

Registered pharmacy inspection report

Pharmacy Name: Unidrugs Pharmacy, The Local Centre, Hunsbury Hill Road, Camp Hill, NORTHAMPTON, Northamptonshire, NN4 9UW

Pharmacy reference: 1035460

Type of pharmacy: Community

Date of inspection: 12/08/2019

Pharmacy context

This is a community pharmacy located amongst a few shops and next door to a medical practice in a residential area of Northampton. Most of the 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 homes. Other services that the pharmacy provides includes prescription deliveries to people's homes, Medicines Use Reviews (MUR), New Medicine Service (NMS) checks, and seasonal flu vaccinations under both NHS and private patient group directions (PGDs).

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. The pharmacy adequately manages people's personal information. It knows how to protect vulnerable people. The pharmacy has adequate procedures to learn from its mistakes. But it doesn't routinely review its near misses. So, it could be missing opportunities to improve the safety and quality of its services.

Inspector's evidence

The Responsible Pharmacist (RP) notice showing the pharmacist in charge of the pharmacy was visible to the public. The pharmacy had standard operating procedures (SOPs) which were last reviewed in August 2017. Staff had signed to say they had read the SOPs. Each task within a SOP listed the staff role which had the skills and responsibility to complete it. The pharmacist had updated some SOPs and had introduced SOPs for the implementation of the Falsified Medicines Directive. Staff understood their roles, for example, the counter assistant explained how she didn't work in the dispensary.

The counter assistant had a good understanding of questions to be asked when selling a medicine over the counter and gave a range of examples of the advice that she would give. She knew that prescriptions had a six-month validity and was aware that controlled drug (CD) prescriptions were valid for 28 days from the date on the prescription. She said that CDs in the cupboard weren't dispensed until the person collected their medicine. She could recall the CDs that were not kept in the CD cupboard. She said that dispensed prescriptions with CDs were highlighted to remind the person handing them out. When checked prescriptions with Schedule 2 and 3 CDs were highlighted but prescriptions with Schedule 4 CDs were not. The superintendent said that he would review the process

An audit trail was created through the use of dispensed by and checked by boxes. These identified the staff involved in the assembly and checking procedure. The pharmacy kept some records of near misses, errors and incidents. The pharmacist discussed the near miss with the member of staff at the time and the near miss was then recorded in the near miss log. The pharmacist said that near miss reviews were carried out on an ad-hoc basis, no written records were kept of the reviews or when they were carried out. The monthly patient safety report was not being completed. Staff said that a response to a near miss could be segregating stock or placing stock between medicines and gave an example of separating out amlodipine and amitriptyline. The pharmacist said that dispensing errors were also recorded in the near miss log. This meant that there was a limited amount of information about the dispensing error and might mean that the team members don't have the opportunity to fully learn from what went wrong.

The pharmacy had most of the records needed to support the safe delivery of pharmacy services. The pharmacy had an electronic private prescription record. When the record was checked the correct prescriber was not always being recorded. This did not comply with legal requirements and meant it would be harder to check details if there was a query about a prescription. The entries made in the CD register met legal requirements. CDs that were supplied regularly were often audited weekly and if not, monthly. There was a patient-returned CD register. Patient-returned CDs had been entered and destroyed. There were a large number of out-of-date CDs, the oldest seen had an expiry date of 2013. The pharmacist said that he would contact the Accountable Officer and arrange destruction. Public

liability and Indemnity insurance were in place until September 2019. The pharmacy had a complaint process with a poster in the public area highlighting who a person could complain to. Staff said they would attempt to resolve issues in-house, but they would refer to the owner if necessary. The pharmacy had just completed its latest satisfaction survey. The previous survey was on the NHS UK website. It showed that 100% of people who had completed the survey were satisfied with the service provided.

Staff protected patient information through ensuring confidential information was not left in public facing areas and sensitive information was shredded. Confidentiality clauses had been signed by staff. The pharmacy had completed the latest data and security protection toolkit. The pharmacist could explain safeguarding requirements, the pharmacy team had completed appropriate training about safeguarding. There were local contact details available for reporting safeguarding concerns.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members adequately manage the workload within the pharmacy. Team members are able to share ideas to improve how the pharmacy operates and they can raise concerns if needed. The pharmacy doesn't have a formal approach to ongoing training, making it harder for the pharmacy to be sure that its team members are keeping their knowledge up to date.

Inspector's evidence

The pharmacy displayed who the RP in charge of the pharmacy was. The electronic RP record showed who the RP in charge of the pharmacy had been. The RP log was amendable and when checked the inspector was able to change the name of an RP on a previous day. This didn't provide a secure record of who the RP had been, and the pharmacist said that he would contact the software provider. During the inspection there were two dispensers, one counter assistant and the superintendent pharmacist. Some certificates of staff qualifications were on display. There were some staff who worked across the two pharmacies owned by the company and could also work in the post office. This gave flexibility but also meant increased pressure on staff in the dispensary when they weren't there.

The dispenser said that she had regular informal chats about how things were going but she didn't have a formal review. There were also occasional team meetings at lunchtime where issues could be discussed. She said that she felt able to raise concerns when necessary and was also able to make suggestions about how to improve the service provided. There was informal training which included training from the pharmacist and reading product literature and articles in pharmacy magazines. Sometimes there was training at lunchtime. Staff knew about the recent changes in the requirements for gabapentin and pregabalin.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises safe, secure and appropriately maintained. The pharmacy protects personal information.

