

# Registered pharmacy inspection report

**Pharmacy Name:** Priors Hall Pharmacy, Unit 2, 7 Regents Place,  
Weldon, Corby, NN17 5GT

**Pharmacy reference:** 9011712

**Type of pharmacy:** Community

**Date of inspection:** 07/04/2022

## Pharmacy context

This is a new community pharmacy situated in a shopping centre on a new housing estate. 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 home. Other services that the pharmacy provides include some private patient group directions (PGDs) and delivering 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	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 generally manages people's personal information safely. The pharmacy has some procedures to learn from its mistakes. 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 up-to-date standard operating procedures (SOPs). Staff understood the SOPs and for example could explain how to dispense medicines safely. But they had not signed the SOPs to show they had read them. The pharmacy did not have all the SOPs that were required such as a procedure on how to deal with complaints. The pharmacy had processes for recording 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 but were not recorded in the near miss log. The pharmacist said that he would start recording them and that up to now only a small number of near misses had been made so there weren't any trends and patterns to review. The dispenser had recently started and had a reasonable understanding of how to sell over-the-counter medicines safely.

The pharmacy provided some private services through patient group directions (PGDs). These included malaria prophylaxis, weight loss and period delay. The pharmacist was able to provide evidence of training but the PGDs checked had expired. The pharmacist said that he would contact the provider and renew them before providing the services again.

The pharmacy adequately maintained most of the necessary records to support the safe delivery of pharmacy services. These included the responsible pharmacist (RP) log and the controlled drugs (CD registers). The pharmacy recorded private prescription electronically. Because they didn't always change the prescriber from the default prescriber the correct prescriber was not always recorded. The pharmacist said he would make sure that the correct prescriber was recorded. The pharmacy displayed who the RP in charge of the pharmacy was. There were regular audits of CD running balances. The pharmacy had a register for recording patient-returned CDs.

The pharmacist could explain the process that would be followed if a complaint was received but there wasn't a formal complaints procedure in place. The pharmacy had an information governance policy. Access to the electronic patient medication record (PMR) was password protected. Confidential paperwork was stored securely. Confidential paperwork was taken off-site for destruction, but this was done in a way which could make the pharmacy less able to assure itself that its paperwork was disposed of appropriately. The pharmacist said that he would obtain a shredder and shred the waste at the pharmacy in the future. Professional indemnity insurance was in place. The pharmacist understood safeguarding requirements but had not yet written a safeguarding SOP. This might make it more difficult for team members to find out what to do if a concern was raised about a vulnerable person.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy's team members adequately manage the workload within the pharmacy. They are suitably trained for the roles they undertake. Team members are supported in their development and can raise concerns if needed.

### Inspector's evidence

During the inspection the pharmacy team adequately managed the day-to-day workload. There was one pharmacist and one qualified dispenser. The dispenser said that she felt supported by the pharmacist. Because it was a small team, staff discussed any issues informally on a daily basis. The dispenser had previously worked in a dispensing doctor's practice so she didn't have experience in OTC sales. She was completing a counter assistant qualification and also 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 some changes to help keep staff and people using the pharmacy safe during the pandemic.

### Inspector's evidence

The pharmacy had recently been built and presented a good image both inside and out. The dispensary was a suitable size for the services provided. There was adequate heating and lighting, and hot and cold running water was available.

The pharmacy had processes in place to support safe working during the Covid-19 pandemic. Because the pharmacy was usually quiet it didn't need to have a sign restricting the number of people coming into the pharmacy. Once inside 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 didn't routinely wear masks but did so if a vulnerable person came into the pharmacy. They also had masks available for people visiting the pharmacy if they wanted one. 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. 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 flat access but had a push-pull door which made it a little more difficult for people with a disability or with a pushchair to get into the pharmacy. The pharmacist understood the signposting process and used local knowledge to direct people to local health services. 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. For people who took warfarin the pharmacy checked their INR levels were appropriate and that people taking methotrexate had regular blood tests.

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 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 medicines. Patient information leaflets (PILs) were sent each time the medicine was supplied.

Medicines were stored tidily on shelves in their original containers. The pharmacist said that they had carried out date-checking of medicines but had not made a record. He said that going forward records would be made. A quick check of a small number of stock medicines didn't find any that were out of date. Opened bottles of liquid medications were marked with the date of opening. CDs were stored appropriately. A record of invoices showed that medication was obtained from licensed wholesalers. The pharmacist could explain the action he took for drug alerts, but he did not make a record of the action taken. The pharmacy delivered medications to some people. The pharmacist delivered the medicines to people himself. This gave him the opportunity to give any advice that was required and answer any queries anybody had about their medicines.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services it offers, safely.

### 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 looked in a reasonable condition.

### What do the summary findings for each principle mean?

Finding	Meaning
<span style="color: green;">✓</span> <b>Excellent practice</b>	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.
<span style="color: green;">✓</span> <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✓</span> <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.