

Registered pharmacy inspection report

Pharmacy Name: Prospect Pharmacy, Prospect House, 121 Lower Street, KETTERING, Northamptonshire, NN16 8DN

Pharmacy reference: 1093139

Type of pharmacy: Community

Date of inspection: 25/07/2019

Pharmacy context

This community pharmacy is within a large health centre that includes two GP surgeries. The pharmacy dispenses NHS prescriptions which mostly are received from these GP surgeries. The pharmacy dispenses a high volume of medicines, and it uses a robot to store and select some of its medicines. The pharmacy supplies some medicines to care 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 | 2.2 | Good practice | The pharmacy's team members complete the right qualifications for their roles and they keep their knowledge up to date through regular training |
| 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 generally manages its risks well. It makes sure that its team members know what to do, and it keeps records about mistakes so that improvements can be made. The pharmacy keeps the records it needs to and makes sure that they are accurate. Its team members manage people's personal information properly. And they know how to protect vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which covered its services. The SOPs were regularly reviewed to keep them up to date. The SOPs had been signed by the pharmacy's team members to show that they had been read. The pharmacy was regularly audited to make sure that it completed the jobs that it needed to. A list of tasks to complete was displayed in the dispensary.

The pharmacy regularly asked people visiting the pharmacy to complete satisfaction surveys. The previous survey's results were positive. Team members said that they received feedback in person or over the telephone. The pharmacy had a procedure about managing complaints. Information about the pharmacy's complaints process was in its practice leaflet. Team members provided examples of medicine brands that had been sourced according to people's preferences. They said that complaints would be escalated to the manager or a pharmacist.

The pharmacy's team members had undertaken training about safeguarding vulnerable people. Some team members had also undertaken additional safeguarding training from the Centre for Pharmacy Postgraduate Education. Team members said that there had been no previous concerns. They said that safeguarding concerns would be escalated to their manager or to a pharmacist, so the concern could be appropriately managed. The pharmacy had contact details for local safeguarding organisations.

Team members had completed training about information governance and confidentiality. The training had been provided through the pharmacy's E-learning platform. The completion of the training was monitored to make sure all team members had received this training. The pharmacy's team members had their own NHS smartcards to access electronic prescriptions. Confidential waste was separated by team members so that it could be appropriately destroyed.

Certificates were displayed which showed that there were current arrangements for employer's liability, public liability and professional indemnity insurance. The pharmacy kept the required records about controlled drugs (CDs). The records included running balances which helped to make sure the records were accurate. The pharmacy checked CD running balances every week. Two CDs were chosen at random and the physical stock matched the recorded running balances. Other records about the responsible pharmacist, unlicensed medicines, private prescriptions, emergency supplies and CDs returned by people were kept and maintained adequately.

The pharmacy kept electronic records about dispensing errors and it had a template to record near misses from its dispensing process. The records were generally made by the team member checking the dispensed medicines. Team members said that individual records were generally discussed and reviewed. The pharmacy did not always record information about trends which meant that some learning opportunities may have been missed. Team members said that using the robot to select stock reduced the number of mistakes they made.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to safely manage its workload. Its team members complete the right qualifications for their roles and they keep their knowledge up to date through regular training. The pharmacy's team members are clear about their roles in the pharmacy and the jobs they need to do. The pharmacy shares messages across the team well so it can make sure that everyone is aware about important information.

Inspector's evidence

At the time of the inspection there was the responsible pharmacist (regular pharmacist), two additional pharmacists, three accuracy checking technicians (ACTs), two dispensing assistants, two trainee dispensers and one counter assistant present. The staffing level was adequate to manage the pharmacy's workload. Annual leave was planned to make sure there were enough staff on duty. The manager organised staff rotas and made sure that administration tasks were completed. The responsible pharmacist managed the prescription process and was responsible for making sure it was safe and efficient. Conversations and informal meetings were used to communicate messages to team members. One-to-one conversations and noticeboards were used to update team members that were absent at meetings. Senior managers used emails to highlight information that all staff were required to be told about.

The manager kept records about the pharmacy qualifications that team members had completed. She was responsible for making sure that all team members had completed appropriate training. A trainee dispenser described training that she received to achieve the required pharmacy qualification for her role. The pharmacy used an e-Learning platform to provide training about a variety of topics. Topics such as safeguarding, and information governance were repeated annually. The manager monitored the completion of training to make sure the pharmacy's team members kept their knowledge up to date. The pharmacy had an NHS email account and sometimes received updates about local healthcare issues such as lost prescriptions.

The manager completed annual appraisals with team members to provide feedback about their performance. Informal feedback was provided to dispensers throughout the day by the responsible pharmacist. Team members were comfortable to ask questions or discuss issues with the responsible pharmacist and manager. The pharmacy had set targets to achieve. The responsible pharmacist said that he did not feel any undue pressure to achieve targets. He said that he was supported well by the manager.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy has enough space to safely provide its services. It has a suitable consultation room that protects people's privacy. And it has appropriate security arrangements to protect its premises.

