's evidence

Equipment needed to deliver the Pharmacy First service including an otoscope was available and looked clean. Team members had access to online reference sources and some hard copy resources to help with clinical queries and advice about self-care. There were several clean, calibrated conical glass measures for measuring liquid medicines; some were reserved for specific purposes to reduce the risk of cross contamination. There was also suitable, clean equipment for team members to count tablets and capsules. There were three medicine fridges in the dispensary plus refrigerated storage in the consultation room, providing sufficient storage space for temperature-sensitive medicines and vaccinations. Food items were not stored in the medicine fridges.

The pharmacy had a cordless phone in the dispensary so team members could move out of earshot of people in the retail area to have phone conversations in private. However, the new layout of the pharmacy lessened the chances of such conversations being overheard. Patient information on computer screens could not be seen from the shop floor. When checked, the dispenser was using her own electronic smartcard to access the NHS spine and said she did not share her password for this with other members of the team.

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.