

# Registered pharmacy inspection report

**Pharmacy Name:** Blackthorn Pharmacy, Blackthorn Bridge Court,  
Northampton, NN3 8DG

**Pharmacy reference:** 9011715

**Type of pharmacy:** Community

**Date of inspection:** 26/04/2022

## Pharmacy context

This is a community pharmacy that has recently moved into a new pharmacy. It is 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 delivering medicines to people's homes. The inspection was undertaken during the Covid-19 pandemic.

## 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
<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. The pharmacy generally keeps the records it needs by law. But its records are not always complete and accurate so it could be harder for the pharmacy to show what had happened if there was a query.

### Inspector's evidence

The pharmacy had a set of up-to-date standard operating procedures (SOPs). Staff had not signed the SOPs to show they had read and understood them. Staff didn't routinely implement all of the SOPs. For example, the dispensers did not always sign the 'dispensed by box' on the medicine label and 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 but were not recorded in the near miss log. The pharmacist said that he would start recording them. 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 (CD) which were valid for 28 days. A bar code system was used to reduce the risk of handing out the wrong prescription medicines to people, or medicines on a prescription that were no longer valid.

The pharmacy had some records to support the delivery of pharmacy services. These included the responsible pharmacist (RP) log and the legally required information in the CD registers. The pharmacy recorded private prescriptions 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. When the inspector arrived at the pharmacy there was no notice displaying who the responsible pharmacist who was in charge of the pharmacy was. The pharmacist printed and displayed who the RP in charge of the pharmacy was. The pharmacy had a register for recording patient-returned CDs. There was a patient-returned medicine in the cupboard which had not been recorded in the register. The pharmacist said he would enter it and record them when the pharmacy received them.

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 was one pharmacist, two qualified dispensers and one trainee dispenser. However, some clinical governance procedures including record keeping were not always being completed correctly. The pharmacist said that this was because they were currently one member of the team down and had been impacted by the bank holidays. The pharmacy team had worked together for a number of years. Staff discussed any issues informally on a daily basis. The trainee dispenser was completing her qualification. This had taken longer than usual because of Covid-19. The dispenser said that online training was available, but he had not completed any for some time because of the impact of Covid-19. 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 some changes to help keep staff and people using the pharmacy safe during the pandemic

### Inspector's evidence

The pharmacy had recently moved into a newly built pharmacy. It presented a professional image both inside and out. The public area was a good size. The dispensary was a suitable size for the services provided with sufficient work bench available. There was adequate heating and lighting, and hot and cold running water was available. The pharmacy had some processes in place to support safe working during the Covid-19 pandemic. There was hand sanitiser available, and staff could work a metre apart. Unauthorised access to the pharmacy was prevented during working hours and when closed.

## Principle 4 - Services ✓ Standards met

### Summary findings

Overall the pharmacy offers healthcare services which are mainly adequately managed and are accessible to people. The pharmacy gets its medicines and medical devices from reputable sources. It mainly stores them safely. It takes the right actions if medicines or devices are not safe to use to protect people's health and wellbeing.

### Inspector's evidence

The pharmacy had flat access and an automatic door which provided easy access 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 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 pharmacies 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. The pharmacy was actively promoting the NHS blood pressure check service. People who met the criteria were highlighted and had a note attached to their prescription. The pharmacy had checked the blood pressure of over 100 people in the previous month and had found over 25 people with undiagnosed hypertension. Of these 15 were now being treated for the condition.

The pharmacy aimed to use a dispensing audit trail which included use of 'dispensed by' and 'checked by' boxes on the medicine label. However labels on several medicines checked had not been initialled in the 'dispensed by' box. This would make it more difficult to identify who had dispensed the medicine if there was a mistake. 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. But one of the compliance packs didn't have either the 'dispensed by' and 'checked by' boxes signed. The pharmacist said that he would make sure the these were signed in the future. Patient information leaflets (PILs) were sent each time a new the medicine was supplied or if the person requested it. But they were not routinely sent with each set of compliance packs. This might mean that people did not have all the information they needed to take their medicine safely.

Medicines were stored on shelves in their original containers. The shelves were a little untidy. Some containers had medicines with different batch numbers and expiry dates from the original container. This increased the risk of an out-of-date medicine being supplied or a medicine subject to a drug recall being missed. The pharmacist said that he would review the process. 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 not marked with the date of opening. This could make it harder for staff to know if the medicine was still suitable to use. CDs were stored appropriately. A record of invoices showed that medication was obtained from licensed wholesalers. The pharmacy had a 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 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 had recently had its 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.