Inspector's evidence

The pharmacy was clean and tidy. Its team members kept workbenches tidy so that there was enough space to complete tasks safely. 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 suitable for private consultations and conversations. And it had appropriate security arrangements to protect its premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally manages its services well and makes sure that they are organised. Its team members make sure that medicines are stored properly and are safe for people to use. They largely provide the required advice when they supply higher-risk medicines to help people use their medicines properly.

Inspector's evidence

The pharmacy's layout and step-free access made it easier for people in wheelchair to use the pharmacy. The pharmacy had leaflets in the retail area that provided information about its services. The pharmacy recorded prescription orders that people requested them to make.

Colour-coded baskets were used to make sure dispensed medicines were organised and to make sure the prescriptions were prioritised. Computer-generated labels contained relevant warnings and were initialled by the dispenser and checker to provide an audit trail. The pharmacy's dispensing software highlighted interactions to the team. Team members said that they printed warning labels to inform that pharmacist.

The pharmacy used notes on bags of dispensed medicines to highlight when extra advice from the pharmacist was needed. The pharmacy's team members said that they did not always ask people who received warfarin about relevant blood tests. This was confirmed with the responsible pharmacist. So the pharmacy may have found it harder to track the monitoring that people were receiving with this medicine. The pharmacy team knew about pregnancy-prevention advice to be provided to people in the at-risk group who received sodium valproate. They had access to guidance materials which they could give to people to support this advice. The pharmacy stored dispensed insulins in clear bags, so they could complete extra checks with people to make sure they received the right brand.

The pharmacy supplied medicines in multi-compartment compliance packs to some people. The workload was arranged over four weeks so that it could be organised. The pharmacy kept records about medicines included in the packs, their administration times and changes to medicines. Patient information leaflets were supplied with the packs. Assembled packs included descriptions which helped people to identify individual medicines.

The pharmacy supplied medicines to several care homes. Most of these had a small number of residents. The pharmacy used a calendar to track when medicines should be supplied to care homes. The pharmacy kept records about medicines that had been ordered by the care homes and used these to compare against the prescriptions that were received. This helped the pharmacy team to identify any missing prescription items or to raise queries. Medicines were supplied in their original packaging or in multi-compartment compliance packs which included their expiry date and batch number. The pharmacy supplied patient information leaflets with medicines.

The pharmacy delivered some people's medicines. It kept records about these deliveries which included the recipient's signature. The pharmacy kept additional records about medicines that were delivered to care homes, so it was easier for the care home staff to check they had received the medicines they ordered.

The pharmacy kept invoices which showed that its medicines were obtained from licenced wholesalers. The pharmacy stored its medicines appropriately. The pharmacy used two fridges to store medicines that required cold storage. The pharmacy kept fridge temperature records, so it could monitor storage conditions for these medicines. CDs were stored appropriately. Expired CDs were segregated from other stock to prevent them being mixed up.

Most medicines stocked by the pharmacy were stored in a robot to be selected by it when dispensing. Barcodes on the medicines' packaging were scanned so that the robot could efficiently store the medicines in specific locations. The robot recorded the expiry dates for medicines which made it easier for the pharmacy to remove stock when it was no longer suitable to use. The responsible pharmacist said that he checked expiry dates every week for medicines in the robot. He was training another team member to be able to also complete the checks. The robot was serviced regularly to make sure that it was in good working order. The responsible pharmacist described the contingency arrangements for safely and efficiently manually selecting stock from the robot in the event of a breakdown.

The pharmacy checked its stock's expiry dates every one to two months. It kept records about checks that it completed and expired medicines. Medicines that were approaching their expiry date were highlighted to the team. Several medicines were checked at random and were in date. The pharmacy wrote the date onto medication bottles when they were opened. This helped the team members to know that the liquid medicine was suitable if they needed to use it again.

Expired and returned medicines were separated and placed in to pharmaceutical waste bins. These bins were kept safely away from other medicines. A separate bin was used for hazardous medicines. The team members said that they would identify hazardous or cytotoxic medicines when they saw them by using a list that was available.

The pharmacy did not currently have the equipment or software to help verify its medicines' authenticity in line with the Falsified Medicines Directive (FMD). It was in the process of making sure the pharmacy met these requirements in the future. The pharmacy received information about medicine recalls through emails. It kept records about recalls it had received and the actions that had been taken. This included a recent recall about Clexane injections.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment and facilities to provide its services. Its team members make sure that its equipment is properly maintained and is suitable to use.

Inspector's evidence

The pharmacy's equipment appeared to be in good working order and maintained adequately. Maintenance issues were referred to the pharmacy's manager or the responsible pharmacist, so the issues could be reported and resolved. Confidential information was not visible to people visiting the pharmacy. Computers were password protected to prevent unauthorised access to people's medication records. Sinks had hot and cold running water. The pharmacy had suitable measures to accurately measure liquids and it had separate measures for CDs. The pharmacy had equipment to count loose tablets. The pharmacy accessed up-to-date reference sources on the internet.

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. |