

Registered pharmacy inspection report

Pharmacy Name: Delapre Pharmacy, 52 Gloucester Avenue,
NORTHAMPTON, Northamptonshire, NN4 8QF

Pharmacy reference: 1035454

Type of pharmacy: Community

Date of inspection: 23/02/2024

Pharmacy context

This is a community pharmacy situated in a row of shops in a Northampton suburb. 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 'Pharmacy First' service and the hypertension case-finding 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

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 personal information safely. Its team members have defined roles and accountabilities. The pharmacy has some procedures to learn from its mistakes. But because the pharmacist does not regularly share the outcome of the near miss reviews with the team, the pharmacy might miss opportunities to improve its ways of working.

Inspector's evidence

The pharmacy had a set of up-to-date standard operating procedures (SOPs) which had been signed by the pharmacy team members to show they had read and understood them. Staff were seen following the SOPs which included dispensing medicines and handing medicines out to people safely. Roles and responsibilities of the team members were identified in the SOPs. When asked, the team members could confidently explain what they could and could not do in the absence of a responsible pharmacist (RP). Staff understood how to sell medicines safely and had a good understanding of 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. The pharmacy aimed to highlight prescriptions containing CDs to remind staff of their shorter validity. But some dispensed CDs waiting collection had not been highlighted. 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 near miss log. The regular pharmacist had signed the near miss logs monthly to show he had reviewed them. But staff said that he did not routinely discuss the outcomes with the team.

The RP notice was visible in the dispensary and identified the pharmacist on duty. The pharmacy maintained the necessary records to support the safe delivery of pharmacy services. These included the RP record, private prescription records, and the CD register. The entries for two CD 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 electronic information was stored securely, and confidential waste was destroyed appropriately. 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 members 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 and also kept clinical governance up to date. There was one locum pharmacist, two pharmacy technicians, one was an accuracy checking technician; one trained dispenser and a trained counter assistant. There was a friendly culture within the pharmacy. Team members worked well together, giving each other support and advice. The team members actively engaged with the inspection and took on board any learning points or ways they could improve their service.

The pharmacy team had access to online training and were also given informal training by the pharmacist. The team members said that they discussed any issues informally on a daily basis and felt able to raise concerns if necessary. They also had formal reviews, these usually took place annually, but they had not had a review recently. The regular pharmacist had completed the training they needed to provide the new 'Pharmacy First' NHS service, and had provided the team with some training on the service.

Principle 3 - Premises ✓ Standards met

Summary findings

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

Inspector's evidence

The public area was a reasonable size. The dispensary was also a reasonable size and was neat and tidy. There was suitable heating and lighting, and hot and cold running water was available. One good sized consultation room was available for people to have a private conversation with pharmacy staff. There was hand sanitiser available. 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 mainly 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 a push-pull door and flat access which provided reasonable access for people with a disability or a pushchair to get into the pharmacy. The pharmacy team members understood the signposting process and used local knowledge to direct people to local health services. 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 advice to people using the pharmacy's services. This included advice when they had a new medicine, their dose changed, or for people who were taking medicines that required ongoing monitoring such as methotrexate or warfarin. But medicines waiting collection were not always highlighted so the team might miss opportunities to counsel patients when the medicines are handed out.

The pharmacy was offering the NHS hypertension case finding service. The pharmacy technician explained that they measured people's blood pressure in the pharmacy. If people had a higher blood pressure, they then wore a machine that measured their blood pressure for 24 hours. If necessary, they were then referred to their doctor for review. Following this some people had been prescribed medicines to reduce their blood pressure. The pharmacy had also started offering the 'Pharmacy First' service. This allowed the pharmacy to treat seven common conditions including supplying prescription-only medicines. The pharmacy team said that the service had been positively received. The locum pharmacist present was not able to provide the service, so the pharmacy had contacted a local pharmacy and arranged to refer people there if necessary.

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 medicine descriptions on the packs to make it easier for people to identify individual medicines in their packs. Patient information leaflets (PILs) were sent when people started a new medicine. The pharmacy technician said she would make sure PILs were sent to people for all their medicines each month.

Medicines were stored on shelves in their original containers. Opened bottles of liquid medications were mainly marked with the date of opening so that the team would know if they were still suitable to 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. 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 mainly 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 was using measures for measuring liquids that did not show that they had been calibrated to make sure the measures were accurate. The pharmacy technician said that she would arrange for new measures to be bought. 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 team had made arrangements for the portable electronic appliances to be tested in the next couple of weeks to make sure they were safe.

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.