

Registered pharmacy inspection report

Pharmacy Name: Balmoral Chemist, Thornton Road, Thornton Estate, NORTHAMPTON, Northamptonshire, NN2 6LS

Pharmacy reference: 1035494

Type of pharmacy: Community

Date of inspection: 26/06/2019

Pharmacy context

This community pharmacy is situated in a main road next to a doctor's surgery. Most of its activity is dispensing NHS prescriptions and giving advice about medicines over the counter. The pharmacy supplies medicines in multi-compartment compliance aids to people who live in their own homes. Other services which the pharmacy provides include prescription deliveries to people's homes, Medicine Use Reviews (MUR), New Medicine Service checks (NMS), substance misuse services and a smoking cessation 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 most of the risks associated with the provision of its services. Its team members have defined roles and accountability. They manage people's personal information adequately. And they know how to protect vulnerable people. The pharmacy team doesn't record all of 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 displayed. On arrival the notice showed the pharmacist from the previous day. The pharmacist changed it so that his name was on display.

The pharmacy had a set of up-to-date standard operating procedures (SOPs). Two newer members of staff asked hadn't signed to show they had read the SOPs. However, staff were appropriately trained to deliver the services provided. For example, staff signed the 'dispensed by' and 'checked by' boxes on the medicine labels.

The pharmacy used a range of stickers including 'Medicine Use Reviews (MURs)', 'controlled drugs (CDs)', and 'fridge' to highlight dispensed medicines waiting collection.

The dispensing assistant knew the questions to ask to sell medicines safely and had a reasonable product knowledge. He knew that prescriptions had a six-month expiry date apart from those for CDs which were valid for 28 days from the date on the prescription. He said that dispensed CDs that were not stored in the cupboard had a sticker to highlight them to the person who was handing them out. He could recall the names of some but not all of them.

The dispenser said that after a month he took the prescriptions off the shelves and rang the people to remind them to collect their medicines.

The pharmacy had some procedures for recording near misses, errors and incidents. The pharmacist explained the near miss procedure. He said that he discussed the near misses with staff at the time of the error. Staff were supposed to record their near misses in their own near miss log, but this didn't always happen. The pharmacist said that he reviewed the logs at the end of the month but that he didn't make a record of the review. Staff said that when they were busy or if there was another pharmacist present they didn't always record their near miss.

An audit trail was created through the use of initialling the 'dispensed by' and 'checked by' boxes on the medicine label. The final check was by the RP.

Records to support the safe pharmacy services were in place. These included the RP log, CD register and private prescriptions register. A random check of the recorded running balance of a CD reconciled with the actual stock in the CD cabinet. Methadone Sugar Free (SF) was audited weekly. There was an open

bottle of methadone 1mg/ml in the CD cupboard. There were no people taking methadone 1mg/ml; the last supply had been in July 2018. The bottle didn't have the date of opening recorded and wasn't marked to show that it was obsolete stock. The pharmacist moved it to where other out-of-date medicines were stored.

There was a complaints procedure in place; staff referred matters to the pharmacist if required. The pharmacy satisfaction survey was on display on NHS UK; 91% of people who completed the survey rated the pharmacy as excellent or very good.

Public liability and professional indemnity insurance were in place until August 2019.

Computer terminals were positioned so that they couldn't be seen by people visiting the pharmacy. There was an individual log-in code for all staff. Patient confidential paperwork was stored securely, and confidential waste was shredded. The pharmacy had an information governance protocol in place.

The pharmacist was aware of safeguarding requirements; there was an SOP and contact details for reporting concerns were available.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members adequately manage the workload within the pharmacy. They can raise concerns or issues affecting patient safety and there is a work culture of openness and honesty. 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 RP record showed who the RP in charge of the pharmacy had been.

The pharmacy team was sufficient for the workload of the pharmacy. During the inspection there were two pharmacists, a registered pharmacy technician; four qualified dispensers; and one trainee counter assistant. The trainee counter assistant had only been at the pharmacy for a couple of weeks. There was also a pharmacist from Romania who had not yet registered with the GPhC. She had been at the pharmacy for a few weeks. And there was also a second-year pharmacy student who was working there for the summer. The responsible pharmacist was also the pharmacy owner.

The pharmacy technician said staff had a formal review annually; she said that she could raise any concerns or issues then or informally if required. She said that during her last appraisal she had discussed starting the accuracy checking technician course with the superintendent and he had agreed but it had not yet started.

The dispenser said she had informal training from the pharmacist but hadn't had any formal training since she had started at the pharmacy around a year ago. The pharmacist said that they were in the process of registering staff on the Numark training course.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises safe, secure and appropriately maintained. It protects people's confidentiality. The premises are secure from unauthorised access when open and when closed.

