Registered pharmacy inspection report

Pharmacy Name: Lark Rise Pharmacy, Unit 2 Westfields Centre, Lark Rise, BRACKLEY, Northamptonshire, NN13 6JR

Pharmacy reference: 1035394

Type of pharmacy: Community

Date of inspection: 30/05/2019

Pharmacy context

This is a community pharmacy in the town of Brackley and located in a parade of shops. It dispenses NHS prescriptions from the nearby GP surgery and for people living in the local area. It also provides Medicines Use Review (MUR) and New Medicine Service (NMS) consultations.

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	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 generally manages its risks well. Its team members take the right actions to prevent mistakes. The pharmacy keeps the records that it needs to and generally makes sure they are accurate. Its team members manage people's confidential information well and know how to protect vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which covered the services that were available. The SOPs were last reviewed in 2017 and were due to be reviewed in 2019. The pharmacy's team members had signed to indicate that they had read SOPs relevant to their roles. The name and registration number of the responsible pharmacist was displayed on a notice that was visible from the retail area.

The team members made records of near misses and reviewed them every three months. There were some labels on storage shelves to make sure the medicine's correct formulation was selected. 'Lookalike' and 'soundalike' (LASA) medicines were highlighted in people's medication records and on their prescriptions. This was to prevent mistakes from happening. A dispenser said that dispensing errors were recorded electronically. The pharmacy kept the returned medicines boxes so that records could be made accurately.

Certificates were displayed which indicated that there were current arrangements in place for public liability and professional indemnity insurance. The pharmacy kept controlled drug (CD) records and included running balances. Two CDs were chosen at random and found to match the recorded running balances. Other records about the responsible pharmacist, returned CDs and private prescriptions were found to be kept and maintained adequately.

People visiting the pharmacy were asked to complete surveys, so they could provide feedback. The results of the previous survey were positive. The team said that it received additional feedback verbally. Team members could not recall any previous formal complaints that they had dealt with. They said that they would refer formal complaints to the pharmacist, so they could be resolved. The pharmacy had a SOP about managing complaints.

Team members said that they would refer concerns about vulnerable people to the pharmacist. They said that there hadn't been any previous incidents. Some team members described training that had been completed to help them identify concerns and appropriately manage them. Local organisations' contact details were available for referring safeguarding concerns.

Team members had read SOPs and other information about confidentiality. They said that confidential waste was shredded. Confidential waste was appropriately segregated from other waste so that it could be destroyed. Team members had their own NHS smartcards which they used to access electronic prescriptions. A statement that the pharmacy complied with the Data Protection Act and NHS code of conduct on confidentiality was in the pharmacy's practice leaflet.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy generally manages its workload well. However, its team members sometimes find it hard to complete some tasks efficiently because there hasn't been a manager recently. The pharmacy's team members are appropriately qualified and know when it is appropriate to refer to the pharmacist.

Inspector's evidence

At the time of the inspection there was: the responsible pharmacist (regular pharmacist), one accuracy checking technician, one dispenser and two medicine counter assistants present. This staffing level appeared adequate to manage the workload and efficiently serve people visiting the pharmacy.

There was a vacancy for a counter assistant that was currently being covered with overtime. Team members said that they generally had the same weekly working hours and would cover absences with overtime. The pharmacy had been without a regular pharmacist or manager for several months. Locum pharmacists were generally used to provide cover, but team members said that the absence of a regular manager sometimes made it difficult to keep up with paperwork and housekeeping tasks. A second pharmacist came in during the inspection and said that she was finishing paperwork. She said that she was in discussions about becoming the interim pharmacist manager.

The pharmacy's team members said that they used informal discussions to share messages. A counter assistant provided examples where she would refer to a pharmacist for more guidance. This included specific medicines such as emergency hormonal contraception. Training certificates were displayed which indicated that team members held pharmacy qualifications appropriate to their role. The team members described some training modules which they had completed about dementia and children's oral health. They said that training was not regularly provided by the pharmacy. This made it more difficult to keep their knowledge up to date.

