

Registered pharmacy inspection report

Pharmacy Name: Well, 37 High Street, Desborough, KETTERING,
Northamptonshire, NN14 2NB

Pharmacy reference: 1035421

Type of pharmacy: Community

Date of inspection: 15/05/2019

Pharmacy context

The community pharmacy is situated in the village centre next door to the health centre. The pharmacy provides the standard NHS services. This includes dispensing NHS and private prescriptions and the sale of over-the-counter medicines. It also provides substance misuse services.

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. 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. The pharmacy adequately manages people's personal information. It asks its customers for their views and knows how to protect vulnerable people.

Inspector's evidence

The responsible pharmacist (RP) notice showing the name and registration number of the pharmacist in charge of the pharmacy was clearly displayed. The pharmacy had a set of standard operating procedures (SOPs) which reflected how the pharmacy operated. Staff had read the latest SOPs and mainly followed them. For example, the staff dispensed medicines from the prescription and undertook weekly controlled drug (CD) balance checks.

The dispenser had some understanding of the questions that needed to be asked to sell an over-the-counter medicine safely. She had some, but not a full, range of product knowledge. She said that prescriptions had a six month expiry date apart from CDs which were valid for 28 days from the date on the prescription. However, the pharmacy did not have a sufficiently robust way of making sure that CDs were only supplied within 28 days. The dispenser said that prescriptions were highlighted on the bag to make her aware that they contained a CD. She recalled tramadol and gabapentin as CDs with a 28 day validity that were not kept in the cupboard after being dispensed but couldn't recall any others. Dispensed prescriptions for CDs waiting collection were seen that were not highlighted.

The pharmacy had records of error logs but not near misses. Near misses were returned to the dispenser for them to find the mistake and then the reasons for the mistake were discussed. The pharmacist said that she wasn't currently recording near misses. The last record seen was in 2018. The pharmacist explained action that had been taken following near misses; for example, different forms of aspirin had been separated on the shelf to reduce the risk of the wrong one being picked. The pharmacy completed a monthly patient safety report; a recent report highlighted the re-classification of pregabalin and gabapentin. The latest report said that dispensed prescriptions for gabapentin and pregabalin would be annotated to highlight them to the person handing out the medicine, but the dispensed prescription seen on the shelf waiting collection wasn't annotated.

The dispensing assistant was the smoking cessation advisor. She could explain the current Northamptonshire stop smoking service guidance. Public Liability and professional indemnity insurance were in place. Records to support the safe and effective delivery of pharmacy services were maintained. These included the RP log, private prescription records, and the controlled drug register. CDs were audited weekly.

An audit trail was created using dispensed by and checked by boxes. The final check was by the RP. The bottles of a dispensed CD only had an initial in the dispensed by box. The dispenser said that the pharmacist had checked the CD when it was being dispensed but signed it when she checked it again when she handed it out. This process didn't comply with the SOP.

There was a complaints procedure in place. There was also information on the complaints procedure on display on a poster in the public area. The latest customer satisfaction survey was on NHS net. 75% of patients rated the pharmacy as excellent or very good. People had complained about the time taken to be served. During the inspection the pharmacy team served customers quickly and efficiently.

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. There was a patient return CD register in place. Date expired stock and patient returned CDs were separated from in-date stock in the CD cupboard.

Computer terminals were positioned so that they couldn't be seen by people using the pharmacy. Access to the electronic patient medication record (PMR) was password protected. Confidential patient information was stored securely. Confidential waste was shredded. There was an up-to-date information governance protocol. The pharmacy team were aware of safeguarding procedures and had completed appropriate training. Local contact details were available.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members are suitably trained but sometimes struggle to effectively manage the workload within the pharmacy. The staff have regular performance reviews. They have access to training, so they can continue to learn and develop their skills but often have to do this in their own time. The pharmacy empowers its team to act in the best interests of the people who use its services. The pharmacy has a work culture of openness and honesty.

Inspector's evidence

The pharmacy displayed who the RP in charge of the pharmacy was. The RP record showed who the RP in charge of the pharmacy had been. During the inspection the pharmacy team worked well together providing a patient focused service. The dispenser arranged for a local centre for elderly people to contact a person who told her that she was lonely. She actively encouraged the person to go.

On arrival the inspector saw that the pharmacy had prescriptions in a basket dated 13 May 2019 that were waiting to be dispensed. This indicated that the pharmacy team were unable to fully dispense all the prescriptions it received in the same day. The pharmacist said that the pharmacy was behind in dispensing due to staff holidays. She said that they were usually a day behind on prescriptions. During the inspection patients came in for scripts that weren't dispensed. Staff then had to find and dispense the prescription which made the whole process less efficient.

There was a formal review called a personal development plan, undertaken annually; looking at performance and achievements of the year. Staff had an input into the setting of new targets and objectives. Staff said it was easy to raise issues informally with the pharmacist.

