

Registered pharmacy inspection report

Pharmacy Name: Lowick Pharmacy, Brackley Medical Centre & Community Hospital, Wellington Road, Brackley, Northamptonshire, NN13 6QZ

Pharmacy reference: 9011464

Type of pharmacy: Community

Date of inspection: 05/07/2023

Pharmacy context

This is a community pharmacy situated in a health centre. Most of its activity is dispensing NHS prescriptions and selling medicines over the counter. The pharmacy also dispenses prescriptions as part of the dispensing doctors service provide by the health centre. The pharmacy supplies medicines in multi-compartment compliance packs to people who live in their own homes. It also provides the Community Pharmacist Consultation Service, seasonal flu vaccinations and a substance misuse service.

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. It has written instructions to help its team members work safely. The pharmacy keeps the records it needs to by law, to show that medicines are supplied safely and legally. The pharmacy keeps people's private information safely and its team members know how to protect vulnerable people. The pharmacy has procedures to learn from its mistakes. But because it does not record all of its mistakes and routinely review for trends and patterns, it might miss opportunities to improve its ways of working.

Inspector's evidence

The pharmacy had a set of up-to-date standard operating procedures (SOPs). These had not been signed by all the pharmacy team members to show they had read and understood them. But the team members were seen following the SOPs which included dispensing medicines and handing medicines out to people safely. An accuracy checking pharmacy technician could clearly explain the process for accuracy checking by a pharmacy technician including a clinical check by the pharmacist. Staff understood how to sell medicines safely 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. Prescriptions containing CDs were highlighted to remind staff of their shorter validity.

This was a hybrid service which also dispensed dispensing doctor's prescriptions. The pharmacy team were able to explain the difference between the prescriptions and said that the dispensing doctor's prescriptions went through the same clinical governance processes as the pharmacy's prescriptions.

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 and the aim was to record them in the near miss log. This was mainly done but there were some recent gaps that indicated some near misses had probably not been recorded. The monthly reviews seen were well written and highlighted actions to be taken going forward to reduce risks in the dispensing process. But no reviews for the last few months were available during the inspection.

The pharmacy maintained the legal records to support the safe delivery of pharmacy services. These included the responsible pharmacist (RP) record, the private prescription book, and the CD register. Balance checks were completed regularly for solid-dose controlled drugs. The entries for two items checked at random during the inspection agreed with the physical stock held. Patient-returned CDs and date-expired CDs were separated 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 information was stored and destroyed securely. Professional indemnity insurance was in place. The pharmacy's team members understood safeguarding requirements and were aware of the 'Ask for Ani' initiative. They could explain the actions they would take to safeguard a vulnerable person.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members work together to cope with the day-to-day workload within the pharmacy. They are mainly suitably trained for the roles they undertake. Team members can raise concerns if needed.

Inspector's evidence

During the inspection, the pharmacy team managed the day-to-day dispensing workload effectively. There were two locum pharmacist who were covering the regular pharmacist's holiday. There were three accuracy checking technicians (ACTs), one pharmacy technician, three dispensers and three counter assistants. One ACT had recently joined the pharmacy. She explained that she was going through an induction process before starting to accuracy check prescriptions.

During the inspection, the members of the team worked well together supporting each other and giving advice to the locum pharmacists about the procedures within the pharmacy. The team discussed any issues informally on a daily basis and felt able to raise concerns if necessary. The pharmacy manager provided significant updates and refreshers daily. The technicians all said they had completed their Continuing Professional Development (CPD) but other staff said that they did not have access to ongoing training. The team received appraisals and feedback from their manager. Staff rotated roles and workload, so they were able to carry out a range of tasks within the pharmacy.

One of the counter assistants worked at the pharmacy during summer holidays, Christmas, and Easter. The counter assistant was able to demonstrate that she could safely hand out prescriptions and sell over-the-counter medicines safely. But she had not been registered on any approved courses.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy presents a bright modern image. The pharmacy keeps its premises safe, secure, and appropriately maintained.

Inspector's evidence

The pharmacy was situated inside a recently opened health centre. It presented a bright and modern look. Both the public and private areas of the pharmacy were a reasonable size for the services provided. But the pharmacy was very busy which meant there was often a queue of people waiting. This could have an impact on confidentiality. The pharmacy had a clear plastic screen covering most of the pharmacy counter. But people found it hard to have conversations through the screen and often spoke at the side of it. The pharmacy had air conditioning which kept the pharmacy at a reasonable temperature; lighting was suitable and hot and cold water was available. A small consultation room was available for people to have a private conversation with pharmacy staff. There was hand sanitiser available. 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 wide flat entrance which allowed people with a disability or a pushchair to get into the pharmacy easily. The pharmacy team understood the signposting process and used local knowledge to direct people to local health services. The pharmacy delivered medications to some people. The pharmacy team 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. Prescriptions were highlighted to remind the team about advice that need to be given.

The pharmacy mainly 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. Some Schedule 2 CDs were seen waiting for collection that only had an initial in one box. Baskets were used to keep medicines and prescriptions for different people separate to reduce the risk of error.

The pharmacy supplied multi-compartment compliance packs to people to help them take their medicines at the right time. There was sufficient lead time to prepare packs and the pharmacy spread the workload across the month. Packs were labelled with doses and warnings and included descriptions of the medicines on the packs to make it easier for people to identify individual medicines in their packs. Patient information leaflets (PILs) were provided to people each month.

Medicines were mainly stored in a dispensing robot, with other medicines stored tidily 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 for use. The pharmacy team had a process for date checking medicines on shelves. A check of a small number of medicines did not find any that were out of date. The pharmacy did not date check the medicines in the robot. The team said that the robot was not able to scan dates on each original pack. But the team had considered the risks. The date of medicines was checked when being put into the robot and during the dispensing process. And due to the number of medicines being dispensed each month, medicines were not in the robot for long. The team said that they would look at ways to date check medicines in the robot. CDs were stored appropriately. A record of invoices showed that medication was obtained from licensed wholesalers. The pharmacy technician explained the process for managing drug alerts which included a record of the action taken.

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. The pharmacy had three fridges; one for stock, one for dispensed items and one for injections. The records indicated that the fridges were in working order and stored medicines within the required range of 2 and 8 degrees Celsius. When checked, one fridge had a current temperature within the required range, but the maximum and minimum were outside the required range. The pharmacy team member asked did not know how to reset the thermometer and was unsure of the required range for storing medicines needing cold storage. The pharmacy technician said that she would monitor the fridge temperature and carry out some refresher training. The pharmacy's portable electronic appliances had been last tested in April 2019 but looked in reasonable condition. The pharmacy technician said she would highlight the issue to the regular pharmacist.

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.