

Registered pharmacy inspection report

Pharmacy Name: Health Lines Pharmacy, 188 Studfall Avenue,
CORBY, Northamptonshire, NN17 1LJ

Pharmacy reference: 1035406

Type of pharmacy: Community

Date of inspection: 25/07/2019

Pharmacy context

This community pharmacy is located along a parade of shops and is adjacent to a mobility shop. The pharmacy is in a residential area of Corby and generally receives NHS prescriptions from one local GP surgery.

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 adequately manages its risks. It has clear procedures which help its team members know what to do. The pharmacy's team members handle people's personal information properly. They know the right actions to take to help vulnerable people. The pharmacy keeps the records that it needs to and generally makes sure that these are accurate.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which covered its services. The pharmacy kept records about the team members who had read the SOPs. The pharmacy's team members said that they normally accessed the SOPs on their mobile phones if needed. There was a folder of printed SOPs in the pharmacy that the team members could also refer to if needed. There was a notice displayed which stated the responsible pharmacist's name and registration number. The notice was changed when a new responsible pharmacist started his shift.

The pharmacy regularly asked people using the pharmacy to complete satisfaction surveys. The previous survey's results were positive. Team members said that they sometimes received verbal feedback and gifts. The pharmacy had a SOP about managing complaints. Team members said that they would report any complaints to the responsible pharmacist and head office.

A team member said that they had received training about safeguarding vulnerable people. Training had been provided in the pharmacy's SOPs and the E-learning platform used by the pharmacy. Team members said that they would escalate their concerns to the responsible pharmacist and head office to be appropriately managed. The pharmacy had contact details to refer its concerns to local safeguarding organisations.

The pharmacy had SOPs about information governance and confidentiality. Team members had their own NHS smartcards to access electronic prescriptions. Confidential waste was separated so that it could be appropriately destroyed by the head office.

The pharmacy had templates to record information about dispensing errors and near misses. Team members said that they did not always have enough time to record near misses so there was sometimes limited evidence of any learning or actions to reduce the chance of errors happening again. The pharmacy had a record dated in April 2019. Team members said that they would contact their head office if an error was reported to them.

Certificates were displayed which showed that there were current arrangements for employer's liability, public liability and professional indemnity insurance. Required controlled drug (CD) records were kept. The pharmacy kept records about running balances so that the accuracy of the records could be checked. A team member described appropriate actions which had been taken to investigate a discrepancy in the records. A CD was chosen at random and its physical stock matched the recorded running balance. The pharmacy's team members said that there was a register to record CDs that people had returned, but they could not find this record. The pharmacy had recently received a bag of CDs to be appropriately destroyed. The pharmacy's responsible pharmacist record was not always fully complete. It had a paper record about the responsible pharmacist on duty, but this wasn't always

completed. The electronic responsible pharmacist record did not always include time that the shift ended. Other records about unlicensed medicines and private prescriptions were kept and maintained adequately.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to provide its services. Its team members receive extra support to provide services when they need it. The pharmacy's team members receive adequate training to make sure they have the right skills and knowledge for their roles.

Inspector's evidence

At the time of the inspection there was the responsible pharmacist (locum pharmacist), a second pharmacist (locum pharmacist) and three dispensers present. A trainee counter assistant finished her shift at the start of the inspection. The pharmacy team efficiently helped people visiting the pharmacy and made sure they received their medicines promptly. Team members occasionally helped with queries about the adjacent mobility shop which meant that their tasks were interrupted. They said that they helped with the mobility shop when the regular shop assistant was absent. The pharmacy had been without a regular pharmacist or pharmacy manager for around four weeks. Locum pharmacists had been used to provide cover in the meantime. Team members said that there was a vacancy for a part-time counter assistant. Team members said that the workload was manageable but said it was sometimes hard to cover absences or keep on top of less urgent tasks. They said that their head office had sent an additional pharmacist to help support the dispensing service.

Team members said that they used informal discussions to share information. A communication diary was used to share some information. They said that they were comfortable to escalate any concerns to their head office. The pharmacy's head office kept records about the pharmacy qualifications that had been undertaken by team members. Most team members had completed appropriate pharmacy qualifications. The trainee counter assistant had started her course in May 2019. The pharmacy's team members had access to an E-learning platform and completed modules every month. The completion of modules was recorded and could be monitored. Team members said that the modules usually focussed on over-the-counter medicines, a recent module was about veterinary medicines. A dispenser said that there was not any time set aside to complete the modules. This meant it may have been more difficult for the pharmacy's team members to keep their skills and knowledge up to date. Team members said that they usually received annual appraisals from the pharmacy manager. They said that they provided information about completed services through daily reports. Team members said that they did not feel under any undue pressure to achieve targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides its services from suitable premises and it has proper security arrangements. The pharmacy has an appropriately-sized consultation room which is used for private consultations.

