

Registered pharmacy inspection report

Pharmacy Name: Bliep Chemist, 14 St.Marys Avenue, Bletchley,
MILTON KEYNES, Buckinghamshire, MK3 5DT

Pharmacy reference: 1029171

Type of pharmacy: Community

Date of inspection: 16/01/2024

Pharmacy context

This is a community pharmacy in a square of shops in a quiet residential area of Milton Keynes in Buckinghamshire. The pharmacy dispenses NHS and private prescriptions. It offers the New Medicine Service (NMS) and seasonal flu vaccinations. The pharmacy also provides some people's medicines inside multi-compartment compliance packs if they find it difficult to manage their medicines at home.

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 in a satisfactory way. Members of the pharmacy team deal with their mistakes responsibly. But they are not always documenting and formally reviewing the necessary details. This could mean that they may be missing opportunities to spot patterns and prevent similar mistakes happening in future. The pharmacy protects people's private information appropriately. Team members understand their role in protecting the welfare of vulnerable people. And the pharmacy largely keeps the records it needs to by law.

Inspector's evidence

The pharmacy had a range of documented standard operating procedures (SOPs) to provide its team with guidance on how to complete tasks appropriately. There was evidence that staff had read and signed them. Team members were clear on their roles and responsibility, and members of the pharmacy team knew what their tasks involved. The team 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 pharmacy had systems in place to identify and manage risks associated with its services. The RP described paying attention when dispensing and during the accuracy checking process. He concentrated on one task at a time and worked in designated areas. One prescription was labelled at a time due to the limited space available and he took a short mental break between prescriptions. The pharmacy's practice leaflet was on display and easily accessible. This contained details about how to make a complaint or provide feedback. The RP described handling dispensing incidents which reached people and complaints in a suitable way, the relevant details were recorded and investigated appropriately. Errors that occurred during the dispensing process (near miss mistakes) were also routinely recorded and reviewed. Look-alike and sound-alike medicines were separated and highlighted, warning labels had been placed in front of some stock as an additional alert and certain medicines (such as top ten lines and antibiotics) had been separated. However, near miss mistakes were recorded on individual people's medication records. This information was not directly accessible unless the name of the person involved was known and the details were reviewed informally. This could make it harder to spot patterns and trends.

The pharmacy's team members had been trained to protect people's confidential information. The pharmacy displayed details on how it did this and the team ensured confidential information was protected. Confidential information was stored and disposed of appropriately. No sensitive details could be seen from the retail space. Staff used their own NHS smartcards to access electronic prescriptions and they had signed a declaration to ensure confidential information was protected. The RP had been trained to level two to safeguard the welfare of vulnerable people. Members of the team could recognise signs of concern; they had been trained appropriately. The pharmacy had contact details available for the local safeguarding agencies so they could refer suitably in the event of a concern.

The pharmacy had current professional indemnity and public liability insurance. A sample of registers seen for controlled drugs (CDs) and records of supplies made against private prescriptions had been maintained in accordance with legal requirements. 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 had been maintained. The RP record was completed fully by the superintendent pharmacist but not by the regular RP. This could make it harder to identify when a pharmacist's responsibility started and ceased. Ensuring and maintaining a full audit trail was discussed at the time.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Members of the pharmacy team have a range of skills and experience. 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

During the inspection, the pharmacy team consisted of the superintendent pharmacist, the regular RP, and a trainee medicines counter assistant (MCA). The latter was enrolled onto appropriate accredited training in line with her role. The pharmacy had enough staff to support the workload and the team was up to date with this. Team members were observed to work well together, they described being supported and said that they liked working at the pharmacy. The MCA asked relevant questions before selling medicines, she was aware of medicines which could be abused and knew when to refer to the pharmacist appropriately. As they were a small team, meetings and discussions took place regularly. Staff performance was managed by the regular pharmacist and was said to be an informal process. Members of the team described updates and in-house training being delivered by the regular pharmacist. They were also provided with other resources for ongoing training through organisations which provided support for pharmacies.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a suitable environment to deliver services from. The pharmacy is professionally presented. And people can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy's premises were presented professionally. The pharmacy was clean and tidy although its fixtures and fittings were dated in appearance. The pharmacists explained that a re-fit was pending. The retail area was spacious. The lighting and ambient temperature within the pharmacy was appropriate for storing medicines and safe working. The premises were also secure from unauthorised access. The dispensary was smaller than the retail area and only had a limited amount of space for staff to carry out dispensing tasks safely. The dispensing area was kept clear of clutter. The pharmacy had hot and cold water but the sink in the dispensary for preparing medicines and WC for staff could have been cleaner.