There was a poster on display telling staff who to contact if they had a concern. There was online learning on operational and clinical governance training. SOPs were now issued electronically. As part of the process staff needed to complete a test to show they had understood the SOP. Staff were up to date with training. Staff said they often completed training at home as they didn't have time to complete training during work time. There were targets for services which the pharmacist said didn't compromise the safety or wellbeing of patients or the public.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises safe and maintained appropriately. The public area of the pharmacy presents a bright modern image. The pharmacy protects people's confidentiality. The premises are secure from unauthorised access during working hours and when closed.

Inspector's evidence

The pharmacy had been re-fitted since the previous inspection. This had given it a modern looking public area and a larger dispensary. The physical space in the dispensary was still a little small and stock and crates on the floor made it even smaller and created a trip hazard. There was a separate area for dispensing multi-compartment compliance aids but overall the pharmacy was still a little short of dispensing bench space.

The pharmacy was a suitable temperature for storing medicines; lighting was sufficient. There was a sink with hot and cold water.

A reasonable size sound-proofed secure consultation room was available to ensure people could have confidential conversations with pharmacy staff.

Computer screens were set back from and face 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 within a row of shops next door to the health centre. There was one small step from the road with which made the pharmacy less easy to access for a wheelchair or disabled customers. The pharmacy did have an automatic door.

The front of the shop had signs advertising the times of opening and services provided. Services and times were also in the pharmacy practice leaflet. The pharmacy had a good range of healthcare leaflets and a reasonable size seating area.

Work was prioritised based on whether the prescription was for a person who was waiting or coming back. The pharmacy used a dispensing audit trail which included use of dispensed by and checked by boxes. Baskets were used to reduce the risk of error. The pharmacy had a defined workflow with separate areas for dispensing and checking of medicines.

During the inspection the pharmacist was easily accessible to people visiting the pharmacy. She had a good rapport and gave advice on a range of matters. She said that she also gave advice on areas such as a change in medicine and change in dose or formulation. She highlighted a recent intervention with a person on a slow release medicine. She said that she spoke to people taking higher-risk medicines such as methotrexate and warfarin but didn't record INRs. She said that she aimed to use an intervention sticker but the dispensed warfarin waiting collection on the shelf didn't have one. She was aware of the guidance about pregnancy prevention to be given to people in the at-risk group taking sodium valproate and had made a note on the PMR of the conversations held. The pharmacy was a Healthy Living Pharmacy.

Each person who received their medicines in a multi-compartment compliance aid had a chart so that any changes in or missing medicines could be easily managed. These charts had notes highlighting queries made with the surgery and any changes in medicines. The aids had labels which recorded the shape and colour of a medicine to allow easy identification. Dispensed compliance aids waiting checking had the original packs in the baskets to allow easy checking. Patient information leaflets (PILs) were sent to make sure that people had information about their medicines.

Stock medicines were stored tidily. Medicines were stored in their original containers on the shelf, fridge or CD cabinet as appropriate. Medicines were mainly in original containers. But, there were four brown bottles that contained medicines that had been popped by mistake for people using a compliance aid. These bottles recorded the name, strength and quantity of the medicines but did not record the batch numbers, expiry dates or date of assembly. This meant that they would be more difficult to check if they were recalled by the manufacturer if they were faulty and it was harder to

check that they were still suitable to be given to a patient. The dispenser said that she would put them in the pharmacy waste bin.

Date checking was recorded electronically with stock to be checked listed on the computer. Short-dated medicines were highlighted with 'use first' stickers. Out-of-date medicines were put in yellow waste bins; a patient returned CD register was in place. The pharmacy delivered medicines to people. The person who received the medicine signed for it. This meant that an audit trail was available if required. CDs were stored safely; access to the CD cupboard was managed appropriately.

The pharmacy had two fridges for medicines that required cold storage. Records showed that both fridges stored medicines correctly between 2 and 8 degrees Celsius. When checked the second fridge had a maximum temperature of 9 degrees Celsius. Fridge items were stored in clear plastic bags to make checking the medicine on supply and discussion with patients about their medicine easier.

Only recognised wholesalers were used for the supply of medicines. The pharmacist was aware of the procedure for drug alerts. A record showed what action had been undertaken and by who. The pharmacist said that they had received training about the Falsified Medicines Directive, but the pharmacy hadn't yet received scanners. The pharmacist had an understanding of the signposting requirements with a local knowledge of services. There was also written signposting guidance.

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. It makes sure its equipment and facilities are adequately maintained.

Inspector's evidence

The pharmacy used crown marked measures for measuring liquids. Separate measures were used for CDs. There was a separate tablet triangle for methotrexate. There were up-to-date reference sources available. Stickers showed that the next portable electrical appliance test was due in February 2020.

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.