

Registered pharmacy inspection report

Pharmacy Name: Regent Pharmacy, 10-11 Regent Square,
NORTHAMPTON, Northamptonshire, NN1 2NQ

Pharmacy reference: 1094601

Type of pharmacy: Community

Date of inspection: 31/05/2019

Pharmacy context

This community pharmacy is in Northampton's city centre and located within a convenience store. It has extended opening hours and mainly dispenses NHS prescriptions which it receives from several local GP surgeries. It provides Medicines Use Review (MUR) and New Medicine Service (NMS) consultations. The pharmacy supervises some people who take medicines. It also supplies medicines in multi-compartment compliance packs to people.

Overall inspection outcome

✓ **Standards met**

Required Action: Improvement Action Plan

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 make changes to improve safety when they supply medicines. But they could do more to monitor the dispensing service's accuracy and make further improvements. The pharmacy keeps the records that it needs to and generally makes sure that these are accurate. Its team members manage confidential information appropriately. And know how to protect vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) that covered its services. The SOPs were reviewed annually. Several SOPs were chosen at random and had been signed by the pharmacy's team members.

The pharmacy had a template for its team to record near misses. There were no recent records available. Team members said that near misses were not always recorded. This meant that the pharmacy may have missed some learning opportunities. Team members said medicines were clearly separated so formulations were not mistaken. This included ramipril capsules and tablets. 'Lookalike and soundalike' (LASA) medicines were also highlighted. The team said that this included lorazepam and loperamide tablets.

Certificates were displayed which indicated that there were current arrangements for employer's liability, public liability and professional indemnity insurance. The pharmacy kept controlled drug (CD) records. Some headers in CD registers were not completed when entries were made on the page. This made it easier to mistakenly make entries in the incorrect register. Several supply records in the methadone register did not include the date. However, the supply date could be inferred by the supply date in earlier entries. The pharmacy kept other records about supervising people taking this medicine and this included the date that the medicine was supplied. The pharmacy generally kept appropriate CD running balance records. Most registers were checked monthly. Two controlled drugs were checked at random and matched the recorded running balances. Other records about the responsible pharmacist and private prescriptions were kept and maintained adequately.

The pharmacy team provided annual surveys so that people could provide feedback about the pharmacy. Recent survey results were positive. The pharmacy's team members said that they received additional feedback from people verbally. The pharmacy had a SOP to manage complaints. Team members said that they would escalate complaints to the superintendent pharmacist. The pharmacy's practice leaflet provided more information about the complaints and feedback process.

Team members had read the SOP about safeguarding vulnerable people. They said that they would tell the responsible pharmacist about any concerns. The pharmacy had contact details for local safeguarding organisations and support organisations. A dispenser said that she had previously called an ambulance to urgently help a person in the pharmacy.

The pharmacy provided information governance training through its SOPs. Confidential waste was separated and then shredded. Team members had their own NHS smartcards which they used to access electronic prescriptions. A statement that the pharmacy complied with the Data Protection Act and NHS

code of conduct on confidentiality was in the practice leaflet.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough, suitably qualified staff to safely provide its services. It provides its team members with some ongoing training to keep their skills and knowledge up to date. The pharmacy's team members comfortably share information and learning with each other.

Inspector's evidence

At the time of the inspection there was: the responsible pharmacist (regular locum), superintendent pharmacist, two pharmacy technicians, two pre-registration pharmacy students and two dispensers present. The superintendent pharmacist said that an accuracy checking technician who usually worked in the pharmacy was absent. The pharmacy's staffing level appeared adequate to safely manage its workload. People visiting the pharmacy were served efficiently by the team. The superintendent pharmacist said that staff rotas were generally the same each week. He said that absences were generally covered with overtime.

The pre-registration pharmacy students described the training they completed to prepare for their registration exam. This included face-to-face and online training from a third-party provider. Training certificates were seen for some team members which indicated that they had completed appropriate pharmacy qualifications for their roles. One team member described training that they were completing to achieve an NVQ level 3 dispensing qualification. Team members said that ongoing training was sometimes provided to brief them about changes to legislation or updated processes.

