General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Park Avenue Pharmacy, 170 Park Avenue North, At Garage Unit At Rear Of Premises, NORTHAMPTON, Northamptonshire, NN3 2HZ

Pharmacy reference: 1035481

Type of pharmacy: Community

Date of inspection: 18/09/2024

Pharmacy context

The pharmacy is situated next door to a GP surgery. Most of its activity is dispensing NHS and private prescriptions and selling medicines over the counter. It provides NHS services such as the 'Pharmacy First' service, the Hypertension case-finding service and Contraception service. It provides a private ear wax removal service.

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 electronic personal information safely. The pharmacy has some procedures to learn from its mistakes. But the records about its mistakes are not always reviewed regularly and do not always contain helpful details about next steps. This might mean opportunities to improve ways of working are missed.

Inspector's evidence

The pharmacy had a set of electronic up-to-date standard operating procedures (SOPs) which had been read and signed by the pharmacy team members. Staff were seen following the SOPs for dispensing medicines and handing medicines out to people safely. Staff had some understanding of how to sell medicines safely and said they always referred to the pharmacist if they were unsure. 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 this was not always done. This might increase the chance of some medicines being supplied beyond their 28-day validity.

The pharmacy had some 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 near miss log checked did not always have information recorded in the section for actions. Which might make the records less useful when they were being reviewed. The aim was for the pharmacy technician to review the logs for trends and patterns, but this had not been done for several months. The pharmacist said that going forward he would make sure that near miss reviews were carried out.

The Responsible Pharmacist (RP) notice was not easily visible to members of the public and identified the pharmacist from the previous day. The pharmacist changed the notice and said that he would change the position of the notice to make it more visible. The pharmacy mainly 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. Regular balance checks of most CDs were completed. Patient-returned CDs and date-expired CDs were separated from stock CDs to prevent dispensing errors. There were some patient-returned CDs in the CD cupboard that had not been entered in the dedicated register. This increased the risk of diversion. The pharmacist said he would enter them in the patient-returned CD register and going forward he would enter any patient-returned medicines in the register when the pharmacy received them.

The pharmacy had a complaints procedure and an information governance policy. Access to the electronic patient medication record (PMR) was password protected. Confidential waste was destroyed appropriately. Professional indemnity insurance was in place. The pharmacy team had completed safeguarding training relevant to their role 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 able to raise concerns if needed. Additional training for its team members could make the service safer and more effective.

Inspector's evidence

During the inspection, the pharmacy team managed the day-to-day workload of the pharmacy effectively. There was one pharmacist, who was also the superintendent pharmacist, three trained dispensers and a trained counter assistant. The dispenser asked said they discussed any issues informally on a daily basis and felt able to raise concerns if necessary. Staff were given informal training by the pharmacist but did not have any other training to keep them up to date or to refresh their knowledge.

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 had suitable seating and had plenty of space for people using the pharmacy. The dispensary was an adequate size for the services provided. There was suitable heating and lighting, and hot and cold running water was available. There was a separate room behind the dispensary which was used for assembling multi-compartment compliance packs which was a good size and had suitable heating and lighting. One reasonable sized consultation room was available for people to have a private conversation with pharmacy staff. 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 had flat access with an automatic door which provided suitable access for people with a disability or a pushchair to get into the pharmacy. The pharmacy team understood the signposting process and used local knowledge to direct people to local health services. Pharmacy medicines were stored out of reach of the public and staff were aware of higher-risk, over-the-counter medicines such as painkillers containing codeine. The pharmacy team knew the advice about pregnancy prevention that should be given to people in the at-risk group who took sodium valproate but had not seen the latest guidance that should be given to men. The pharmacist read the guidance and said he would share it with his team.

The pharmacy was providing the NHS ‘Pharmacy First’ service. This allowed the pharmacy to treat seven common conditions including supplying prescription-only medicines. The pharmacy was also offering the NHS hypertension case-finding service. The pharmacist explained that they measured people’s blood pressure in the pharmacy and, if necessary, the person then wore a machine that measured their blood pressure for 24 hours. The pharmacist said that both the services had been positively received.

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 not routinely provided to people each month, the dispenser said that she would start doing so.

Medicines were stored on shelves or in cupboards in their original containers. Most but not all opened bottles of liquid medications were marked with the date of opening so that the team would know if they were still suitable for use. The pharmacist said he would make sure that the date of opening was recorded. 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 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. But when checked one of the thermometers showed a temperature below 2 degrees Celsius. The team member asked was not sure what the temperature range was for medicines that required cold storage. The pharmacist looked in the fridge and said the dial to control the temperature had been accidentally pushed to its coldest setting. He said he would order a new fridge. The pharmacy's portable electronic appliances looked in a reasonable condition, but they had not been tested recently. The pharmacist said that he would arrange to have the appliances tested.

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.