

# Registered pharmacy inspection report

**Pharmacy Name:** Alisons Chemist, 56 Kingsley Park Terrace,  
NORTHAMPTON, Northamptonshire, NN2 7HH

**Pharmacy reference:** 1035463

**Type of pharmacy:** Community

**Date of inspection:** 31/05/2019

## Pharmacy context

This community pharmacy is within a parade of shop in Northampton. It is in a residential area and mainly dispenses NHS prescriptions to local people. It provides medicines in multi-compartment compliance packs to people in the community and care homes. The pharmacy also 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy manages its risks safely. It has written procedures about safely running its services, but these are not reviewed frequently to make sure they represent current practice. The pharmacy keeps the records that it needs to and generally makes sure that these are accurate. The pharmacy team knows how to protect vulnerable people. And it appropriately manages confidential information.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs) about its services that had been signed by its team members. However, most SOPs indicated that they were due for review in 2016 and had not been updated. This meant that the SOPs may not represent the pharmacy's current practice.

The pharmacy recorded dispensing errors. A recent record from March 2019 included the medicines involved and actions to correct the mistake. But there was no record about contributing factors or actions to prevent recurrence. The pharmacist said that similar packaging contributed to the error and this was discussed with the team. The pharmacy had a template to record near misses. There were one to two near misses recorded each month. Team members said that near misses were not always recorded. They said that they discussed near misses to make improvements.

Certificates were displayed which indicated that there were current arrangements in place for employer's liability, public liability and professional indemnity insurance. The pharmacy kept records about controlled drugs (CDs) and their running balances. Its team members checked running balances every two to three months and when they made entries. Team members said that the pharmacy's SOP indicated that checks should take place weekly or monthly. Three CDs were checked at random and matched the recorded running balances. The pharmacy kept records about the responsible pharmacist and their working hours. The records did not usually include the time that the responsible pharmacist stopped being on duty which made this information more difficult to find out.

Emergency supply records were kept electronically. There were several records which did not include the information about the emergency that had caused people to request these supplies. The pharmacy may have found it difficult to find this information out after the supplies had been made. Other records about returned CDs, unlicensed medicines and private prescriptions were kept and maintained adequately.

The pharmacy provided satisfaction surveys to people who visited the pharmacy. Recent results were positive. The team said that it received additional feedback verbally. Team members said that they would refer complaints to the responsible pharmacist.

A team member said that they had received training about safeguarding vulnerable people. This had been communicated by the regular pharmacist. The team member said that additional guidance had been provided in the pharmacy's SOPs and her dispensing qualification. Contact details for local safeguarding organisations were available.

Team members received training about confidentiality and information governance in the SOPs. Confidential waste was segregated by team members so that it could be destroyed. Team members had

their own NHS smartcards which they used to access electronic prescriptions.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to safely provide its services. Its team members are suitably qualified and complete ongoing training to perform their roles well.

### Inspector's evidence

At the time of the inspection there was: the responsible pharmacist (regular pharmacist), two dispensers and one counter assistant present. The pharmacist confirmed that there were no current vacancies. The staffing level appeared adequate to safely manage the pharmacy's workload. A holiday planner was displayed to track planned absences. Team members said that absences were managed with overtime.

The staff said that they used informal discussions and notes to share messages. Training certificates were available for some team members to indicate that they had completed appropriate pharmacy qualifications. Other team members described the dispensing qualifications which they had completed.

The pharmacy's team members said that they had access to ongoing training from trade magazines. They said that they discussed over-the-counter products or changes to legislation. Team members said that ongoing training was generally responsive to arising issues.

Team members did not receive formal appraisals. They said that the pharmacist provided feedback about their performance when needed. The pharmacist said that there were no targets and no unnecessary pressure. She said that she felt sufficiently supported by the superintendent pharmacist.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy safely provides its services from suitable premises.

