

Registered pharmacy inspection report

Pharmacy Name: C. & H. (Barton) Ltd., 79 Bedford Road, Barton Le Clay, BEDFORD, Bedfordshire, MK45 4LL

Pharmacy reference: 1028786

Type of pharmacy: Community

Date of inspection: 05/01/2023

Pharmacy context

The pharmacy is the only pharmacy in the village. It has a website for information only and a presence on social media. It dispenses NHS and private prescriptions, and provides multi-compartment compliance packs for some care homes and also people in the community. The pharmacy has a delivery service and provides vaccinations for the NHS and privately too. These include flu, COVID-19, and travel vaccinations.

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

The pharmacy identifies and manages the risks associated with its services to help provide them safely. It records and regularly reviews any mistakes that happen during the dispensing process. It uses this information to help make its services safer and reduce any future risk. It protects people's personal information well and team members understand their role in protecting vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) available. Team members had signed to say that they had read them. SOPs were regularly reviewed and updated by the superintendent pharmacist and the team. Team members were allocated SOPs depending on their job roles. The whole team was involved in managing the risks in the pharmacy. The team members had changed the layout of the shop to stop people in the shop from seeing into the dispensary, which meant that the dispensers were interrupted less. The pharmacy employed a health and safety expert to help ensure compliance with requirements.

The pharmacy recorded dispensing mistakes which were identified before the medicine was handed out (near misses) and those where the medicine was handed to a person (dispensing errors). Near misses were always shared in the team using a confidential messaging service and often logged on a sheet displayed in the dispensary. There was a list of medicines which looked or sounded alike and members of the team added additional medicines to this list as they identified them during reviews. Warning labels were used on the shelves to highlight picking errors made in the past. Dispensing errors were investigated and reported on the intranet to the superintendent pharmacist.

The correct responsible pharmacist (RP) notice was displayed. The team members were aware of the tasks that could and could not be carried out in the absence of the RP. The pharmacy had current professional indemnity insurance. The pharmacy had a complaints procedure, and it displayed a notice informing people about the procedure. Complaints were dealt with by the regular pharmacists. Where the matter could not be resolved in store it was referred to the superintendent pharmacist.

Records about private prescriptions, emergency supplies, unlicensed medicines dispensed, controlled drug (CD) registers and RP records were generally well maintained. Some prescriber details in the private prescription records were not accurate. CDs that people had returned were recorded in a designated register as they were received. CD registers were kept electronically and were fully integrated into the patient medication record (PMR) system. CD balance checks were carried out regularly.

Assembled prescriptions were stored behind the counter and people's private information was not visible to others using the pharmacy. The pharmacy had an information governance policy available. Relevant team members who accessed NHS systems had smartcards. Pharmacists had access to Summary Care Records (SCR); consent to access these was gained verbally. Confidential waste was kept in a designated bag and shredded regularly by a member of the team. All team members had also completed online training about confidentiality.

Team members had completed safeguarding training. Details were available for the local safeguarding boards.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members for the services it provides. And the pharmacy supports its team members by giving them time at work to do ongoing training to help keep their knowledge and skills up to date. Team members do the right training for their roles. And they work effectively together and are supportive of one another.

Inspector's evidence

At the time of the inspection, the pharmacy team comprised of a regular pharmacist, one technician who was in the process of registering, two trained dispensers, one trainee dispenser and a counter assistant. There was also a volunteer who managed the vaccination programme. Team members worked well together and communicated effectively to ensure that tasks were prioritised, and the workload was well managed. They had a group communications App which helped all the team members to be aware of issues, even if they weren't working on that day. Team members counselled people about the use of over-the-counter medicines and asked appropriate questions before recommending treatment.

