

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: 08/02/2024

Pharmacy context

This is a community pharmacy situated in a parade 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 most of the 'Pharmacy First' services and the winter flu vaccination service. The pharmacy delivers medicines to some 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. The pharmacy manages people's personal information safely, and its team members know how to protect vulnerable people. The pharmacy keeps the records it needs to by law. And it has procedures to learn from its mistakes.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) which had been due a review in June 2019. The delay in reviewing could mean that some of the SOPs do not reflect current best practice. The pharmacy team members had signed the SOPs. Staff were seen dispensing medicines and handing medicines out to people safely. Staff understood how to sell medicines safely and knew 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 highlighted prescriptions containing CDs to remind staff of their shorter 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 reviewed the near miss logs every couple of months and discussed the outcomes with the team.

The Responsible Pharmacist (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. The pharmacy balance checked the physical stock of CDs against the balance in the CD register when they were supplied. But CDs that were not regularly supplied were not balance checked regularly. The pharmacist said they would start balance checking these CDs monthly. 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.' A team member explained the actions they had taken to support a vulnerable elderly person.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members work well together to manage the day-to-day workload within the pharmacy. They have the appropriate range of experience and skills. And 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 and two trained dispensers. Team members worked well together, giving each other support and advice. Staff completed 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. The pharmacist had completed training for most of the new 'Pharmacy First' NHS service and had plans to complete the rest. The team had been given some training in the service by the pharmacist.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises safe, secure, and appropriately maintained. And it has made changes to help keep its team members and people using the pharmacy safe.

Inspector's evidence

The pharmacy had an automatic door with flat access which provided good access for people with a disability or a pushchair to get into the pharmacy. The pharmacy had a clear plastic screen at the pharmacy counter which provided re-assurance to both the staff and the customers. There was hand sanitiser available. There was air conditioning to provide suitable heating, and hot and cold running water was available. One consultation room was available for people to have a private conversation with pharmacy staff. But because it was behind the dispensary and not visible from the public area, some people visiting the pharmacy might not know they had the option for a private conversation. The consultation room was also used for storage and did not present a professional image. 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 mainly 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 team 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. Medicines waiting collection were highlighted so the team knew the pharmacist wanted to speak to the person when they came to collect their medicine.

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 were provided to people each month.

Medicines were stored on shelves and in cupboards mainly in their original containers. A small number of medicines that had been popped out of their original blisters by mistake during dispensing for compliance packs were stored in brown bottles. The bottles had a label with some information, such as the details of the medicine. However, the batch number and expiry date were not recorded. The pharmacist said she would dispose of these bottles and make sure that going forward all the information to make sure the medicines could be used safely was recorded on the label. Opened bottles of liquid medications were 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 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 February 2024 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.