Inspector's evidence

The dispensary was a small size for the number of items dispensed but overall was well managed. There was mainly adequate space for the storage of stock medicines, but some stock bottles were on the floor. There was limited space for storing dispensed medicines, with medicines for delivery kept in tote boxes in the dispensary and medicines waiting collection being stored behind the pharmacy counter in large tote boxes. This could create a trip hazard.

The dispensary was clean and tidy, and there was a sink with hot and cold water. The dispensary was an appropriate temperature for the storage of medicines; lighting was sufficient. Multi-compartment compliance aids were assembled in a room upstairs. This space was also adequate.

Unauthorised access to the pharmacy was mainly prevented during working hours and when closed. Computer screens were set back from and faced away from the counter. The public area was a reasonable size with three seats for people waiting. During the inspection the pharmacy was often full of people which meant that they had to stand, and it was more difficult for staff to have a confidential conversation with them. There was a counter separating the dispensary from the public area.

The pharmacy didn't have a consultation room downstairs. There was a room upstairs which the pharmacist said he used to speak to people more privately. This was not easily accessible for people with a physical disability. There was no sign in the public area to indicate a consultation area was available. During the inspection, the room wasn't used.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally provides its services safely and effectively. Its team members are helpful but some people including those who receive higher-risk medicines may not be getting all the information they need to take their medicines safely. The pharmacy gets its medicines and medical devices from reputable sources. It mainly stores them safely. And it generally takes the right actions if any medicines or devices are not safe to use to protect people's health and wellbeing.

Inspector's evidence

The pharmacy was next door to the surgery. There were double push-pull door and no steps at the entrance. However, only one door could be opened; the second had a stand behind it and was not in use. Once inside the shop there was a clear route to the dispensary counter.

Pharmacy opening hours and services were advertised. There were some leaflets and health promotion posters on display. Staff had uniforms to make them identifiable. The pharmacist understood the signposting process and used local knowledge to direct people who needed support from other healthcare providers.

The pharmacy used a dispensing audit trail which included use of 'dispensed by' and 'checked by' boxes on the medicine labels. This helped identify who had done each task. The pharmacy also used baskets during the dispensing process to reduce the risk of error. Work was prioritised based on whether the prescription was for a person who was waiting, calling back or for a delivery.

The pharmacist said that he gave advice to people on a range of matters. This included new medicines, interactions and change in doses. He spoke to people who were taking lots of medicines to check they needed them. He spoke to people starting higher-risk medicines such as warfarin and methotrexate but didn't routinely speak to them if it was a regular prescription.

The pharmacist knew that he didn't have any people taking sodium valproate to whom the pregnancy prevention programme was applicable. He knew the advice that should be given but didn't have the information leaflets. He said that he would contact the manufacturer for the latest information leaflets.

The pharmacy had mainly good procedures in place for people who had their medicines supplied in multi-compartment compliance packs. This meant medicines could be delivered in a timely manner. Records on the computer included the dates of any changes. Medicines that had been stopped were blocked on the computer so that they couldn't be dispensed by mistake. If there was a change in a medicine the surgery was contacted before the medicine was dispensed. Labels on the aids recorded the shape and colour of the medicine to allow easy identification. Patient information leaflets were sent monthly.

But in some baskets, there were medicines that had been picked ready to be put into a compliance aid. When checked, the medicines had been popped out of their blisters and put loose into the original pack. The dispenser said that on this occasion she had popped them the previous day to get ahead. There were approximately 15 baskets with popped medicines inside the original pack. The inspector explained that this process increased the risk of an error being made, and the dispenser said that she

would stop doing it.

The pharmacy delivered medicines to people. The pharmacy used an electronic system which created an appropriate audit trail created by signatures provided upon delivery.

Stock medicines were stored on shelves, in the fridge or in the CD cabinet as appropriate. Medicines were mainly stored in their original containers but there were some loose blisters on the shelf. Some stock was on the floor of the dispensary which could be a trip hazard. CDs were stored safely, access to the CD cabinet was managed appropriately. The pharmacy had three fridges for storing medicines. Records showed that fridge lines were stored correctly between 2 and 8 degrees Celsius. When the fridges were checked the one in the dispensary had a maximum reading on the thermometer of 9C. Medicines were pushed to the back of the fridges which increased the risk of the medicines freezing.

Staff explained that they date checked stock every three months. Stickers were used to highlight short-dated stock. When the shelves were checked no out-of-date stock was found.

Only recognised wholesalers were used for the supply of medicines.

The pharmacy had the equipment in place for the Falsified Medicine Directive but hadn't started implementing it. Drug alerts were printed out, dated and signed to create an alert trail.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy used crown marked measures for measuring liquids. Separate measures were available for methadone.

The pharmacy had up-to-date reference sources.

The pharmacy fridges were in working order with the current temperature within the required range; temperatures were recorded daily. Each piece of electrical equipment had a sticker that said it had been tested to make sure it was safe in April 2019.

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.