The staff said that they were able to make suggestions about how the pharmacy was run. Recently they had suggested changing where high-volume medicines were stored and this had reduced picking errors. Individual performance and development was monitored by the pharmacists. Appraisal meetings with the superintendent pharmacist were held annually with an interim review. Team members were also given on-the-spot feedback.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, secure and provide an appropriate environment to deliver its services. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy premises were modern, large, bright, clean, and organised. The dispensary was spacious; there was ample workspace which was clutter-free and clean workbenches were also allocated for certain tasks. A sink was available for preparing medicines. There were separate rooms for dispensing multi-compartment compliance packs and medicines storage.

Hand sanitiser was available for team members to use. Cleaning was carried out by team members in accordance with a rota. Two consultation rooms were available. The rooms allowed a conversation at a normal level of volume to take place inside without being overheard. The premises were kept secure from unauthorised access. The room temperature and lighting were adequate for the provision of pharmacy services.

The pharmacy had a website which it used to advertise its services, and book appointments but no sales were made from this platform.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely. It obtains its medicines from reputable sources, and it manages them appropriately so that they are safe for people to use. It takes the right action in response to safety alerts so that people get medicines and medical devices that are safe to use.

Inspector's evidence

There was level access to the pharmacy from the pavement. And the aisles were wide enough for easy access with pushchairs or wheelchairs. Team members used the internet to find details about other local services to help people.

The pharmacy had an established workflow. Dispensed and checked-by boxes on labels were initialled by members of the team to create an audit trail for the dispensing and checking processes. The pharmacy had two delivery drivers; delivery records were kept. If a person was not home, a note was left by the driver and the medicines were returned to the pharmacy.

Warning stickers were attached to some of the prescriptions by the RP during the checking process. Stickers were used if a person needed to be counselled by a pharmacist or if there was a fridge line or CD dispensed. However, their use was not consistent. The RP and team members were aware of the guidance for dispensing sodium valproate. Where possible, sodium valproate was dispensed in its original packaging. The pharmacy did not often dispense warfarin. But, in the event that someone presented to collect a prescription for warfarin, they were asked for their yellow book. And it was confirmed that the person was having their INR checked routinely. Additional checks were carried out when people collected medicines which required ongoing monitoring, when the prescription was appropriately stickered.

Some people's medicines were supplied in multi-compartment compliance packs. The pharmacy ordered prescriptions on behalf of people for this service. To help organise and manage the service people were allocated to different weeks. Team members contacted the surgery with any queries if the GP had not informed them about prescription changes. Any notes or communication was also recorded on people's individual record. Clinical checks were completed by the pharmacist. A backing sheet was then prepared. Assembled packs were labelled with product descriptions and mandatory warnings. Patient information leaflets (PILs) were not regularly supplied, meaning that people could not easily access the information provided by the manufacturer about their medicines. But the care homes had folders of old PILs and knew how to access them online. The staff said that they would look into how this could be managed in the future.

Medicines were obtained from licensed wholesalers. Fridge temperatures were monitored daily and recorded; the records showed these were within the required range for storing temperature-sensitive medicines. Some were recorded using dataloggers and some manually. CDs were held securely. Expiry date checks were carried out by the dispensers. Short-dated stock was highlighted with a sticker. A

date-checking matrix was in place. There were no date-expired medicines found on the shelves checked. Out-of-date and other waste medicines were separated from stock and then collected by licensed waste collectors.

Drug recalls were received via a commercial company. The team checked against stock and this was recorded electronically. If the affected batches were found these were quarantined and action was taken following instructions from the superintendent pharmacist.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. And it keeps them clean. The pharmacy team uses its facilities and equipment to keep people's private information safe.

Inspector's evidence

There were various sizes of glass, crown-stamped measures, with separate ones labelled for specific use, reducing the risk of cross-contamination. Equipment was mainly clean and ready for use. A separate tablet-counting triangle was used for cytotoxic medicines to avoid contamination. Two fridges of adequate size were available. Up-to-date reference sources were available including access to the internet. The pharmacy's computers were password protected and screens faced away from people using the pharmacy. Electrical equipment was regularly tested. Stickers were affixed to various electronic equipment and displayed the next date of testing.

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.