

Registered pharmacy inspection report

Pharmacy Name: Health & Beauty Pharmacy, 58-60 Packhorse Road,
GERRARDS CROSS, Buckinghamshire, SL9 8EJ

Pharmacy reference: 1029112

Type of pharmacy: Community

Date of inspection: 21/03/2023

Pharmacy context

This is a community pharmacy in the centre of Gerrards Cross, Buckinghamshire. The pharmacy dispenses NHS and private prescriptions. It's team members sell over-the-counter (OTC) medicines and provide advice. The pharmacy also specialises in supplying health and beauty products such as cosmetics, and fragrances. No additional or enhanced services are currently provided.

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 is operating safely. It has appropriate systems in place to identify and manage the risks associated with its services. Trained members of the team understand their role in protecting the welfare of vulnerable people. The pharmacy suitably protects people's private information. And it largely maintains its records as it should.

Inspector's evidence

The pharmacy had been under the same ownership for over 25 years with long-standing staff. It was observed to be organised, and efficiently run during the inspection. The pharmacy had the required range of documented standard operating procedures (SOPs) in place. They provided guidance for the team on how to complete tasks appropriately. The SOPs had been read and signed by the staff. Team members understood their roles and responsibilities. They knew which activities could take place in the absence of the responsible pharmacist (RP). The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display.

The RP had suitably identified and managed the risks associated with the pharmacy's services. Prescriptions were screened, assembled, and processed one or two at a time. The dispensary was kept clear of clutter and the pharmacy was very organised. Relevant clinical and accuracy-checks took place by the RP (as described under Principle 4) and the pharmacy had some processes in place to learn from its mistakes. Documented complaints and incident management policies were present as well as previous logs that had been completed by the RP when near miss mistakes had occurred. He said that none had occurred recently, recording relevant information about this was discussed at the time. Details were discussed and reviewed with dispensing staff; common mistakes were highlighted, and medicines separated.

The pharmacy ensured people's confidential information was kept secure. Staff used their own individual NHS smart cards to access electronic prescriptions and the pharmacy's computer systems were password protected. The team had signed confidentiality statements. Confidential waste was separated before being shredded and bagged items awaiting collection could not be viewed by people using the pharmacy. Staff were trained to safeguard the welfare of vulnerable people although the pharmacist's training required updating. Team members could recognise signs of concern and referred appropriately in the event of a concern. The pharmacy had contact details readily available for the local safeguarding agencies.

The pharmacy had current professional indemnity and public liability insurance. The pharmacy's records were, in the main kept in accordance with statutory and best practice requirements. This included the registers for controlled drugs (CDs), the RP record, records of unlicensed medicines and records verifying that fridge temperatures had remained within the required range. Supplies made against private prescriptions were documented appropriately although prescriber addresses were missing. This was discussed at the time. The pharmacy had not made any emergency supplies.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Members of the pharmacy team are suitably qualified for their roles. They understand their roles and responsibilities well. And the pharmacy provides them with resources so that they can complete regular and ongoing training. This keeps their skills and knowledge up to date.

Inspector's evidence

The pharmacy had enough staff to support the workload and the team was up to date with this. Staff present during the inspection included the regular pharmacist, two trained medicines counter assistants (MCAs) and a few shop staff. There was also a trained dispenser and locum pharmacists who worked part-time. Shop staff were involved with selling health and beauty products, they helped queue bust if this was required at the medicines counter but did not sell or dispense medicines or undertake any activities which required formal training. The pharmacy's team members worked well together and were long-standing as well as experienced members of the team. As a result, they were seen to be competent, supported each other and worked independently of the pharmacist. Certificates of qualifications that they had obtained were on display. Counter staff were knowledgeable about OTC products and asked appropriate questions before selling them. As they were a small team, meetings and discussions took place regularly. Their performance was formally managed and monitored by the regular pharmacist. They stated that they liked working at the pharmacy, helped each other, and felt supported by the RP. Team members also had access to resources for ongoing training.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are suitable to provide healthcare services from. The pharmacy is kept clean and tidy. And it has a separate space where confidential conversations or services can take place.

Inspector's evidence

The pharmacy's premises were well-presented. The pharmacy was clean and tidy with a spacious retail area and smaller dispensary. The latter had enough space for staff to carry out dispensing tasks safely and dispensing benches were kept clear of clutter. The lighting and ambient temperature within the pharmacy were appropriate for storing medicines and safe working. The premises were also secure from unauthorised access. The pharmacy had a signposted consultation room available for private conversations or services. This was of a suitable size for its intended purpose. It was located towards the back of the dispensary and people were ushered into or out of this room when it was used.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and efficiently. It's team members help ensure that people with different needs can easily access the pharmacy's services. The pharmacy sources its medicines from reputable suppliers. It stores and manages its medicines well. And the pharmacist regularly carries out interventions. This helps ensure people receive and take their medicines correctly.

Inspector's evidence

People could enter the pharmacy through double doors and the pharmacy's retail area consisted of clear, open space. This assisted people with restricted mobility or using wheelchairs to easily enter and access the pharmacy's services. Details about the pharmacy's services as well as its opening times were clearly advertised, and the pharmacy had some leaflets on display to provide information about various health matters. Staff described making reasonable adjustments for some people with different needs if this was required. This included providing people with written details or communicating verbally to people who were visually impaired.

The pharmacy currently only provided the Essential NHS services and the pharmacy's workload was predominantly dispensing prescriptions which were collection-based. After receiving prescriptions electronically and printing one or two of them at a time, they were processed and screened. The RP went through each prescription, checked relevant details such as quantities and dosages, he described then working through this backwards before looking at people's history or previous prescribed medication. He worked at a safe pace and ensured relevant details on prescriptions and medicines matched with what he knew about the people who were due to receive the medicine(s), before assembly took place.

The RP was aware of the risks associated with valproates. An audit had been completed about this but no-one at risk was currently receiving this medicine from the pharmacy. Appropriate literature was available to provide to people if needed. The RP routinely completed interventions and documented details about this were seen. This included identifying incorrect dosages or formulations, wrong medicines, and overdoses. They had been referred to the person's GP or prescriber and resolved suitably. The pharmacist knew the few people who received certain higher-risk medicines, they were counselled accordingly, and relevant checks made.

The pharmacy's stock was stored in a very organised way. The pharmacy used licensed wholesalers to obtain medicines and medical devices. Medicines were date-checked for expiry regularly and records kept verifying when this had taken place. Short-dated medicines were identified. Medicines returned for disposal, were accepted by staff, and stored within designated containers, except for sharps or needles which were redirected appropriately. Drug alerts were received by email and actioned appropriately.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. And its equipment ensures people's private information is secure.

Inspector's evidence

The pharmacy had access to the necessary equipment and resources in line with its dispensing activity. This included current versions of reference sources, standardised conical measures, and a dispensary sink, with hot and cold running water as well as hand wash. There was also a legally compliant CD cabinet along with an appropriately operating fridge. A shredder was available to dispose of confidential waste. The pharmacist used his own NHS smart card to access electronic prescriptions and the computer terminal was password protected.

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.