

Registered pharmacy inspection report

Pharmacy Name: Howitts Chemist, 10 High Street, Desborough,
KETTERING, Northamptonshire, NN14 2QS

Pharmacy reference: 1035420

Type of pharmacy: Community

Date of inspection: 17/05/2021

Pharmacy context

This is a community pharmacy situated on a high street of a village. Most of its activity is dispensing NHS prescriptions and giving advice about medicines over the counter. The pharmacy supplies medicines in multi-compartment compliance packs to people who live in their own home. Other services that the pharmacy provides includes the substance misuse service, the Discharge Medicine Service and delivering medicines to people's homes.

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 identifies and manages the risks associated with the provision of its services. Its team members have defined roles and accountabilities. The pharmacy manages people's personal information safely. It knows how to protect vulnerable people. The pharmacy has adequate procedures to learn from its mistakes, and it keeps the records it needs to by law.

Inspector's evidence

The pharmacy had a set of up-to-date standard operating procedures (SOPs). Records showed that the SOPs had been read by staff, but the pharmacist hadn't signed them to show that he had read them. The counter assistant understood her role and knew that she couldn't work in the dispensary. She knew the questions that should be asked to sell over-the-counter medicines safely and had a good product knowledge. She was aware of the advice that should be given when selling codeine-based products. She said that prescriptions had a six-month expiry date apart from controlled drugs (CDs) which were valid for 28 days from the date on the prescription. She said that dispensed prescriptions containing Schedule 2 to 4 CDs were highlighted with a sticker to make staff were aware. When checked, these prescriptions were highlighted.

The pharmacy had a process for recording dispensing mistakes that were identified before reaching a person (near misses) and dispensing mistakes where they had reached the person (errors). Near misses were discussed with the member of staff at the time and then recorded in a near miss log. Learning points and action taken recorded in the near miss log seen were limited. The pharmacist reviewed the log monthly and wrote a report which she discussed with staff. The latest report seen was from April 2021. The pharmacist said that the near miss process had reduced the number of mistakes that the pharmacy team had made.

The pharmacy maintained appropriate records to support the safe delivery of pharmacy services. These included the responsible pharmacist (RP) log, the CD registers and the private prescription record. Records showed that CD running balances were mainly regularly audited. A random check of the recorded running balance of a CD matched the actual stock. Patient-returned CDs were recorded in accordance with requirements. Dispensed CDs waiting collection in the CD cupboard were clearly separated and were in date. The pharmacy had appropriate professional indemnity insurance. There was a complaints procedure in place. Computer terminals were positioned so that they couldn't be seen by people visiting the pharmacy. Access to the electronic patient medication record (PMR) was password protected.

Confidential paperwork was stored securely. Confidential waste was securely destroyed. The pharmacy had processes in place to comply with the requirements of the General Data Protection Regulation. The pharmacist was aware of safeguarding requirements and had completed appropriate training. There were local contact details available if staff needed to raise a concern.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members work well together and adequately manage the workload within the pharmacy. And they are suitably trained for the roles they undertake. Team members can raise concerns if needed. The pharmacy supports its team members when they undertake formal training

Inspector's evidence

The pharmacy had a notice showing who the RP in charge of the pharmacy was. The RP records showed who the RP in charge of the pharmacy had been. During the inspection the pharmacy team adequately managed the workload; there was a pharmacist, one qualified dispenser and two trainee dispensers, one qualified counter assistant and one trainee counter assistant.

Staff said that they could work on their courses if the pharmacy was quiet but mainly completed the formal training in their own time. Staff said that they also had informal training from the pharmacist and had recently completed training on the supply of Covid-19 lateral flow tests. Staff said that they had annual reviews where they could raise concerns or problems if required.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises safe, secure and appropriately maintained. The pharmacy makes changes to help keep staff and people using the pharmacy safe during the pandemic.

Inspector's evidence

The pharmacy had a bright modern look. It had an automatic door and flat access which provided easy access for those in a wheelchair or a physical disability. The public area was a reasonable size and there were sufficient seats for people who waited for their medicine. The dispensary area was a reasonable size with separate areas for the dispensing and checking of medicines. There was also a separate area upstairs for the assembly of multi-compartment compliance packs. The pharmacy had air conditioning to provide appropriate temperature for storing medicines. Hot and cold water was available.

The pharmacy had appropriate Covid-19 processes in place. There were signs restricting access into the pharmacy to three people at a time and asking them to wear a face mask. Inside the pharmacy there was a one-way route to the counter and back out again. There was counter to ceiling clear plastic screen at the pharmacy counter to provide re-assurance to both the staff and the customers. There was hand sanitiser available. The pharmacy was cleaned on a daily basis. The pharmacy team had all been vaccinated and were having twice weekly Covid-19 lateral flow tests. They reported the results to NHS England. The team wore face masks. Unauthorised access was prevented during working hours and when the pharmacy was closed.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers healthcare services which are generally well managed and are accessible to people. The pharmacy has reviewed the way it provides its services during the Covid-19 pandemic. The pharmacy gets its medicines and medical devices from reputable sources. It 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 pharmacist understood the signposting process and used local knowledge to direct people to local health services. The pharmacy staff were helpful and supportive to people who visited the pharmacy by giving advice and trying to resolve problems. The pharmacist knew the advice about pregnancy prevention that should be given to people in the at-risk group who took sodium valproate. The pharmacist said that he gave advice to people including new medicines and antibiotics. He gave advice to people taking higher-risk medicines such as warfarin, lithium and methotrexate. But prescriptions for these medicines were not routinely highlighted which might mean that some people missed out on advice.

The pharmacy used a dispensing audit trail which included use of 'dispensed by' and 'checked by' boxes on the medicine label. This helped identify who had done each task. Baskets were used to keep medicines and prescriptions separate to reduce the risk of mistakes. The pharmacy had a defined workflow with separate areas for dispensing and checking of medicines.

There was a process to make sure that each person who received their medicines in a multi-compartment compliance pack got them in a timely manner. Any changes in the prescription were checked with the surgery before supply. The compliance packs seen recorded the colour and shape of the medicines to help identification. Patient information leaflets were sent the first time people had a medicine but not routinely after that. This might mean they don't have easy access to up-to-date information if they have a query about their medicine. Medicines were stored on shelves tidily and in original containers.

Records for the date-checking process showed that medicines were checked every three months. A sample of medicines seen was found to be within date. The pharmacy delivered medications to some people. The person delivering the prescription maintained appropriate distance due to the pandemic. A record of invoices showed that medication was obtained from licensed wholesalers. The pharmacy had a process for managing drug alerts.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services it offers safely.

Inspector's evidence

The pharmacy used appropriate marked 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. CDs were stored appropriately. The pharmacist said that electrical equipment had been safety tested but there were no records available to show this. Equipment checked 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.