

# Registered pharmacy inspection report

**Pharmacy Name:** Touchwood Pharmacy, 13 Kingsthorpe Centre,  
Harborough Road, NORTHAMPTON, Northamptonshire, NN2 7BD

**Pharmacy reference:** 1035466

**Type of pharmacy:** Community

**Date of inspection:** 29/01/2020

## Pharmacy context

This is a community pharmacy situated in a row of shops on the outskirts of Northamptonshire. 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 include prescription deliveries to people's homes, Medicines Use Reviews (MUR) and New Medicine Service (NMS) checks. Additional services include a private travel clinic, and both private and NHS flu vaccinations, and blood pressure testing.

## 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	3.5	Good practice	The pharmacy has been refitted to a high standard both inside and out and presents a bright modern image with easy access for people with wheelchairs or mobility problems.
<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 identifies and manages most of 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 some procedures to learn from its mistakes. But because the pharmacy does not record all of its near misses it may miss some opportunities to improve its services.

### Inspector's evidence

The pharmacy had electronic Standard Operating Procedures (SOPs) which were in date and mainly reflected how the pharmacy operated. Staff had to confirm that they had read the SOPs and had to complete a short test to show their understanding.

The counter assistant knew the questions to be asked to sell an over-the-counter medicine safely. She had a reasonable product knowledge. She knew that prescriptions for controlled drugs (CDs) were valid for 28 days from the date on the prescription and was able to name the CDs that, once dispensed, were put on the shelves for collection. She said that dispensed prescriptions on the shelves were highlighted to make her aware they contained a CD. When the inspector checked he saw that the prescriptions were highlighted, and the bags had a CD sticker. Other stickers to highlight medicines included 'fridge' and 'speak to pharmacist'.

The final check was carried out by both the pharmacist and the accuracy checking technician (ACT). The ACT could explain the restrictions set out in the SOP on the medicines she was able to check. However, she sometimes checked the medicine before the pharmacist had completed the clinical check. Although she then gave the medicine back to the pharmacist to clinically check this process didn't follow the SOP. The pharmacist said that she didn't always sign to show that she had completed the clinical check which increased the risk that a medicine might be supplied without oversight from the pharmacist.

The pharmacy had some procedures in place for managing errors, incidents and near misses. The pharmacist discussed the near miss with the person who had made the mistake at the time. The team member was supposed to record the near miss in the near miss log. The pharmacist said she was aware of near misses for January that hadn't been entered in the near miss log. The pharmacist was able to explain actions taken as a result of a near miss. This included separating stock and ordering different brands when original packs looked alike. The pharmacist reviewed the near miss log monthly but didn't make a record of the review.

The pharmacy provided a range of services through patient group directions. This included both NHS and private flu vaccinations; travel vaccinations, and other PGDs including erectile dysfunction and salbutamol inhalers. Not all the training records and PGDs were available during inspection but the superintendent was able to confirm that these were in place.

The pharmacy maintained appropriate records to support the safe delivery of pharmacy services. These included the responsible pharmacist (RP) log, private prescription record and the CD register. CDs were stored securely. A random check of the recorded running balance of a CD matched the actual stock. CDs were not as regularly audited as required in the SOP. Date-expired stock and patient-returned CDs were clearly separated and awaited destruction. There was a patient-returned CD register appropriately

completed. Dispensed CDs were in-date and in clear bags with the prescription attached.

There was a complaints procedure in place. There was information on how to complain in the pharmacy. The last patient satisfaction survey on NHS.UK was from March 2018. Over 81% of people who completed the survey were satisfied with the service provided. The professional indemnity insurance certificate was on display and was in date.

The pharmacy had an up-to-date information governance policy. Computer terminals in the dispensary were positioned so that they couldn't be seen by people using the pharmacy. Access to the electronic patient medication record (PMR) was password protected. Confidential paper work stored securely. Confidential waste was shredded. The pharmacist was aware of safeguarding requirements; the pharmacy team had completed appropriate training. There was a safe guarding folder and local contact details were available if they needed to raise a concern and staff.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy's team members are competent for the roles they undertake. They effectively manage the workload within the pharmacy. They can raise concerns if needed. The team members receive support in keeping their skills and knowledge up to date.

### Inspector's evidence

The pharmacy displayed who the RP in charge of the pharmacy was. The RP record showed who the RP in charge of the pharmacy had been. During the inspection the pharmacy team were able to manage the workload. There was one pharmacist, one pharmacy technician who was an ACT; a trainee dispenser, an apprentice dispenser and two trained counter assistants. The trainee dispenser said that she was currently completing a counter assistant course, but she mainly worked in dispensary. The pharmacist said she would discuss whether this was the most appropriate course with the superintendent. The apprentice dispenser got regular training time every week. There was training available from an on-line provider, recent training had been on sepsis, and informal training from the pharmacist.

