

# Registered pharmacy inspection report

**Pharmacy Name:** Spackman & Mckenzie, Abbey House Surgery,  
Golding Close, DAVENTRY, Northamptonshire, NN11 4FE

**Pharmacy reference:** 1093194

**Type of pharmacy:** Community

**Date of inspection:** 19/08/2019

## Pharmacy context

This community pharmacy is in a GP surgery. It dispenses NHS prescriptions which it mostly receives from this surgery. It supplies some medicines in multi-compartment compliance packs to help people organise their medicines. The pharmacy provides Medicines Use Reviews (MURs) and New Medicine Service (NMS) consultations to support people to use their medicines safely.

## 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	2.2	Good practice	The pharmacy's team members have the right qualifications for their roles and they get time set aside for regular ongoing training. This helps them to keep their knowledge up to date.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<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 generally manages its risks well. It keeps records about near misses and uses these to make improvements to its dispensing service. It keeps the legal records that it needs to, and it generally makes sure that these are accurate. Its team members manage people's personal information well. 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 kept up to date and were signed by the pharmacy's team members to show that they had read them. The pharmacy recorded when the SOPs expired so that they could be updated on time.

The pharmacy used a template to record near misses from the dispensing process. A pharmacist, who regularly worked at the pharmacy, was responsible for reviewing this information. The pharmacy analysed the near misses every three months to identify trends and to make improvements. Look alike and sound alike ('LASA') medicines had been highlighted to team members so they were less likely to make mistakes. There was a notice displayed which helped the team members identify the right brand of eye drops according to the medicines included. Team members had completed some investigation into the causes of mistakes. They said that distractions and rushing had often contributed to the mistakes occurring.

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 and these were checked regularly. Two CDs were chosen at random and the quantity in stock matched the recorded running balances. Private prescription records were generally made accurately. There were some records which did not include the prescription date. These were highlighted to the responsible pharmacist, so they could be added. Other records about the responsible pharmacist, CDs returned by people and unlicensed medicines were kept and maintained adequately.

The pharmacy regularly asked people visiting the pharmacy to complete satisfaction surveys. The previous survey's results were positive. Team members said that they also received feedback verbally. The pharmacy had a process for managing complaints and information about this was in its practice leaflet. Complaints would be escalated to the pharmacy manager.

The team received training about safeguarding vulnerable adults and children. Information about safeguarding was available in the pharmacy's SOPs. Some team members had undertaken additional training from the Centre for Pharmacy Postgraduate Education (CPPE). Safeguarding concerns would be escalated to the pharmacist on duty. The pharmacy found contact details for local safeguarding organisations on the internet.

The pharmacy had procedures about information governance and protecting people's confidentiality. Team members had their own NHS smartcards to access electronic prescriptions. A statement that the pharmacy complied with the Data Protection Act and NHS code of conduct on confidentiality was in its practice leaflet. The team received training about confidentiality. Confidential waste was separated so

that it could be destroyed.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to safely provide its services. Its team members have the right qualifications for their roles and they keep their knowledge up to date through regular training. They share information with each other to make improvements.

### Inspector's evidence

At the time of the inspection there was the responsible pharmacist (pharmacy manager), a second pharmacist (regular pharmacist), an accuracy checking technician, a pharmacy technician, two dispensers and two medicines counter assistants present. The staffing level was adequate to manage the pharmacy's workload. People using the pharmacy were served efficiently. The pharmacy arranged planned absences so that there were enough staff on duty. The pharmacy could request relief staff for more support if needed. The pharmacy used informal meetings or huddles to share messages.

There were certificates available which showed that team members had pharmacy qualifications that were appropriate to their roles. The pharmacy's team members received training from the National Pharmacy Association to keep their knowledge up to date. They had time set aside to complete training at work. The pharmacy manager completed annual appraisals to provide feedback to the team members about their performance. The pharmacy had targets about training to be completed and services such as MURs and NMS. The pharmacy manager said that the targets were achievable. She said that she was comfortable about contacting the superintendent pharmacist for more support if needed.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides its services from suitable premises. It has enough space, so its team members can safely complete the tasks they need to. The pharmacy has appropriate security arrangements to protect its premises.