### Inspector's evidence

The pharmacy was generally clean and tidy. Team members used separate workbenches for different tasks which helped to make an efficient workflow. 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 located behind the main dispensary. There was no confidential information displayed on the route to the room. The pharmacy's team members said that they made sure that confidential information was not visible to people who used the room. Blinds in the window provided additional privacy to people using the room. The pharmacy had appropriate security arrangements.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy generally manages its services well. Its team members store medicines appropriately. The pharmacy doesn't always provide patient information leaflets, making it more difficult for people to access up-to-date information about their medicines. The pharmacy identifies higher-risk medicines to make sure people use their medicines safely.

### Inspector's evidence

The layout of the pharmacy and step-free access meant it was wheelchair accessible. The pharmacy did not have a practice leaflet displayed which may have restricted people's accessibility to information about it and its services.

The pharmacy supplied medicines to three care homes which provided services for around 70 people. The pharmacy kept records about medicines that were included and the administration times. Prescriptions were ordered in advance so there was enough time for dispensing and checking medicines. The pharmacy provided medication administration records (MARs) to the care homes so they could record information about people taking their medicines. The team members said that patient information leaflets were supplied when the care homes asked for them rather than each month, which may have reduced accessibility to up-to-date information about medicines.

The pharmacy supplied multi-compartment compliance packs to around 50 people. The workload was arranged over four weeks. The pharmacy kept records about medicines and their administration times. There were no descriptions on assembled packs which made it difficult to identify individual medicines. Team members confirmed that patient information leaflets were usually not sent with these medicines.

The pharmacy's dispensing software highlighted interactions. Team members said that they verbally informed the pharmacist about interactions. They said that these warnings could also be printed. Team members said that higher-risk medications were identified when they were supplied. This included warfarin and methotrexate. The pharmacist asked people taking warfarin about relevant blood test results. The pharmacy team knew about pregnancy advice to be given to people in the at-risk group who were supplied sodium valproate. The pharmacy had access to literature to provide people with additional guidance.

The pharmacy had invoices which indicated that its medicines were obtained from licensed wholesalers. Stock requiring cold storage was stored appropriately. The pharmacy kept fridge temperature records to make sure storage conditions remained suitable. CDs were stored appropriately. Expired and returned CDs were separated from other stock to prevent them being mixed up. Expiry dates for stocked medicines were checked twice a year. The pharmacy kept records for this process. A recent entry recorded a check in January 2019. Medicines that were approaching their expiry date were highlighted so that team members were aware. A sample of medications was chosen at random and found to be within date. Liquid medicines were marked with the date when bottles were opened. This was to make sure they were fit for purpose when being used for dispensing.

Expired and returned medicines were segregated and placed in pharmaceutical waste bins. These bins

were kept safely away from other stock. The pharmacy did not have separate bins for separating cytotoxic medicines. Team members said that they would ask the pharmacist to check if cytotoxic medicines were returned.

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 produce an audit trail. The pharmacy delivered people's medicines. It kept records for deliveries which included recipient signatures. The pharmacy did not have equipment to scan its medicines and verify authenticity in line with the Falsified Medicines Directive. The pharmacy received messages about medicines recalls. It kept records for actions that had been taken. This included a recent record for co-amoxiclav.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy maintains suitable equipment and facilities for its services.

### Inspector's evidence

The pharmacy's equipment appeared to be in good working order and appropriately maintained. Its team members said that they referred maintenance issues to the superintendent pharmacist, so they could be appropriately managed.

Confidential waste was not visible to people using the pharmacy. Computers were password protected to prevent the unauthorised access to people's medication records.

Sinks had running hot and cold running water. Crown-stamped measures were available in the pharmacy and used to accurately measure liquids. The pharmacy's team members confirmed that they had access to up-to-date reference sources on the internet.

### What do the summary findings for each principle mean?

Finding	Meaning
<span>✓ Excellent practice</span>	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.
<span>✓ Good practice</span>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span>✓ Standards met</span>	The pharmacy meets all the standards.
<span>Standards not all met</span>	The pharmacy has not met one or more standards.