

Registered pharmacy inspection report

Pharmacy Name: Unidrugs Dispensing Chemist, Unit 3 Butts Road,
East Hunsbury, NORTHAMPTON, Northamptonshire, NN4 0UE

Pharmacy reference: 1035445

Type of pharmacy: Community

Date of inspection: 22/07/2019

Pharmacy context

This community pharmacy is located within a parade of shops in Northampton. It mainly dispenses NHS prescriptions that it receives from two local GP surgeries. It supplies some medication in multi-compartment compliance packs to help people take their medicines. It provides Medicines Use Review (MUR) and New Medicine Service (NMS) consultations.

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 protects people's personal information well. And its team members know how to protect vulnerable people. The pharmacy mostly keeps the legal records that it needs to and generally keeps these up to date. The pharmacy monitors the safety of its dispensing service, so that it can make improvements.

Inspector's evidence

The pharmacy regularly asked people visiting the pharmacy to complete satisfaction surveys. The previous survey's results were positive. Team members said that they regularly received positive verbal feedback from people using the pharmacy. They said that often received thank you cards and gifts. A team member said that she would refer any complaints to the pharmacist.

The pharmacy team described training that had been completed about safeguarding vulnerable people. Some team members had completed additional training from the Centre for Pharmacy Postgraduate Education (CPPE). Team members said that there hadn't been any previous concerns. They said that they would refer their concerns to the pharmacist.

The pharmacist made records about dispensing errors and near misses. Near miss records included information about the medicines and team members involved. The latest near miss review was dated in March 2019. There was not much documented trend analysis or learning in response to the near misses that occurred. The pharmacy's team members described busier periods of the week and said that they tried not to rush during these times. Different strengths of metformin had been highlighted on dispensary shelves so that they were correctly picked by team members.

Certificates were displayed which showed that there were current arrangements for employer's liability, public liability and professional indemnity insurance. The pharmacy kept required records about controlled drugs (CDs). The records included CD running balances. Two CDs were chosen at random and the stock found matched the recorded running balances. Private prescription records were generally adequately maintained. There were some records where the prescription dates and prescriber details were not correctly recorded. And this could make it harder for the pharmacy to show these details if there was a query. Other records about the responsible pharmacist and CDs people had returned were kept and maintained adequately.

The pharmacy had standard operating procedures (SOPs) which covered its services. The SOPs were stored in a folder which included new SOPs about the Falsified Medicines Directive (FMD) and information governance. SOPs were generally annotated with the date they needed to be reviewed. There were several SOPs that had not been reviewed since 2017 so they may not have reflected the pharmacy's current practice. SOPs were generally signed by team members to show that they had read them. A SOP about dispensing CDs had not been signed by a dispenser. Team members said that the dispenser had read the SOP but had forgotten to sign it. The pharmacist said that he would get the team member to sign the SOP. A notice was displayed that was visible from the retail area and was used to show which pharmacist was on duty. The incorrect pharmacist's details were displayed on the notice. This was changed when it was highlighted to the pharmacist.

The pharmacy had SOPs about information governance and confidentiality. Team members had signed confidentiality agreements and they had their own NHS smartcards to access electronic prescriptions. They said that confidentiality was frequently discussed. Confidential waste was separated from other waste and appropriately destroyed.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to safely provide its services. Its team members are suitably qualified to competently perform their roles and they share information through regular discussions. The pharmacy's team members receive some ongoing training to keep their knowledge and skills up to date.

Inspector's evidence

At the time of the inspection there was the responsible pharmacist (owner), one dispenser and one counter assistant present. The staffing level was appropriate to manage the pharmacy's workload. The pharmacist said that the team members' annual leave was organised so that the staffing level could be maintained. He said that overtime and staff from another branch could provide additional cover if needed. The pharmacy often employed a second pharmacist to help provide MURs to people.

The team said that it used informal discussions to share messages. Team members said that they also left notes to communicate messages to other staff. Feedback was provided through informal conversations and group discussions. The pharmacist said that there weren't any targets.

The dispenser on duty had an NVQ level 3 pharmacy qualification. Other team members also had pharmacy qualifications that were appropriate to their role. Team members said that discussions and informal meetings were used to provide updates to their knowledge. The pharmacist said that he reviewed mistakes and customer complaints to provide learning points to the team. Regular ongoing training wasn't provided to the pharmacy's team members, so they may have found it more difficult to keep their knowledge and skills up to date. He provided examples of CPPE training courses that had been completed.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy safely provides its services from suitable premises. Its team members efficiently manage available space so that they can safely dispense prescriptions. The pharmacy has appropriate security arrangements to protect its premises.

