

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: 23/01/2024

Pharmacy context

This is a community pharmacy situated in the village centre. Most of its activity is dispensing NHS prescriptions and selling medicines over the counter. The pharmacy supplies medicines in multi-compartment compliance packs to people who live in their own homes. It also provides the hypertension case finding service and the substance misuse service. The pharmacy delivers 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

Overall, the pharmacy identifies and manages the risks associated with the provision of its services. And the pharmacy keeps the records it needs to by law. The pharmacy manages people's electronic personal information safely. Team members record things that go wrong so that they can learn from them. And they keep people's private information safe.

Inspector's evidence

The pharmacy had a set of electronic standard operating procedures (SOPs) which were routinely updated by the head office. After team members had read a SOP, they completed a test to make sure they had understood it. The team were up to date with their SOPs. Staff were seen dispensing medicines and handing medicines out to people safely. Staff understood how to sell medicines safely and the advice to give during a sale. Staff knew that prescriptions were valid for six months apart from some controlled drugs (CDs) which were valid for 28 days. Some, but not all prescriptions containing CDs were highlighted to remind staff of their shorter validity. This might mean that some medicines were supplied beyond their 28-day validity.

The pharmacy had processes for learning from 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 they were found, and were then recorded in the electronic near miss log. The pharmacist aimed to review the near miss logs monthly but had not had time to complete the review since October 2023. The review seen looked at the causes of the near misses and made suggestions on how to make the service safer.

The pharmacy maintained the necessary records to support the safe delivery of pharmacy services. These included the RP record, the private prescription book, and the CD register. The entries for two items checked at random during the inspection agreed with the physical stock held. Weekly balance checks of all CDs were completed. Patient-returned CDs were recorded in a designated register. Patient-returned CDs and date-expired CDs were clearly marked and separated from stock CDs to prevent dispensing errors.

The pharmacy had a complaints procedure and an information governance policy. Access to the electronic patient medication record (PMR) was password protected. Confidential information was stored and destroyed securely. Professional indemnity insurance was in place. The pharmacy understood safeguarding requirements and could explain the actions they would take to safeguard a vulnerable person. The pharmacy team were aware of the 'Safe Space Initiative,' and they knew what to do if someone 'asked for Ani.'

Principle 2 - Staffing ✓ Standards met

Summary findings

There are enough team members to manage the pharmacy's workload. They are suitably trained for the roles they undertake. Team members can raise concerns if needed.

Inspector's evidence

During the inspection, the pharmacy team managed the day-to-day workload of the pharmacy effectively. There was one pharmacist, two trained dispensers and a trainee dispenser. They had a regular pharmacist for two days a week and locum pharmacists for the rest of the week. The team felt supported by the regular pharmacist but because they did not have a regular locum pharmacist felt that it was more difficult to provide the quality of service they wanted to.

When asked, members of the team said they would be comfortable discussing any issues they had at work with the pharmacist and knew how to raise a concern if they had to. There was regular training through an online training platform and staff were given some time at work to carry out the training, but the trainee dispenser was behind schedule in her program. Staff were also given informal training by the pharmacist. There was an annual review where they were able to give and receive feedback, but the staff member said that she had not yet had her annual review which had been due towards the end of 2023. The pharmacist had completed most of the training they needed to provide the new 'Pharmacy First' NHS service, but the rest of the team said they had not yet received training but expected too soon.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are mainly suitable for the services provided. And people visiting the pharmacy can have a conversation with a team member in private. The pharmacy keeps its premises safe, secure, and appropriately maintained.

Inspector's evidence

The public area was neat and tidy. There were clear plastic screens at the pharmacy counter which provided some re-assurance to both the staff and the customers. There was hand sanitiser available. The dispensary was a little small for the services provided. There were boxes of stock medicines on the floor which could be a trip hazard. But there was an additional checking bench in the shop area. There was air conditioning to provide suitable heating, and hot and cold running water was available. One reasonable sized consultation room was available for people to have a private conversation with pharmacy staff. Unauthorised access to the pharmacy was prevented during working hours and when closed.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's healthcare services are suitably managed and are accessible to people. The pharmacy gets its medicines and medical devices from reputable sources. It stores them safely and it knows the right actions to take if medicines or devices are not safe to use to protect people's health and wellbeing

Inspector's evidence

The pharmacy had an automatic door with a small step which provided reasonable access for people with a disability or a pushchair to get into the pharmacy. The pharmacist was easily accessible and during the inspection engaged with people visiting the pharmacy. The pharmacy team understood the signposting process and used local knowledge to direct people to local health services. Pharmacy medicines were stored out of reach of the public and staff were aware of higher-risk over-the-counter medicines such as painkillers containing codeine. The pharmacy knew the advice about pregnancy prevention that should be given to people in the at-risk group who took sodium valproate and had implemented the latest advice. The pharmacist gave a range of advice to people using the pharmacy's services. This included advice when they had a new medicine or if their dose changed. The pharmacist explained the advice she gave for medicines that required ongoing monitoring such as warfarin, methotrexate or lithium to make sure that people were taking them safely. But these medicines were not always highlighted so the team might miss opportunities to counsel patients when the medicines are handed out.

Some medicines were dispensed at an automated hub as part of the company's central fulfilment programme. Before transmission to the hub, the pharmacist was required to complete an accuracy check of the computer data and a clinical check of the prescription. Dispensed medicines were received back from the hub within 24-48 hours. The team said that this process mainly worked well.

The pharmacy used a dispensing audit trail which included use of 'dispensed by' and 'checked by' boxes on the medicine label to help identify who had done each task. Baskets were used to keep medicines and prescriptions for different people separate to reduce the risk of error. The pharmacy supplied medicines in multi-compartment compliance packs to people living in the community to help them take their medicines at the right time. The pharmacy spread the workload for preparing these packs across the month. Compliance packs seen included limited medicine descriptions on the packs; the pharmacist said she would add additional details to make it easier for people to identify individual medicines in their packs. Patient information leaflets were provided to people each month.

Medicines were stored on shelves in their original containers. Opened bottles of liquid medications were marked with the date of opening so that the team would know if they were still suitable for use. The pharmacy team had a process for date checking medicines. A check of a small number of medicines did not find any that were out of date. CDs were stored appropriately. The main stock fridge was overfull with medicines. The pharmacist explained there was no space for a larger fridge in the dispensary and they did their best to manage the stock in the fridge. The pharmacy had two small additional fridges, one for dispensed medicines and the second for vaccinations. A record of invoices showed that medication was obtained from licensed wholesalers. The pharmacist explained the process for managing drug alerts which included a record of the action taken.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it provides. It maintains its equipment so that it is safe to use.

Inspector's evidence

The pharmacy used suitable 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. The pharmacy's portable electronic appliances had last been tested in December 2022 to make sure they were safe. The team said that head office arranged for checks, and they would make sure this had been organised.

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.