Team members said that they had not received formal appraisals because there had not been a pharmacy manager or a regular pharmacist. They said that they sometimes received feedback from locum pharmacists. Several team members said that there were targets for completing MURs but said that the pharmacy was not pressured to achieve this. They said that their area manager provided additional support if they had any concerns.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy provides its services from suitable premises.

Inspector's evidence

The pharmacy was clean and tidy. There was adequate heating and lighting throughout the pharmacy. There was hot and cold running water in the premises.

A consultation room was available on the premises, which was suitable for private consultations and conversations. The pharmacy had appropriate security arrangements.

Principle 4 - Services ✔ **Standards met**

Summary findings

The pharmacy largely manages its services well. Its team members generally complete appropriate checks to make sure its medicines are safe to use. They identify higher-risk medicines and provide appropriate advice, so people can use these safely.

Inspector's evidence

The pharmacy's front door was not automatic. Its team members said that they helped people to enter the pharmacy if they found it difficult. Leaflets were available in the retail area which provided more information about the pharmacy and its services.

The pharmacy supplied medicines in multi-compartment compliance packs to around forty people. Team members said that the workload was evenly separated so that it was manageable. The team kept records of people's medicines, administration times and hospital admissions. Assembled packs included descriptions which allowed individual medicines to be identified. Team members said that patient information leaflets were sent to people every month.

The pharmacy had a record of invoices which indicated that its medicines were obtained from licensed wholesalers. Stock requiring cold storage was stored in the fridge. The pharmacy kept a record of temperatures to make sure this stock was stored appropriately. There were some missing records from the past week. The team member who usually completed this task had been absent and the other team members had not noticed that the fridge temperature had to be checked. The current temperature showing on the fridge thermometer was appropriate.

CDs were stored appropriately. Expired CDs were separated from other stock, so they were not mixed up. The pharmacy kept records for checking its medicines' expiry dates. Its team members had not been completing the checks as frequently as they wanted to. They said that this was due to the staffing shortages. They said that they completed extra checks when dispensing to identify expired medicines. The records indicated that completed checks had taken place in April 2019 and December 2018. A sample of medicines was chosen at random and was found to be within date. Several medicines had been highlighted to indicate they were soon approaching their expiry date. The opening date had been labelled on several stocked medicines. This was to make sure they were fit for purpose when being used for dispensing.

Expired and returned medicines were segregated and placed in pharmaceutical waste bins. These bins were kept safely away from other medicines. A dispenser described the process for managing returned medicines. The pharmacy signposted people to their local council if they wanted to return sharps. The pharmacy displayed a cytotoxic medicine list to help its staff place these medicines in the correct bin.

Dispensers used baskets to make sure prescriptions were prioritised and medication remained organised. Computer-generated labels contained relevant warnings and were initialled by the dispenser and checker to produce an audit trail. The dispensing software highlighted interactions. Team members said that they verbally informed the pharmacist about interactions or made notes on prescriptions.

Team members said that the pharmacy was not yet meeting the requirements of the Falsified

Medicines Directive. They said that the pharmacy was currently organising its required hardware and software. The pharmacy delivered medications to people. It kept delivery records which included recipient signatures.

Team members said that higher-risk medications were identified when they were supplied. The pharmacy kept appropriate records for its supplies of warfarin. Its team members were aware about advice in relation to pregnancy that should be provided to the at-risk group of people supplied with sodium valproate. It had treatment cards and patient guides to supply with this medicine. The pharmacy had completed an audit to identify where this advice should be provided.

The pharmacy kept a list which recorded medicine recalls it had received and the action it had taken. This included a recent recall for co-amoxiclav.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy makes sure that its equipment and facilities are suitable for providing its services.

Inspector's evidence

The pharmacy's equipment appeared to be in good working order and maintained adequately. The team said maintenance issues were referred to the head office and appropriately managed.

Confidential information was not visible to people using the pharmacy. Computers were password protected to prevent the unauthorised access of people's medication records. Sinks had running hot and cold running water. Crown-stamped measures were available in the pharmacy to accurately measure liquids. The pharmacy team had access to up-to-date reference sources on paper and could also access these online.

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.