Inspector's evidence

The pharmacy was generally clean and tidy. Its team members kept workbenches tidy so that there was enough space to complete tasks safely. There was adequate heating and lighting throughout the pharmacy. The pharmacy had hot and cold running water available. The pharmacy had an appropriately-sized consultation room which was suitable for private consultations and conversations. And it had appropriate security arrangements to protect its premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy adequately manages its services and makes sure they are organised and delivered efficiently. The pharmacy generally makes sure that its medicines are stored appropriately. Its team members largely make sure that people receive the advice they need, so they can use their medicines properly.

Inspector's evidence

There was a small step at the entrance of the pharmacy. The pharmacy's team members said that they would help people with large pushchairs to enter the pharmacy if needed. The pharmacy team could not locate the pharmacy's practice leaflets. This may have restricted some people's access to information about the pharmacy and its services. Team members said that most people ordered their own prescriptions. They said that ordered prescriptions were usually sent to the pharmacy within two to three working days.

The pharmacy supplied medicines in multi-compartment compliance packs to around 70 people. The workload was arranged over four weeks so that it was easier to organise. Prescriptions were ordered one week before the packs were due to be supplied. The pharmacy's team members used people's medication records to identify any missing prescription items or changes. A dispenser provided some examples of assembled packs. The assembled packs included initials, so the dispenser and accuracy checker could be identified. Dispensers said that patient information leaflets were sent every three months. The assembled packs did not include descriptions, so it may have been harder for people to identify individual medicines.

The pharmacy used baskets to make sure prescriptions were prioritised and medicines remained organised. Computer-generated labels contained relevant warnings and were initialled by the dispenser and checker to provide an audit trail. The pharmacy's dispensing software highlighted interactions to the team. Team members said that they verbally informed the pharmacist about interactions or printed warning labels when needed. Prescriptions were kept with the dispensed medicines. Team members said they would check prescription dates to make sure medicines were supplied while prescriptions remained valid. They highlighted CDs to make sure they were supplied at the right time.

The pharmacy team did not routinely highlight dispensed warfarin so people receiving this medicine may not have always been asked about relevant blood tests. This was confirmed with the team members on duty. Team members knew about pregnancy-prevention advice to provide to people in the at-risk group who received sodium valproate. But, the pharmacy did not have patient guides or other guidance materials to support this advice. The inspector showed the team members where they could find the guidance materials. The pharmacy delivered some people's medicines. It kept records about these deliveries which included the recipient's signature.

The pharmacy's team members had undertaken training about the Falsified Medicines Directive. They said that their head office was currently organising the required equipment and software for the pharmacy. The pharmacy received information about medicine recalls. It kept records about recalls it had received and the actions that had been taken. This included a recent recall about Emerade.

The pharmacy kept invoices which showed that its medicines were obtained from licenced wholesalers.

Stock that required cold storage was kept in a fridge. The pharmacy kept fridge temperature records, so it could monitor storage conditions for these medicines. Several recent records were not in the recommended temperature ranges. The team had identified that the fridge thermometer was not working properly. Team members said that the defective fridge thermometer had been reported to their head office, so it could be replaced. CDs were stored appropriately. Expired CDs were segregated from other stock to prevent them being mixed up.

The pharmacy checked the expiry dates of its stock every three months. It kept records about checks that it completed. The latest records were dated in February and March 2019. Team members said that they also checked expiry dates when they received stock. Several medicines were checked at random and were in date. The pharmacy marked the date onto medication bottles when they were opened. This helped the team members to know that the medicine was suitable if they needed to use it again.

Expired and returned medicines were separated and placed in to pharmaceutical waste bins. These bins were kept safely away from other medicines. Team members were not sure if cytotoxic medicines needed to be placed into a separate waste bin. They said that they would find out from their head office to make sure these medicines were destroyed properly.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the right equipment to provide its services. Its team members make sure that its equipment and facilities are properly maintained.

Inspector's evidence

The pharmacy's equipment appeared to be in good working order and maintained adequately. Maintenance issues were referred to the pharmacy's head office to be appropriately managed. Confidential information was not visible to people visiting the pharmacy. Computers were password protected to prevent unauthorised access to people's medication records. Crown-stamped measures were available in the pharmacy to accurately measure liquids. Separate measures were used for CDs. The pharmacy had suitable equipment to count loose tablets. The pharmacy accessed up-to-date reference sources on the internet.

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.