The pharmacy also had a separate consultation room which was used to hold private conversations and provide services. There was a sign in the retail space to advise people that a consultation room was available. The room was of an appropriate size and accessible for people using wheelchairs. However, it was inside the dispensary close to the entrance. Bagged prescriptions awaiting collection were stored nearby and medicines were potentially accessible to anyone entering this area. People could also overlook the dispensing computer terminal when they left the room and the room contained multi-compartment compliance packs. The RP explained that the latter were removed before providing services and people were directed into as well as out of this area to help minimise these risks.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy provides its services appropriately. It's team members help ensure that people with different needs can easily access the pharmacy's services. The pharmacy obtains its medicines from reputable sources, and it stores as well as largely manages them appropriately. Members of the pharmacy team routinely identify people prescribed medicines which require ongoing monitoring, so that they can provide the appropriate advice. This helps ensure they take their medicines correctly.

Inspector's evidence

The pharmacy was open Monday to Friday from 9am to 5.30pm, on Saturdays from 9am to 12.30pm and closed for lunch in the week from 1pm to 2pm. The pharmacy's services as well as its opening times were clearly advertised. There were also a wide range of leaflets and posters on display to provide information about various health matters. The pharmacy had been providing services to the local community for the past 40 years and was run by a father and son team. They knew the people who used their services well and described effective communication as well as useful links with the local GP surgeries. This ensured they provided a consistent service.

People could enter the pharmacy through a wide front door which had a step. Staff explained that they served people with wheelchairs at the door and had tried to apply for a ramp through the local council. The area outside the medicines counter and leading up to it, consisted of clear, open space. This helped people with restricted mobility to easily access the pharmacy's services. Team members explained that they served some people with different needs; they made reasonable adjustments if this was required and ensured they were treated with the same care and kindness as other people who used the pharmacy's services. This included providing people with written details or communicating verbally to people who were visually impaired. Some of the staff were also multilingual which assisted people whose first language was not English.

The workflow involved prescriptions being prepared in one area before the RP checked medicines for accuracy. One prescription was prepared, assembled, and bagged at a time. This helped prevent any inadvertent transfer between them. After the pharmacist had generated the dispensing labels, there was a facility on them which helped identify who had been involved in the dispensing process. Staff routinely used this as an audit trail.

The pharmacy provided people who lived in their own homes with their medicines inside compliance packs. This was in conjunction with the person's GP and once a need for this had been identified. Staff maintained individual records for people who received their medicines in this way. Any queries were checked with the prescriber and the records were updated accordingly. All medicines were removed from their packaging before being placed inside the compliance packs. The packs were not left unsealed overnight. However, descriptions of the medicines inside the packs were not always provided and patient information leaflets (PILs) were not routinely supplied. This could make it harder for people to have up-to-date information about how to take their medicines safely.

The team routinely identified people prescribed medicines which required ongoing monitoring. They asked details about relevant parameters, such as blood test results for people prescribed these medicines. After obtaining this information, records were kept about this. Staff were also aware of the

additional guidance when dispensing sodium valproate and the associated Pregnancy Prevention Programme (PPP). They ensured the relevant warning details on the packaging of these medicines were not covered when they placed the dispensing label on them and had previously identified people in the at-risk group who had been supplied this medicine.

The pharmacy used licensed wholesalers to obtain medicines and medical devices. Short-dated medicines were identified. The team checked medicines for expiry but kept limited records of when this had taken place. There were no date-expired medicines seen. CDs were stored securely and medicines requiring refrigeration were stored in a suitable way. Fridge temperatures were checked daily. Records verifying this and that the temperature had remained within the required range had been appropriately completed. Medicines returned for disposal, were accepted by staff, and stored within designated containers. People who brought sharps back for disposal were redirected accordingly. Drug alerts were received electronically via email. Staff explained the action the pharmacy took in response and relevant records were kept verifying this.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate range of equipment and facilities it needs to provide its services safely. Its team members keep the equipment clean and use them in a way which helps keep people's confidential information safe.

Inspector's evidence

The pharmacy's equipment included access to current reference sources, standardised conical measures for liquid medicines, appropriately operating pharmacy fridges and a legally compliant CD cabinet. Triangle tablet counters were also available. The pharmacy's equipment was clean. Computer terminals were password protected and their screens faced away from people using the pharmacy. This helped prevent unauthorised access. The pharmacy also had portable telephones which meant that conversations could take place in private if required.

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.