The staff said that they used informal discussions to share messages. Team members said that informal conversations were used to provide feedback when needed. They said that this occurred three to four times a year. The pharmacy had some informal targets. Its team members said that they felt well-supported by the superintendent pharmacist who was open to their suggestions.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy safely provides its services from suitable premises.

Inspector's evidence

The pharmacy was clean and kept reasonably tidy. Workbenches were used for specific tasks which helped to improve the pharmacy's workflow. There was a separate area for preparing and supervising methadone or buprenorphine consumption. A separate area of the building was available for assembling multi-compartment compliance packs and was away from the main dispensary to minimise distractions. The pharmacy had a consultation room that was suitable for private consultations and conversations.

There was adequate heating and lighting throughout the pharmacy. And hot and cold running water was available. The pharmacy had appropriate security arrangements.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy manages its services safely. It stores its medicines appropriately and generally makes sure that they are fit for purpose. The pharmacy's team members identify higher-risk medicines and largely provide people with appropriate advice.

Inspector's evidence

The layout of the pharmacy and step-free access meant it was wheelchair accessible. Leaflets in the retail area provided more information about the pharmacy and its services. The pharmacy supplied medicines in multi-compartment compliance packs to around 120 people. It kept records for people's medicines, administration times and changes to medicines. The workload was arranged into four weeks which allowed it to be organised. Assembled packs included descriptions to allow individual medicines to be identified. The dispenser's and checker's initials were also included on assembled packs. A team member said that patient information leaflets were provided if requested by people who received the packs. This may have restricted people's accessibility to up-to-date information about their medicines.

The pharmacy had a record of invoices which indicated that medicines were obtained from licensed wholesalers. Stock requiring cold storage was stored in the fridge. The pharmacy kept a temperature record to make sure these medicines were stored in appropriate conditions.

CDs were stored appropriately. Expired CDs were segregated from stock to prevent them becoming mixed up. The pharmacy checked the expiry dates of its medicines every three to four months. The pharmacy kept records which indicated that recent checks had taken place. A sample of medications was chosen at random and were within date. Liquid medicines were generally marked with the date when the bottles were opened. This was to make sure they were fit for purpose when being used for dispensing. Two repackaged medicines in bottles were on storage shelves and did not include the batch number or expiry date. The team may not have been sure that these medicines were safe to use. The responsible pharmacist placed these bottles in the pharmaceutical waste bin when this was highlighted.

Expired and returned medicines were segregated and placed in pharmaceutical waste bins for destruction. These bins were kept safely away from other medicines. A dispenser described the process for managing returned controlled drugs and sharps. A separate bag for cytotoxic medicines was available. Team members said that they would ask the pharmacist if they weren't sure if medicines were cytotoxic.

Dispensers used baskets to make sure prescriptions were prioritised and medication remained organised. Computer-generated labels contained relevant warnings and were initialled by the dispenser and checker to produce an audit trail. Team members said that they currently did not ask for relevant blood test results from people who were supplied with warfarin. They said that they had discussed doing this in the future. The pharmacy's team members were aware about pregnancy advice to be given to people in the at-risk group who were supplied with sodium valproate. The pharmacy did not have the treatment cards or guides available. The inspector provided advice about where to find these resources.

The pharmacy's dispensing software highlighted interactions. Team members said that they printed

labels to highlight the interactions to the pharmacist. The pharmacy did not have the required equipment to scan medicines and verify their authenticity. This meant that the pharmacy could not meet the requirements of the Falsified Medicines Directive. The pharmacy delivered people's medicines. It kept records for these deliveries which included recipient signatures. The pharmacy received emails and other alerts about medicines recalls. It kept records about the actions it had taken to make sure its medicines were safe. This included a recent recall for co-amoxiclav.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy keeps its equipment well-maintained so that it can safely provide its services.

Inspector's evidence

The pharmacy's equipment appeared to be in good working order and was maintained adequately. The team said that maintenance issues were referred to and resolved by the superintendent pharmacist.

Confidential information in the pharmacy was not visible to the public. Computers were password protected to prevent the unauthorised access to people's medication records. Sinks had running hot and cold running water. Crown-stamped measures were available in the pharmacy to accurately measure liquids. Separate measures were used for methadone. The pharmacy had access to up-to-date reference sources in paper and online formats.

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.