Staff had an annual appraisal with the superintendent; they said that they during the appraisal had the opportunity to feedback any concerns. In addition, staff said that issues could be raised informally. There was a whistleblowing procedure in place, but it didn't include contact details for external organisations.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy has been refitted to a high standard both inside and out and presents a bright, modern image with easy access for people with wheelchairs or mobility problems. The pharmacy keeps its premises safe, secure and appropriately maintained. The pharmacy protects personal information.

### Inspector's evidence

The pharmacy had been refitted a couple of years ago and it now presented a bright modern image. There was a new fascia at the front of the pharmacy. There was an automatic door and level access to provide easy access for a wheelchair or those with physical disability. Inside, there were smart fixtures and fittings, and soft lighting. There was also a clear walk through to the dispensary counter.

The dispensary was a reasonable size for the services provided, with an adequate dispensing bench available for the assembly of medicines and reasonable space for the storing of medicines. The dispensary was clean and tidy; there was a sink with hot and cold water. The pharmacy was an appropriate temperature for the storage of medicines.

An adequate sized, sound-proofed, secure consultation room was available to ensure patients could have confidential conversations with pharmacy staff. Computer screens were set back from and faced away from the counter. Access to the electronic patient medication record system 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. The pharmacy gets its medicines and medical devices from reputable sources. It 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. Some people may not always be getting all the information and support they need to take their medicines safely.

### Inspector's evidence

The pharmacy was within a row of shops. There were no opening hours displayed; staff said that they were waiting for new signage. Staff had uniforms to make them more easily identifiable but didn't have name badges. There was a pharmacy practice leaflet which advertised the opening hours and services available. There was a seating area for patients which had a range of leaflets available.

The pharmacy used a dispensing audit trail which included use of 'dispensed by' and 'checked by' boxes on the medicine label. This helped to identify who had completed 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.

The pharmacist understood the signposting process and used local knowledge to direct patients to local health services. The pharmacist said that she gave a range of advice. She gave advice if there was a new medicine or a change in dose and told people how to take antibiotics. She said that she always spoke to people who were starting warfarin, methotrexate and lithium to make sure they understood any regular tests they needed and what side effects to look out for. She didn't routinely speak to people whose treatment was stable. The pharmacist knew the advice about pregnancy prevention that should be given to people in the at-risk group that took sodium valproate. She had spoken to those people in the at-risk group. Patient information and leaflets for sodium valproate were available.

The pharmacy had procedures to ensure that medicines were ordered and delivered in a timely manner for people who received their medicines in multi-compartment compliance packs. Records maintained had contact details and recorded any changes in medicines. Labels on the compliance packs checked didn't record the shape and colour of the medicine which made them less easy to identify. Patient information leaflets (PILs) were provided to people.

The pharmacy was a Healthy Living Pharmacy. There was a range of advice on display including exercise and mental health. The pharmacist said that she followed Public Health England campaigns. They had publicised 'dry January' and were now promoting 'ask a pharmacist'.

The pharmacy delivered medicines to some people. The person signed to confirm they had received a prescription to create an audit trail. The driver signed for people who were unable to. The number of people who did not sign for themselves was more than would normally be seen. The pharmacist said she would remind the driver that all people who could sign, should sign. Some people had their medicines posted through their letterbox. The pharmacist knew the major risks with this process. She said there was a record on the medication record to confirm that the person had agreed to this but there was no record on the medication record for the person checked. The pharmacy technician said that there were forms that people had completed but that these had been completed a few years ago. The pharmacist said she would discuss the process with the superintendent.

Medicines were mainly stored in their original containers on the shelf, fridge or CD cabinet as appropriate. Some original packs contained blisters that were from another pack. Some medicines kept in the fridge were pushed to the back which increased the risk of them freezing. Records in the dispensary showed that date checking was carried out regularly. Short-dated stock had a sticker to highlight this fact. Out-of-date medicines were stored appropriately. The pharmacy recorded the date of opening on all liquid medicines to make sure that they were still appropriate to be supplied.

Only recognised wholesalers were used for the supply of medicines. The pharmacist understood the requirements of the Falsified Medicines Directive, but the pharmacy had not yet started implementing the process. Only recognised wholesalers were used for the supply of medicines. The pharmacist was aware of the procedure for drug alerts. There was an audit trail for the action taken.



## 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 generally maintains its equipment and facilities adequately.

### Inspector's evidence

The pharmacy used British Standard marked measures for measuring liquids. The pharmacy had a range of up-to-date reference sources. Records showed that the fridge was in working order with temperatures within the required range of 2 and 8 degrees Celsius; temperatures were recorded daily. CDs were stored appropriately. Records seen showed that the next portable electrical equipment electrical safety check had been due April 2018.

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

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