

Registered pharmacy inspection report

Pharmacy Name: Odessey Pharmacy, 50 Trafalgar Road, Kettering, Northamptonshire, NN16 8DD

Pharmacy reference: 9011291

Type of pharmacy: Community

Date of inspection: 27/05/2022

Pharmacy context

This community pharmacy is situated just outside the town centre. Most of its activity is dispensing NHS prescriptions and selling and giving advice about medicines over the counter. The pharmacy supplies medicines in multi-compartment compliance packs to people who live in their own home. Other services that the pharmacy provides includes the discharge medicine service. The pharmacy also delivers medicines to people's homes. The inspection was undertaken during the Covid-19 pandemic.

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

Overall, the pharmacy identifies and manages the risks associated with the provision of its services. Its team members have defined roles and accountabilities. And the pharmacy manages people's personal information safely. The pharmacy has some procedures to learn from its mistakes. And it pharmacy generally keeps the records it needs by law. But because it doesn't always record its mistakes it might miss opportunities to improve its ways of working.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs). Some of the SOPs were quite old and the pharmacist said he was looking to review them. Not all the staff had signed the SOPs to show they had read and understood them. Staff didn't routinely follow all of the SOPs. For example, near misses were not recorded in the near miss log. The pharmacy had some processes for reviewing dispensing mistakes that were identified before reaching a person (near misses) and recording dispensing mistakes where they had reached the person (errors). Near misses were discussed with the member of staff at the time. The pharmacy had recently started recording near misses in a near miss log after a gap of several months. The second pharmacist said that she would start reviewing them for trends and patterns. Staff had a good understanding of how to sell medicines and knew the advice to give 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 aim was to mark prescriptions with CDs that had a 28-day expiry to remind staff of the shorter validity, but this wasn't always done. This increased the risk that a medicine might be handed out when the prescription was no longer valid.

The pharmacy maintained the necessary records to support the safe delivery of pharmacy services. These included the responsible pharmacist (RP) log, the CD registers, and the private prescription book. When the inspector arrived at the pharmacy the RP notice on display showed the name of the pharmacist from the previous day, the pharmacist changed the notice to the correct name. The pharmacy did carry out running balance audits, but these were not always done on a regular basis. A random check of the recorded running balance of a CD reconciled with the actual stock in the CD cabinet. The pharmacy recorded patient-returned CDs.

The pharmacy had a complaints procedure and an information governance policy. Access to the electronic patient medication record (PMR) was password protected. Confidential paperwork was stored and destroyed securely. Professional indemnity insurance was in place. The pharmacist understood safeguarding requirements and understood how to raise a concern about a vulnerable person.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members adequately manage the day-to-day workload within the pharmacy. They are suitably trained for the roles they undertake. Team members can raise concerns if needed

Inspector's evidence

During the inspection the pharmacy team adequately managed the day-to-day dispensing workload. There were two pharmacists, one pharmacy technician and one qualified dispenser. Some clinical governance processes such as near miss recording were not being regularly completed. The pharmacist said that this was because they were currently one member of the team down and they had been impacted by the bank holidays. There were processes in place to recruit new staff members. Staff said that they didn't have a formal appraisal but that they discussed any issues informally on a daily basis. The pharmacy team had informal training from the pharmacist.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy keeps its premises safe, secure, and appropriately maintained. And it has made changes to help keep its team members and people using the pharmacy safe during the pandemic.

Inspector's evidence

The pharmacy had recently moved into a new premises which was a reasonable size for the services provided. There were separate areas for the assembly and checking of medicines. There was adequate heating and lighting with hot and cold water available. A small size basically fitted out consultation room was available for patients to have a private conversation with pharmacy staff. The pharmacy had processes in place to support safe working during the Covid-19 pandemic. There was a clear plastic screen at the pharmacy counter which provided re-assurance to both the staff and the customers. There was hand sanitiser available. The pharmacy was cleaned regularly. The team routinely wore face masks. Unauthorised access to the pharmacy was prevented during working hours and when closed.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy offers healthcare services which are adequately managed and are accessible to people. The pharmacy gets its medicines and medical devices from reputable sources. It stores them safely and it takes the right actions if medicines or devices are not safe to use to protect people's health and wellbeing. But the pharmacy doesn't make a record of the action it has taken which could make it harder for them to show what action it has taken in response to an alert.

Inspector's evidence

The pharmacy had a step at the front door which made it harder for people with a disability or with a pushchair to get into the pharmacy. But there was a hatch from the dispensary into the side street which people regularly used. The pharmacist understood the signposting process and used local knowledge to direct people to local health services. The pharmacy delivered medications to some people. The pharmacist knew the advice about pregnancy prevention that should be given to people in the at-risk group who took sodium valproate. The pharmacist gave a range of advice to people using the pharmacy's services. This included advice when they had a new medicine or if their dose changed. The pharmacist said that he spoke to people who took warfarin to check their INR levels were appropriate and that people taking methotrexate had regular blood tests. But he didn't record the information.

The pharmacy used a dispensing audit trail which included use of 'dispensed by' and 'checked by' boxes on the medicine label. 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 who needed help managing their medicines. It had processes to make sure people got their medicines in a timely manner. The compliance packs seen recorded the colour and shape of the medicine to make it easier for people to identify the medicine. Patient information leaflets (PILs) were sent each time a new the medicine was supplied or if the person requested it.

Medicines were stored tidily on shelves in their original containers. The pharmacist said that they had carried out date-checking of medicines on an ad-hoc basis. He said that going forward they would set up a date-checking routine. A check of a small number of stock medicines didn't find any that were out of date. CDs were stored appropriately. A record of invoices showed that medication was obtained from licensed wholesalers. The pharmacist could explain the process for managing drug alerts but didn't make a record of the action taken. He said that he would start making a record.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

Members of the pharmacy team have the equipment and facilities they need for the services they provide. They maintain the 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 fridge was in working order and stored medicines within the required range of 2 and 8 degrees Celsius. The pharmacy's portable electronic appliances had been tested 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.