

Registered pharmacy inspection report

Pharmacy Name: Jeeves Pharmacy, 7 Thornbridge Road, Iver Heath, IVER, Buckinghamshire, SL0 0PU

Pharmacy reference: 1029143

Type of pharmacy: Community

Date of inspection: 29/07/2022

Pharmacy context

This is a community pharmacy located alongside a few shops in the village of Iver, Buckinghamshire. The pharmacy dispenses NHS and private prescriptions. It sells a range of over-the-counter medicines and provides advice. It also offers local deliveries as well as supplying people with their medicines inside multi-compartment compliance packs if they find it difficult to take them.

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 largely has appropriate systems in place to identify and manage the risks associated with its services. The pharmacy protects people's private information appropriately. And generally, maintains its records as it should. Members of the pharmacy team deal with their mistakes responsibly. But they are not always documenting and reviewing all the necessary details. This could mean that they may be missing opportunities to spot patterns and prevent similar mistakes happening in future.

Inspector's evidence

The pharmacy had a range of standard operating procedures (SOPs). The SOPs provided guidance for the team to carry out their tasks correctly. The pharmacy team had signed them to verify that they had been read. And their roles were defined. Team members were clear about their roles and responsibilities. They had designated tasks. Some of the SOPs, however, were from 2017 or 2018, most were dated from 2016 and may have required updating. An incorrect notice to identify the pharmacist responsible for the pharmacy's activities was also on display. This was discussed and rectified at the start of the inspection. The inspection took place shortly after opening.

The pharmacy had some systems in place to identify and manage risks associated with its services. This included maintaining ways to limit the spread of infection from COVID-19. The team had been provided with personal protective equipment (PPE) and some staff were wearing gloves at the time of the inspection. The team had been vaccinated against coronavirus. Occupational risk assessments had been completed and hand sanitisers were present for staff to use.

When the pharmacy's team members dispensed prescriptions, they were observed to concentrate on one task at a time and had designated workstations. The pharmacy had a process in place to deal with incidents and complaints. The RP's process was suitable and details of how people could complain were on display. Team members routinely recorded their near miss mistakes and said that the manager as well as the pharmacy's head office reviewed them. However, there were no documented details recorded to verify this process. But the dispensing assistant described the company's head office calling and asking relevant questions. Look-alike and sound-alike medicines had been routinely identified. This helped staff to minimise mistakes.

The pharmacy's team members had been trained to protect people's confidential information. Confidential material was stored and disposed of appropriately. There were no sensitive details that could be seen from the retail space. Computer systems were password protected and staff used their own NHS smart cards to access electronic prescriptions. The pharmacy also had information on display so that people were informed on how their sensitive data was protected.

The pharmacy's records were mostly compliant with statutory and best practice requirements. This included a sample of registers seen for controlled drugs (CDs). On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. Records of CDs that had been returned by people and destroyed at the pharmacy were generally complete and the pharmacy had appropriate professional indemnity insurance in place. This was through the National Pharmacy Association (NPA) and due for renewal after June 2023. Records of emergency supplies, supplies of unlicensed medicines and the RP record in general had been appropriately completed.

Records verifying that fridge temperatures had remained within the required range had routinely been completed. However, incorrect prescriber details had been recorded in the electronic private prescription register.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has an adequate number of staff to manage its workload safely. The pharmacy's team members are suitably trained or now undertaking the appropriate training. And they have access to ongoing resources to keep their knowledge and skills up to date.

Inspector's evidence

Staff at the inspection included a responsible pharmacist (RP) who was a regular locum, a trained dispensing assistant, two medicines counter assistants (MCA) and a pharmacy student. All staff were part-time. The pharmacy student and one of the MCAs were based at another of the company's pharmacies, they were providing contingency cover. In total, the pharmacy's staffing profile included four MCAs.

The MCA who was based at the pharmacy knew which activities could or could not take place in the absence of the RP and was suitably knowledgeable about the medicines which could be purchased over the counter. People were asked appropriate questions before they were sold and if unsure or if people requested more than one product, staff checked with the RP. However, at the point of inspection, neither of the MCAs had been enrolled onto any accredited training for the counter assistant's role. This was therefore not in line with the GPhC's 'Requirements for the education and training of pharmacy support staff'. This specifies that support staff must be enrolled on a training course as soon as practically possible and within three months of starting their role. One MCA had worked at the pharmacy for the past seven months, the other MCA who was based at another branch said that she had worked for the company for the past four years. However, confirmation was received following the inspection that the company had subsequently enrolled both members of staff onto the appropriate accredited training.

