

Registered pharmacy inspection report

Pharmacy Name: Popsons Chemist, 38-40 Station Road, Woodford Halse, DAVENTRY, Northamptonshire, NN11 3RB

Pharmacy reference: 1035412

Type of pharmacy: Community

Date of inspection: 04/06/2019

Pharmacy context

The pharmacy is in the centre of a small village. The post office re-located into the pharmacy last year. The pharmacy provides standard NHS services. It dispenses NHS and private prescriptions and sells over-the-counter medicines. The regular pharmacist was the superintendent pharmacist.

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 mainly adequately identifies and manages the risks associated with the provision of its services. It has some procedures in place for learning from its mistakes but because it doesn't record near misses, team members may not be aware of previous mistakes or understand how to stop them from happening again. Controlled Drugs are mainly properly recorded. But the pharmacy doesn't always follow its own procedures for auditing controlled drugs. The pharmacy adequately manages people's personal information. It knows how to protect vulnerable people.

Inspector's evidence

The responsible pharmacist (RP) notice showing the pharmacist in charge of the pharmacy was on display. The pharmacist was in the process of introducing new standard operating procedures (SOPs). The old SOPs indicated that they had been last reviewed in April 2013. Only one of the three members of staff present at the pharmacy on the day of inspection had signed the old SOPs. The pharmacist had written some new SOPs but hadn't yet given them to staff to read. But, staff understood their roles and followed safe practice such as signing the dispensed and checked by boxes when dispensing a prescription.

The dispensing assistant knew the questions to ask to sell medicines safely. She also had a good product knowledge. She knew that prescriptions were valid for six months apart from Controlled Drugs (CDs) which were valid for 28 days from the date on the prescription. She knew the CDs that were not stored in the CD cupboard and said that dispensed prescriptions waiting collection with a CD were highlighted with a red dot. Prescriptions checked had a red dot. She said that CDs in the cupboard were dispensed when the person came in to collect the medicine.

The pharmacy kept records of errors and incidents and some of near misses. The pharmacist explained that near misses were discussed with the member of staff at the time and the aim was to record them in a near miss log. There was a near miss log for June 2019 on the bench with completed entries. The pharmacist said that they tried to but didn't record all their near misses. He couldn't find the file containing the previous near miss logs. The aim was to review near misses every quarter, but this didn't always happen. He said that as part of the reviews shelf markers had been put up to highlight stock with multiple strengths that were supplied regularly. These markers were seen across the dispensary.

The pharmacist explained that some of his focus over the previous year had been on the re-location of the post office into the pharmacy. This had now been completed and was working well. An audit trail was created through the use of dispensed by and checked by boxes on the medicine label. The final check was by the RP. Records to support the safe and effective delivery of pharmacy services were mainly in place. These included the RP log, specials records and private prescriptions which were recorded electronically.

The pharmacy only supplied a small number of CDs. CDs were stored in a legally compliant CD cabinet. A random check of the recorded running balance of a CD reconciled with the actual stock in the CD cabinet. Date expired stock and patient returned CDs were clearly separated and awaited destruction. The pharmacist said that he aimed to balance check monthly, but it was sometimes every two months. Records showed that the last balance check had been completed by the locum pharmacist on 24 May

2019. The previous recorded balance for Zomorph 10mg capsules had been June 2018. The pharmacist said that he had checked the balance before going on holiday but hadn't made a record. Methadone wasn't currently being supplied; the stock held was out-of-date and was checked twice a year.

The pharmacist had been on holiday for three weeks and had been back at the pharmacy for a week. The pharmacy had received and supplied some CDs between 25 May and the day of inspection but they had not been entered in the CD register. The pharmacist said that he had not made any entries in the CD register since he had returned from holiday which was the 28 May 2019 because he had been too busy. Entries in the register were seen up to 25 May. This did not comply with legal requirements for recording the receipt or supply of Schedule 2 CDs.

There was a complaints procedure in place; staff referred to the pharmacist if required. There was a leaflet showing external organisations that people could contact. The pharmacy was in the process of carrying out their annual patient satisfaction survey. The pharmacist said that they hadn't carried out a survey last year because of the re-location of the post office. The pharmacist said that informal feedback on the pharmacy service was positive.

Public liability and professional indemnity insurance were in place until the end of June 2019. Computer terminals were positioned so that they couldn't be seen by people who used the pharmacy. Access to the electronic patient medication record (PMR) was password protected. Confidential paper work was stored securely. Confidential waste was mainly kept secure and then shredded. However, there were some medicine labels with patient details in a dispensing basket in the consultation room.

There was an information governance protocol in place. The pharmacist said that he had completed General Data Protection Regulation training. He said that staff needed some additional training. The pharmacy team was aware of safeguarding requirements; there was guidance and local contact details were available.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members manage the workload within the pharmacy well. They support each other. The pharmacy team acts in the best interest of people using the pharmacy. The pharmacy doesn't have a formal approach to on-going training making it harder for team members to continue to learn and develop their skills.

Inspector's evidence

The pharmacy displayed who the RP in charge of the pharmacy was. The electronic RP record showed who the RP in charge of the pharmacy had been. The pharmacist needs to sign out of the electronic register to create a complete record. The pharmacy team was able to manage the workload to provide pharmacy services safely. There was a pharmacist; two trained dispensing assistants and a trainee dispensing assistant.