### Inspector's evidence

The pharmacy was clean and tidy. It had enough space to provide its services and its team members kept workbenches tidy, so tasks could be completed 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 manages its services well. It stores its medicines properly and makes sure people use them correctly. The pharmacy's team members identify higher-risk medicines and largely provide appropriate advice to support people using these medicines.

### Inspector's evidence

The layout of the pharmacy and step-free access meant it was wheelchair accessible. Leaflets in the retail area provided information about the pharmacy and its services. People generally ordered their own prescriptions. Electronic prescriptions were received by the pharmacy from GP surgeries.

The pharmacy supplied medicines in multi-compartment compliance packs to some people. 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. The packs included descriptions which helped to identify individual medicines. The workload was arranged over four weeks, so it could be organised.

Dispensers used baskets to make sure prescriptions were prioritised and medicines remained organised. Computer-generated labels contained relevant warnings and were initialled by the dispenser and checker to provide an audit trail. Dispensers told the pharmacists about warnings that were highlighted by the dispensing software. They also printed labels which showed the interactions between medicines. The pharmacy used stickers to highlight CDs, fridge items and medicines that needed more counselling. The pharmacy stored completed prescriptions on storage shelves. Team members checked through the shelves every week to make sure people collected their medicines within the required time.

Accuracy checking technicians who worked in the pharmacy did not check some medicines. This included CDs and some higher-risk medicines. They also did not check medicines which they had dispensed. The pharmacy kept records about relevant blood tests for people who were supplied with warfarin. The pharmacy team was aware about pregnancy prevention advice to be provided to people in the at-risk group taking sodium valproate. Team members had completed an audit which showed that the medicine was regularly supplied to two people. The pharmacy team were not sure where to find guidance materials to support this advice. The inspector provided information about how to find this information. The pharmacy delivered some people's medicines. It kept records about these deliveries which included the recipient's signature. This helped it to show that the medicines had been safely delivered.

The pharmacy kept invoices which showed that its medicines were obtained from licensed wholesalers. Stock that required cold storage was kept at the right temperatures. The pharmacy kept fridge temperature records, so it could monitor storage conditions for these medicines. CDs were stored appropriately. Date-expired CDs were separated from other stock to prevent them being mixed up.

The pharmacy checked its stock's expiry dates every three months. It kept records about checks that it completed and expired medicines. The latest records were dated in July and August 2019. Stickers were used to highlight medicines that were close to their 'use-by' date. Several medicines were checked at

random and were in date. The pharmacy wrote the date onto medication bottles when liquid medicines were first used. This helped the team members to know that the medicine was suitable if they needed to use it again.

Expired and returned medicines were separated in to pharmaceutical waste bins. These bins were kept safely away from other medicines. A separate bin was used to separate hazardous or cytotoxic medicines. A list was displayed to help identify these medicines.

The pharmacy had scanners to help verify its medicines' authenticity in line with the Falsified Medicines Directive. It had arrangements with a software provider to help its team perform the processes it needed. The pharmacy received information about medicine recalls. It kept records about recalls it had received and the actions that had been taken. This included a recent recall about Emerade.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the right equipment and facilities to offer its services. Its team members make sure equipment is in good working order, and they use up-to-date reference sources when they provide services.

### Inspector's evidence

The pharmacy's equipment appeared to be in good working order and maintained adequately. Confidential information was not visible to people visiting the pharmacy. Computers were password protected to prevent unauthorised access to people's medication records. Crown-stamped measures were available in the pharmacy to accurately measure liquids. The pharmacy had suitable equipment to count loose tablets. Its team members 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.