The pharmacy was largely quiet with walk-in trade but busy with dispensing prescriptions. Despite having few dispensing staff, the team was up to date with the workload. Trained staff were observed to be organised, working well and independently from the RP. Team meetings were described as taking place as and when required. The team read emails and received updates from the company. Performance reviews were also informal, but staff were given opportunities to complete additional training and progress. The trained dispensing assistant described asking for and being accepted by the company to become an accredited checking dispenser. The team was also provided details about updates through the company, regional managers and used online resources to help with ongoing training.

Principle 3 - Premises ✓ Standards met

Summary findings

In general, the pharmacy premises are appropriate for providing healthcare services. The pharmacy is kept largely clean. And it has a separate space where confidential conversations and services can take place. But some parts of the premises are untidy and cluttered.

Inspector's evidence

The pharmacy premises consisted of a spacious retail area, a sign-posted consultation room, a few stock areas, dispensary and staff areas on the ground floor of the building. The dispensary had enough space for staff to carry out this task safely and was screened from the front. This allowed for prescriptions to be prepared in private and protected people's details. The consultation room enabled private conversations and services to take place. The room was of a suitable size for its intended purpose. It could be locked when not in use and contained appropriate equipment. The pharmacy was suitably bright, appropriately ventilated and the ambient temperature was suitable to store medicines. The retail space was professional in its appearance, and largely clean. But parts of the pharmacy could have been tidier. This included all the storage areas which were very cluttered.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy provides its services safely. People with different needs can easily access the pharmacy's services. The pharmacy obtains its medicines from reputable sources, it generally stores and manages them appropriately. And it keeps appropriate records to verify how its services are being run. But team members don't always identify and record any information about people who receive higher-risk medicines. This makes it difficult for them to show that they provide people with appropriate advice when these medicines are supplied.

Inspector's evidence

People could enter the pharmacy through a wide, double, front doors at street level and the retail space was made up of clear, open space. This meant that people with restricted mobility or using wheelchairs could easily enter and access the pharmacy's services. The pharmacy had a selection of leaflets on display and a health promotion zone. This provided information about various health matters. There were a few seats for people if they wanted to wait for their prescription and some car parking spaces available outside. Staff explained that they used google translate for people whose first language was not English and some members of the team spoke different languages. They also used written communication for people who were partially deaf and spoke clearly for people who were visually impaired.

The workflow involved prescriptions being prepared in one area, the RP checked medicines for accuracy from another section and a designated space was used to assemble compliance packs. The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer between them. After the staff had generated the dispensing labels, there was a facility on them which helped identify who had been involved in the dispensing process. Team members routinely used these as an audit trail. Staff were aware of the risks associated with valproates, they identified people at risk, who had been or were due to be supplied this medicine, counselled them accordingly and provided relevant literature. However, people prescribed other higher-risk medicines were not routinely identified, relevant parameters such as blood test results were not being asked about and no details were being documented to help verify this.

The pharmacy was not currently providing many additional or enhanced NHS services other than the New Medicine Service. The pharmacy offered local deliveries and the team kept the appropriate records to verify this service. This was currently a contactless service due to the pandemic. Failed deliveries were brought back to the pharmacy, notes were left to inform people about the attempt made and no medicines were left unattended.

The pharmacy also supplied some people's medicines inside multi-compartment compliance packs once the person's GP or the team had identified a need for this. The pharmacy ordered prescriptions on behalf of people for this service and specific records were kept for this purpose. Any queries were checked with the prescriber and the records were updated accordingly. Compliance packs were not left unsealed overnight, and all medicines were removed from their packaging before being placed inside them. Descriptions of the medicines inside the compliance packs were provided and patient information leaflets (PILs) were routinely supplied. Separate prescriptions were obtained for CDs, fridge or 'when required' items and higher-risk medicines so that they could be supplied separately.

The pharmacy ordered medicines through its own company, licensed wholesalers such as AAH and Alliance Healthcare were also used to obtain medicines and medical devices. CDs were generally stored under safe custody. Medicines stored in the dispensary, however, could have been stored in a more organised way. And every stock room was very cluttered. The team date-checked medicines for expiry regularly and kept records of when this had been carried out. Short-dated medicines were identified. No date-expired or mixed batches of medicines were seen. Medicines returned for disposal, were accepted by staff, and stored within designated containers. Drug alerts were received by email and actioned appropriately. Records were kept verifying this.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has a suitable range of equipment and facilities available. Its equipment is clean. And used in an appropriate way to help protect people's personal details.

Inspector's evidence

The pharmacy was equipped with current versions of reference sources and relevant equipment. This included counting triangles, a range of clean, standardised, conical measures, pharmacy fridges, legally compliant CD cabinets and there was a relatively clean sink that was used to reconstitute medicines. Hot and cold running water was available as well as hand wash. The pharmacy had its computer terminals positioned in a way and location that prevented unauthorised access.

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.