The pharmacist informally reviewed performance daily and raised issues when required. Staff said that the pharmacist was easily approachable, and issues could be raised informally. The dispenser was aware of the whistleblowing procedure. There were contact details for external organisations such as public concerns at work.

The trainee dispensing assistant had been at the pharmacy since December 2018 and was on a suitable training course. She said that she had two hours a week protected training time at work to study the course. Staff said they had some informal training from the pharmacist and had received information from the surgery on changes to CD legislation for gabapentin and pregabalin; but there was no other training. The pharmacist said that the team occasionally went on evening training events but had not gone on any recently. The pharmacy received magazines in the post that had training material that the pharmacist made available to the team. The regular pharmacist was also the superintendent, so no targets were set.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises safe, secure and appropriately maintained. It protects people's confidentiality. The premises are secure from unauthorised access when open and when closed.

Inspector's evidence

The pharmacy had been re-designed with the introduction of the post office last year. The pharmacist said that the design had increased the area of dispensing bench in the dispensary. The dispensary was a reasonable size for the services provided, with an adequate dispensing bench available for the assembly of medicines and reasonable space for the storing of medicines.

The dispensary was clean and tidy; there was a sink with hot and cold water. The pharmacy had air conditioning to provide appropriate temperature for the storage of medicines; lighting was sufficient and was provided by overhead strip lights. There was one seat for people waiting for their medicines which was sufficient.

An adequate size sound-proofed secure consultation room was available to ensure people could have confidential conversations with pharmacy staff. It was slightly difficult to access because of a card stand in front of it. The room was also used as a store room for shop stock which affected its professional image. The pharmacist explained that he needed buffer stock because of price volatility and difficulty in getting stock.

Computer screens were set back from and faced away from the counter. Access to the electronic patient medication record (PMR) was password protected. Unauthorised access to the pharmacy was prevented during working hours and when closed.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely. Its team members are helpful and supportive to the people who use the pharmacy. Some people who receive higher-risk medicines may not be getting all the information they need to take their medicine safely. The pharmacy gets its medicines and medical devices from reputable sources. It generally stores them safely. And it takes the right actions if any medicines or devices are not safe to use to protect people's health and wellbeing.

Inspector's evidence

The pharmacy was in a row of shops in the centre of a small village. There was a push pull door and flat access to provide suitable access for someone using a wheelchair or those with physical disability. There was a clear route to the dispensary counter. Services and opening hours were advertised on the door and in the pharmacy practice leaflet. Some of the information in the leaflet was out of date. There were some health leaflets available. The pharmacy was not a Healthy Living Pharmacy but there was a leaflet which gave healthy living advice. The topic this month was traveller's diarrhoea.

The pharmacist used local knowledge to signpost people to other healthcare providers when required. The pharmacy used a dispensing audit trail which included signing the dispensed by and checked by boxes on the dispensing label. The pharmacy also used baskets during the dispensing process to reduce the risk of error. There were separate areas for the assembling and checking of prescriptions. Work was prioritised based on whether the prescription was for a person who was waiting or calling back.

For each person who received their medicines in a multi-compartment compliance aid the pharmacy had a reminder on a calendar to ensure medicines were ordered and delivered in a timely manner. There was a chart that listed the medicines to be put into the compliance aid. Any changes in or missing medicines were checked with the surgery before being dispensed. Records of the changes were recorded on the back of the chart. When a compliance aid was checked the dispensing labels showed the shape and colour of the medicines to make them easily identifiable. The pharmacy only sent pharmacy information leaflets for new medicines not for each medicine each month.

The pharmacist was easily accessible and was seen counselling people visiting the pharmacy. He said that he gave advice on a range of matters including changes in dose, new medicines and side effects. He said that he gave counselling to people starting methotrexate but not routinely after that. People taking warfarin brought in their pink slips with their INR records and he asked them if they were having regular blood tests. He knew the current advice about pregnancy prevention to give to people in the at-risk group taking sodium valproate but wasn't always giving out the advice card.

Records showed that fridge medicines were stored correctly between 2 and 8 degrees Celsius. The current temperature of the fridge was within this range. Stock items were kept in trays which stopped them being pushed to the back of the fridge and reduced the risk of the medicines being frozen.

Medicines were stored on shelves tidily. Medicines were mainly stored in their original containers on the shelf, fridge or CD cabinet as appropriate. Some original packs had an additional blister in it. Date checking was carried out monthly with records in the dispensary. Short dated stock was marked. Out-of-date medicines were put in yellow waste bins; a patient returned CD register was in place. CDs

were stored in a suitable CD cabinet.

Only recognised wholesalers were used for the supply of medicines. The pharmacist was aware of the procedure for drug alerts. A log was completed which showed the action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services that it offers. It largely maintains its equipment and facilities adequately.

Inspector's evidence

The pharmacy used crown marked measures for measuring liquids.

The pharmacy fridge was in working order. CDs were stored in accordance with legal requirements. The pharmacy had up-to-date reference sources.

The pharmacist said that he had been using the blood pressure monitor for approximately ten years but that he had not had the machine calibrated. He said that he rarely checked people's blood pressure. Using equipment that is not regularly calibrated or replaced could mean that readings are inaccurate.

The pharmacy had scanners for the Falsified Medicine Directive but was waiting for training to implement it. Records showed that portable appliance testing for electrical equipment had been completed in March 2019.

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.