Inspector's evidence

The pharmacy was clean and tidy. The dispensary was small, so clutter could sometimes build up. Team members worked well together to keep workbenches tidy and made sure there was enough space to dispense prescriptions safely. There was adequate heating and lighting throughout the pharmacy. The pharmacy had hot and cold running water available. The pharmacy had a 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 generally manages its services well and provides them safely. It receives its medicines from reputable suppliers and stores them properly. It takes the right action in response to safety alerts, so people get medicines and medical devices which are safe to use. The pharmacy's team members generally provide appropriate advice to people who receive higher-risk medicines.

Inspector's evidence

The pharmacy's layout and step-free access made it easier for people in wheelchairs to use the pharmacy. The pharmacy did not have leaflets displayed which provided information about it and its services. This may have reduced people's access to this information. The pharmacist said that he would print additional leaflets.

The pharmacy had invoices which indicated that its medicines were obtained from licenced wholesalers. It kept medicines that required cold storage in a fridge. Its team members recorded daily fridge temperatures to make sure the medicines were suitably stored. CDs were secured appropriately.

The pharmacy did not have a schedule for regularly date-checking its stocked medicines, but it did keep a record about previous checks that had been completed. A recent check had been completed in July 2019. A dispenser said that she checked expiry dates when medicines were received from wholesalers. A sample of medicines was chosen at random and found to be in date. The pharmacy put the date onto liquid 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. This was seen for lactulose liquid. Expired and returned medicines were segregated and placed in to pharmaceutical waste bins. These bins were kept safely away from other medicines. A separate bin was used to segregate cytotoxic and hazardous medicines. A list was displayed to help identify these medicines.

The pharmacy had scanners to help verify its medicines' authenticity in line with the FMD. It had arrangements with a software provider to help its team perform the processes it needed. The pharmacist said that software was currently being updated so that it could work properly. The pharmacy received emails which information about medicine recalls. The emails were from the Medicines and Healthcare products Regulatory Agency (MHRA). It kept records about the recalls it received and the actions that had been taken. This included a recent recall about Clexane.

The pharmacy's team members said that most people ordered their prescriptions directly with GP surgeries. This was because the pharmacy was only allowed to order prescriptions for people who were identified as vulnerable by the GP surgery. The pharmacy kept records about the prescriptions it ordered.

Dispensers 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 pharmacists generally labelled prescriptions themselves which helped them to easily identify interactions between medicines or other clinical information. The pharmacy used stickers to highlight medicines that were stored in the fridge. Its team members highlighted CD prescriptions so that they were supplied within the legally valid date.

The pharmacy's team members said that they did not ask people about relevant blood tests if they were supplied with warfarin. This may have made it more difficult to provide appropriate advice when they supplied this medicine. The pharmacy team knew about pregnancy-prevention advice to provide to people in the at-risk group who received sodium valproate. They did not know how to use treatment cards and other materials related to this advice. The inspector signposted the team to guidance about using these resources. The pharmacy delivered some people's medicines. It kept records about these deliveries, but these did not include the recipient's signature. This meant that it was more difficult for the pharmacy to confirm if deliveries had been completed correctly.

The pharmacy supplied medication in multi-compartment compliance packs to around 42 people to help them take their medicines safely. The workload was arranged across four weeks which helped it be more organised. The pharmacy kept records about medicines, administration times and changes to medicines. A team member said that patient information leaflets were not generally supplied to people because they did not want them. She said that when new medicines were supplied then a leaflet would be sent. This meant that people may not have had access to up-to-date information about their medicines.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment to safely provide its services. It keeps its equipment and facilities in good condition. The pharmacy's team members access up-to-date reference sources.

Inspector's evidence

The pharmacy's equipment appeared to be in good working order and maintained adequately. The pharmacy's team members referred maintenance issues to the owner, so that they could be resolved. Confidential information was not visible to people visiting the pharmacy. Computers were password protected to prevent unauthorised access to people's medication records. The sinks had running hot and cold running water. Crown-stamped measures were available in the pharmacy to accurately measure liquids. The pharmacy had suitable equipment to count loose tablets. The pharmacy had up-to-date reference sources, and team members could access 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.