General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Wootton Pharmacy, 40 High Street, Wootton, NORTHAMPTON, Northamptonshire, NN4 6JR

Pharmacy reference: 1093396

Type of pharmacy: Community

Date of inspection: 06/02/2024

Pharmacy context

This is a community pharmacy situated in the village centre. Most of its activity is dispensing NHS prescriptions and selling medicines over the counter. The pharmacy supplies medicines in multi-compartment compliance packs to people who live in their own homes. It also provides the 'Pharmacy First' service and the substance misuse service. The pharmacy delivers medicines to people's 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	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. Team members record things that go wrong so that they can learn from them.

Inspector's evidence

The pharmacy had a set of up-to-date standard operating procedures (SOPs) which had been signed by the pharmacy team members to show they had read and understood them. Staff were seen following the SOPs which included dispensing medicines and handing medicines out to people safely. Staff understood how to sell medicines safely and mainly knew how to give advice during a sale. Staff knew that prescriptions were valid for six months apart from some controlled drugs (CDs) which were valid for 28 days. The pharmacy did not routinely highlight prescriptions containing CDs to remind staff of their shorter validity. This might mean that some medicines were supplied beyond their 28-day validity.

The pharmacist had started providing the 'Pharmacy First' service. He had spoken to the GP practice next door to make them aware the service was available, to allow them to sign post people where appropriate. He had considered the risks associated with providing the service. He had completed the required training and was training his team about the service. He had considered the number of consultations he could undertake in a day to make sure that other services were able to be run safely.

The pharmacy had 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 electronic near miss log. The pharmacist reviewed the near miss logs monthly and discussed the outcomes with the team.

The Responsible Pharmacist (RP) notice was visible in the dispensary and identified the pharmacist on duty. The pharmacy 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. Weekly balance checks of all CDs were completed. Patient-returned CDs were recorded in a designated register. Patient-returned CDs and date-expired CDs were clearly marked and separated from stock CDs to prevent dispensing errors.

The pharmacy had a complaints procedure and an information governance policy. Access to the electronic patient medication record (PMR) was password protected. Confidential electronic information was stored securely, and confidential waste was destroyed appropriately. Professional indemnity insurance was in place. The pharmacy understood safeguarding requirements and could explain the actions they would take to safeguard a vulnerable person. The pharmacy team members were aware of the 'Safe Space Initiative,' and they knew what to do if someone 'asked for Ani.' A team member explained how they were working with a vulnerable person's family to make sure they got their medicines safely.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy's team members manage the workload within the pharmacy well. They are suitably trained for the roles they undertake, and they are given some opportunities to develop in their roles. They can raise concerns if needed.

Inspector's evidence

During the inspection, the pharmacy team managed the day-to-day workload of the pharmacy effectively and also kept clinical governance up to date. There was one pharmacist, two trained dispensers and a trainee counter assistant. There was a friendly culture within the pharmacy. Team members worked well together, giving each other support and advice.

Staff were able to complete training at work. During the inspection, the trainee counter assistant was carrying out training on the new 'Pharmacy First' NHS service. Staff had opportunities for development with one dispenser explaining that they had recently completed a health champion course in response to people seeking healthy living advice at the pharmacy. Staff were also given informal training by the pharmacist. The team members said that they discussed any issues informally on a daily basis and felt able to raise concerns if necessary. The pharmacist had completed the training they needed to provide the new 'Pharmacy First' NHS service, and the rest of the team were completing their training.

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 was a reasonable size. There was hand sanitiser available. The dispensary was very neat and tidy. There was air conditioning to provide suitable heating, and hot and cold running water was available. One good sized consultation room was available for people to have a private conversation with pharmacy staff. But some confidential information was kept unsecured in the consultation room. The pharmacist said he would remove it from the room and keep it secure. 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 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 a push-pull door with a small step which provided reasonable access for people with a disability or a pushchair to get into the pharmacy. The pharmacy team members knew most people who used their services by name and during the inspection were helpful to people visiting the pharmacy. They understood the signposting process and used local knowledge to direct people to local health services. The pharmacy knew the advice about pregnancy prevention that should be given to people in the at-risk group who took sodium valproate and had implemented the latest advice. The pharmacist gave some advice to people using the pharmacy's services. This included advice when they had a new medicine, their dose changed, or for people who were taking medicines that required ongoing monitoring such as methotrexate or warfarin. But medicines waiting collection were not always highlighted so the team might miss opportunities to counsel patients when the medicines are handed out.

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 were provided to people each month.

Medicines were stored on shelves in their original containers. Opened bottles of liquid medications were marked with the date of opening so that the team would know if they were still suitable to use. 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 mainly stored appropriately. Some medicines were pushed to the back of the fridge; this increased the risk that a medicine might freeze. The pharmacist said he would re-organise the storage of medicines in the fridge to stop this happening. 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 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. The pharmacy's portable electronic appliances had last been tested in December 2023 to make sure they were safe.

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.