Inspector's evidence

The premises consisted of a medium-sized retail area and a dispensary located at the rear with a post office located to the left-hand side of the dispensary.

The pharmacy was clean and maintained to a suitable standard throughout. Front public facing areas were well presented. The pharmacy had air conditioning to provide appropriate temperature for the storage of medicines. The dispensary was a little small for the number of prescriptions dispensed. Some of the dispensing benches were cluttered which reduced the available space and some dispensed and stock medicines were on the floor. This created a trip hazard. There were two sinks with hot and cold water.

The consultation room was situated by the front entrance. It was signposted and was an adequate size for the services provided. The consultation room wasn't used during the inspection; one reason may have been because it was at the front of the shop rather than next to the dispensing counter.

Computer screens were set back and faced 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 to the people who use the pharmacy. The pharmacy gets its medicines and medical devices from reputable sources. It generally stores them safely. Staff understand the actions to take if any medicines or devices are not safe to use to protect people's health and wellbeing.

Inspector's evidence

There was a push-pull door and flat access which provided reasonable access to the pharmacy for people with mobility issues. There was a wide clear aisle to provide an unhampered route to the dispensary counter. There were sufficient seats available for people waiting for prescriptions. Car parking spaces were available outside. There were clear signs advertising the opening hours. The pharmacy also contained a post office. During the inspection there was often a queue of people waiting to be served at the post office counter.

The counter assistant was the healthy-living champion. She could explain the recent healthy-living campaigns including children's oral health, but she didn't have a record of the recent interventions made. There was a good range of health leaflets and posters on display. The pharmacist understood the signposting process and used local knowledge to direct people who needed support from other healthcare providers. The pharmacist said that he gave a range of advice to people visiting the pharmacy. He said that he spoke to people who had been prescribed higher-risk medicines including warfarin, methotrexate and lithium but the pharmacy didn't have a process for highlighting prescriptions for people who were calling back to collect their medicines. This may mean that some people who received higher-risk medicines didn't receive the information they needed to take their medicines safely. The pharmacist knew the advice about pregnancy prevention that should be given to people in the at-risk group taking sodium valproate and had the latest information leaflets to give to people.

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. The pharmacy also used baskets during the dispensing process to reduce the risk of error. There were separate areas for the assembling and checking of prescriptions. Stock medicines were generally stored in an organised manner in their original containers on shelves, within drawers, fridge or CD cabinet as appropriate. Some stock was stored on the floor. This could create a trip hazard. Staff said that date checking was carried out as often as possible. A chart showed the last date check was in February 2019. No out-of-date medicines were seen in a check of stock. Most bottles of liquid medicines were marked with the date they had been opened. The pharmacist said that if there wasn't specific guidance the open bottles were discarded after six months.

There was a diary record to make sure that each person living in the community who received their medicines in a multi-compartment compliance pack received their medicines in time. If there was a change in a medicine the surgery was contacted before the compliance pack was assembled. The medicine chart in the pack checked recorded the shape and colour of the medicines to allow easy identification. Patient information leaflets were sent with the first compliance pack of each month to make sure that people had information about their medicines. The medicine labels were not always

signed by both the pharmacist and the dispenser to provide a clear audit trail. On the shelf for dispensed compliance packs there were two packs which were dated 31 May 2019. When checked the person was still regularly receiving her medicines. The dispenser said that the packs would be given to the person. The pharmacist said that there was one dispenser, who was not present, who was responsible for managing the compliance pack service. He said he would discuss the issues with her when she was in the pharmacy later that week. Compliance packs do not provide the same protection as a blister in an original pack. Leaving medicines in a pack for an extended period of time could affect the quality of the medicine.

The pharmacy delivered medicines to people once a week. The delivery driver ticked the sheet, but the recipient didn't sign to confirm they had received a prescription to create an audit trail. The driver also put some medicines through letter boxes. This was done following a verbal request from a person. The dispenser said that a risk assessment was carried out, but this was not recorded. The pharmacist said that the SOP said a signature should be obtained on delivery and that he would review the process.

The pharmacy had equipment in place and staff had been trained to implement the Falsified Medicine Directive. But the pharmacist said there was a problem when scanning medicines which he was trying to resolve. Only recognised wholesalers were used for the supply of medicines. The pharmacy team was aware of the procedures for drug alerts. Staff thought that the regular pharmacist printed out alerts, but the records could not be found during the inspection. This may mean that the pharmacy is unable to show it has taken the right steps to keep people safe in the event of a future query.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services that it offers. It maintains its equipment and facilities adequately.

Inspector's evidence

The pharmacy had a range of up-to-date reference sources. The pharmacy had a range of crown stamped conical measures for measuring liquids. A separate measure was used for CDs. A separate triangle could be used for counting cytotoxic medicines. The fridge stored medicines requiring cold storage at appropriate temperatures. Records showed that fridge lines were stored correctly between 2 and 8 degrees Celsius. CDs were stored securely.

The pharmacy didn't test its portable electrical appliances to make sure that they were safe. A visual inspection of the equipment didn't show any obvious damage. Computer terminals were positioned in a manner that prevented unauthorised access. A shredder was used to dispose of confidential waste. Smart cards were stored securely when not in use.

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.