

Registered pharmacy inspection report

Pharmacy Name: Far Cotton Pharmacy, Far Cotton Community Centre, Delapre Crescent Road, NORTHAMPTON, Northamptonshire, NN4 8NG

Pharmacy reference: 1093294

Type of pharmacy: Community

Date of inspection: 30/05/2019

Pharmacy context

This is a community pharmacy located next to a Northampton community centre. The pharmacy mainly dispenses NHS prescriptions from local surgeries. It provides Medicines Use Review (MUR) and New Medicine Service (NMS) consultations to people. And it supplies some medicines in multi-compartment compliance aids.

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 generally manages its risks well. Its team members record and discuss mistakes so that improvements can be made. The pharmacy has written procedures to safely provide its services, but these are not always regularly reviewed. So, these procedures may not represent the pharmacy's current practice. The pharmacy keeps the legal records that it needs to and makes sure that they are accurate. Its team members know how to appropriately manage confidential information and can protect vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which covered its services. Several SOPs were annotated to indicate they were due to be reviewed in March 2019. The responsible pharmacist said that these SOPs were currently being reviewed by the pharmacy's head office.

The pharmacy kept records of dispensing errors. The most recent record was dated in February 2019. Its team recorded near misses on a template. Team members said that individual mistakes were discussed in the team so that improvements could be made. Medicines were clearly separated to prevent team members picking the wrong one. This included different formulations of the same medicine.

Certificates were displayed which indicated that there were current arrangements in place for public liability and professional indemnity insurance. Controlled drug (CD) records were kept and running balances were maintained. The pharmacy checked running balances every month to make sure they were correct. Two CDs were checked at random and matched the recorded running balances. Other records about the responsible pharmacist, returned CDs and private prescriptions were kept and maintained adequately.

People visiting the pharmacy completed annual satisfaction surveys that were provided to them. The recent survey's results were positive and displayed in the pharmacy's retail area. Team members said that people also provided verbal feedback. They said that complaints would be escalated to the pharmacist. The pharmacy's practice leaflet described the complaints and feedback process.

The pharmacy had a SOP about safeguarding and had contact details for local safeguarding organisations. Its team members said they would escalate their concerns to the pharmacist.

The pharmacy's team members were trained about information governance procedures. Confidential waste was segregated by the team and destroyed at another branch. People visiting the pharmacy wrote their addresses on paper so that it was not overheard by others. Team members said that they used their own NHS Smartcards for accessing electronic prescriptions. Most team members had their own Smartcard. A statement that the pharmacy complied with the Data Protection Act and NHS code of conduct on confidentiality was in its practice leaflet.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to safely provide its services. Its team members are appropriately qualified and competently perform their roles. The pharmacy provides some ongoing training, so its team members can keep their knowledge up to date.

Inspector's evidence

At the time of the inspection there was: the responsible pharmacist (regular pharmacist), one trainee NVQ level 3 dispenser and one counter assistant. The pharmacist said that one dispenser was on annual leave. The staffing level at the time of the inspection appeared to adequately manage the pharmacy's workload. People visiting the pharmacy were served efficiently. The pharmacist said that overtime was sometimes used to provide additional cover if needed.

Team members said that they used informal discussions to verbally share messages. They were comfortable to refer queries to the pharmacist and knew which tasks could not be completed when the pharmacist was absent.

Training certificates were available which indicated that appropriate pharmacy training had been completed by team members. The pharmacy received monthly booklets and trade magazines from third-party companies. Team members said the pharmaceutical company representatives would also provide them with updates about specific medicines. They said that they tried to find time to complete ongoing training during work hours, but this was not always possible.

Team members said that they sometimes received verbal feedback. There was no formal feedback process. The pharmacy team had targets to achieve. Team members said that the superintendent pharmacist monitored the pharmacy's progress and provided encouragement. They said that targets were manageable, and they were supported to meet the pharmacy's targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy safely provides its services from suitable premises.

Inspector's evidence

The pharmacy was clean and tidy. There was adequate heating and lighting throughout the pharmacy. The pharmacy had hot and cold running water available. The pharmacy's consultation room was suitable for private consultations and conversations. The pharmacy had appropriate security arrangements to protect its premises.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely. It sources its medicines from reputable suppliers and generally makes sure that they are fit for purpose. The pharmacy's team members identify higher-risk medicines and largely provide suitable advice to make sure people use their medicines safely.

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.

Multi-compartment compliance aids were supplied to 30 people. The pharmacy kept records about medicines that were included and their administration times. Team members said that GP surgeries informed the pharmacy about changes to medicines. Assembled compliance aids included descriptions which allowed individual medicines to be recognised. The initials of the dispenser and the checker were included to provide an audit trail. Team members said that patient information leaflets (PILs) were supplied to people each month.

The pharmacy's team members said that people usually ordered their prescriptions directly with GP surgeries. The pharmacy ordered prescriptions for some people and kept records for this.

The pharmacy had invoices which indicated that medicines were obtained from licensed wholesalers. Stock requiring cold storage was stored in the fridge. The pharmacy kept temperature records for the fridge to make sure the medicines with stored at appropriate temperatures.

CDs were stored appropriately. Expired CDs were separated from other stock, so they were not mixed up. The pharmacy's team members said they checked medicines' expiry dates every six months. It had a template to record when checks had taken place, but this was not always completed by team members. The latest records had been made in March 2019, but previous records were not available. And this meant that the pharmacy could not demonstrate how frequently they checked medicines remained safe to use. A sample of medicines was chosen at random and was within date. Liquid medicines were marked with their opening date when the bottles were opened. This was to make sure they were fit for purpose when being used for dispensing.

Expired and returned medicines were segregated and placed in pharmaceutical waste bins. These bins were kept safely away from other stock. A dispenser described the process for managing returned CDs and sharps. A separate bin for cytotoxic medicines was available. Information about cytotoxic medicines was displayed to help team members identify them.

Dispensers used baskets to make sure prescriptions and medicines remained organised. Computer-generated labels contained relevant warnings and were initialled by the dispenser and checker to produce an audit trail.

The pharmacy's dispensing software highlighted interactions. Team members said that they verbally informed the pharmacist about interactions. They said that these warnings could also be printed.

The pharmacy had scanners to help verify its medicines' authenticity, but team members said that

supporting software was not operational yet. This meant that the pharmacy could not comply with the Falsified Medicines Directive.

Team members said that people told them about relevant blood test results when they were supplied with warfarin. This was recorded by the pharmacy. The pharmacy had treatment cards available to provide to people who were supplied with anticoagulants or steroids.

The pharmacy team were largely aware about pregnancy advice to be given to people in the at-risk group who were supplied with sodium valproate. The inspector provided additional guidance about patient guides and patient cards that could also be supplied.

The pharmacy delivered people's medicines. A record of deliveries was available to view in the pharmacy which included recipient signatures. Team members said that confidential information was covered by the driver, so it could not be seen by people. The pharmacy received emails about medicines recalls and recorded the actions that had been taken. This included a recent recall for co-amoxiclav.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy keeps its equipment and facilities maintained appropriately so it can safely provide its services.

Inspector's evidence

The pharmacy's equipment appeared to be in good working order and maintained adequately. The team referred maintenance issues to the pharmacy's head office. Confidential information could not be seen by people visiting the pharmacy. Computers were password protected to prevent the unauthorised access of people's medication records. Sinks had hot and cold running water. Crown-stamped measures were available to accurately measure liquids. The pharmacy had access to up-to-date reference sources available on paper and online.

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.