

# Registered pharmacy inspection report

**Pharmacy Name:** Astons Pharmacy, Unit 4, 44 Wordsworth Avenue,  
Ports Estate, NEWPORT PAGNELL, Buckinghamshire, MK16 8SB

**Pharmacy reference:** 1029198

**Type of pharmacy:** Community

**Date of inspection:** 30/05/2019

## Pharmacy context

This pharmacy is in a residential area and is one of several pharmacies owned by the same local company. It dispenses prescriptions, sells a range of over-the-counter medicines and supplies medicines under a minor ailment scheme. The pharmacy also dispenses medicines in multi-compartment compliance aids to approximately 60 people who live in their own homes.

## 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
<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

The pharmacy is generally managing the risks associated with its services. It maintains all its records required by law. Its team members understand how they can help to protect vulnerable people. And it has procedures in place to ensure people's private information is protected. But, the pharmacy's written procedures have not been recently reviewed and they do not set out clearly the roles and responsibilities of its team members. This may mean that team members are not always sure about their role or how to undertake certain tasks safely.

### Inspector's evidence

The pharmacy had a range of standard operating procedures (SOP) for the services it provided. These were last reviewed in 2016. Training records were available to provide confirmation that all staff members had read and signed the SOPs. However, roles and responsibilities were not described within the SOPs.

A responsible pharmacist (RP) notice was prominently displayed and a member of the pharmacy team was clear about the tasks she could or could not undertake in the absence of a RP.

The pharmacy had systems to review the safety and quality of its pharmacy services. The RP described some of the actions taken to prevent risks in the dispensing process, such as segregating 'look alike, sound alike' medicines like amlodipine, amitriptyline, omeprazole, lansoprazole, metered dose inhalers and turbohalers. Dispensing errors and near misses were recorded and reviewed to help identify emerging trends.

The RP said very few near misses or dispensing errors occurred in the pharmacy as the volume of dispensing was low and he normally incorporated a mental break between labelling, dispensing and checking prescriptions. And he was able to prioritise his workload effectively. He also ensured that medicines were always stored in an organised fashion to minimise picking errors when dispensing prescriptions.

The RP also said that he tended to store higher-strength medicines on the left hand side of the shelf and the lower-strength on the right hand side. And as most people were right handed, an incorrectly selected medicine would be of a lower-strength and this would minimise the harm caused to people.

The pharmacy has a complaints procedure and information for people about this was advertised in the pharmacy. Feedback from the most recent customer survey was posted on the NHS website and was generally very positive. There was some feedback about people not having somewhere available where they could speak without being overheard. The RP said that this could be due to the location of the consultation room not being very prominent and people may not be aware of its availability. As a result, members of the pharmacy team had been briefed to promote its availability whenever people requested to speak to the pharmacist in private.

The pharmacy's records for RP, controlled drugs (CDs), private prescriptions, veterinary prescriptions and unlicensed medicines were kept in line with requirements. CD running balances were checked monthly. The balance of stock checked at random matched the recorded balance in the register. CDs

that people had returned were recorded in a separate register when they were received.

Members of the pharmacy team had all signed confidentiality agreements and confidential waste was segregated and sent to the head office for secure disposal. Access to the pharmacy's computer was password protected and restricted to authorised team members. And computer terminals were positioned away from the public view. Completed prescriptions were stored appropriately and people's personal details were not visible to the public. The pharmacy's privacy policy was advertised in the pharmacy and it informed people how the pharmacy managed private information.

The pharmacy had safeguarding procedures in place and the RP had completed CPPE level 2 training on safeguarding. A medicine counter assistant had read the safeguarding SOPs. Details for local safeguarding agencies were available in the pharmacy so the team members had ready access to these if they needed to report a concern. The pharmacy had appropriate indemnity insurance arrangements in place.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

Members of the pharmacy team have the appropriate skills and qualifications for their roles. And they are supportive of each other and work well together. The pharmacy has adequate staffing levels to manage its workload safely and its team members can make suggestions to help improve the safety and quality of services provided.

### Inspector's evidence

A locum pharmacist who worked at the pharmacy on a regular basis was the RP working at the time of the inspection. Also present was a medicine counter assistant. The pharmacy also employed a part-time medicine counter assistant who was off on that day. The pharmacy's usual staffing profile consisted of one pharmacist and one counter assistant. The company's relief pharmacists were used to cover the RP's annual leave.

Members of the pharmacy team were working well together and were managing their workload comfortably. The workflow in the dispensary was organised and prescriptions were processed in a timely manner.

The RP said he gave regular feedback about staff performance and members of the pharmacy team had access to counter skills booklets and trade magazines to help keep their skills and knowledge up to date. But staff training records were not routinely kept.

A medicine counter assistant said she would feel comfortable raising any concerns with the RP or with the superintendent pharmacist if needed. Whilst the pharmacy team was encouraged to promote the pharmacy's services, there were no specific targets or incentives set.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are safe, secure, and adequate for the pharmacy services it provides.

### Inspector's evidence

The front fascia of the pharmacy appeared dated and the pharmacy had not received a refit for some time. And this was reflected in the appearance of some of the fixtures and fittings. The dispensary was clean and well organised. There was adequate storage and bench space available to allow safe working. The dispensary's workstation was kept tidy and stock medicines were stored in an organised manner.

A private consultation room was available for conversations and counselling. The room was advertised, clean and protected against unauthorised access. Members of the pharmacy team had access to adequate hygiene facilities. The premises were lockable and secured against unauthorised access.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy generally provides its services safely and effectively. The pharmacy obtains its medicines and medical devices from reputable sources. It stores them in accordance with legal requirements and at the appropriate temperatures. And it takes the right action if any medicines or devices are not safe to use, to protect people's health and wellbeing.

### Inspector's evidence

The entrance to the pharmacy was at street level and was step free. The retail area of the pharmacy was clear of slip or trip hazards and could accommodate wheelchairs and prams. And there was some seating available for people waiting for services.

The pharmacy team members used their local knowledge to signpost people to other providers if a service required was not offered at the pharmacy. The RP could speak to people in several languages including Urdu and Punjabi.

The pharmacy offered a delivery service mainly to housebound and vulnerable people. The workflow in the pharmacy was well organised and different coloured baskets were used during the dispensing process to prioritise workload and minimise the risk of prescriptions getting mixed up. Owing slips were issued to provide an audit trail when a prescription could not be supplied fully.

The pharmacy supplied medicines in disposable multi-compartment compliance aids to approximately 60 people who had difficulties in managing their medication. These were assembled in a separate area away from the dispensary. The pharmacy kept records for everyone who received compliance aids and these listed the medicines and administration timings. Prescriptions were checked against these records and any anomalies were raised with the surgery. Descriptions of individual medicines contained within the compliance aids and a dispensing audit trail were both present on the packs checked. Patient information leaflets (PILs) were supplied routinely with these compliance aids. The service was well organised and mainly managed by the RP.

The RP was aware of the valproate pregnancy prevention programme and knew which people needed to be provided with additional advice about its contraindications and precautions. The pharmacy did not have any people in the at-risk group. The RP could not recall receiving any patient guides or information leaflets but said he would try and order the pharmacy resource pack from the manufacturers as soon as possible.

Prescriptions for CDs not requiring secure storage such as gabapentin and tramadol were marked with their validity dates to ensure medicines were not handed out after the prescription had expired. Prescriptions for higher-risk medicines were not highlighted but the RP said that these were handed out by himself and he asked about people's therapeutic monitoring levels (INR). And he said he provided appropriate advice to people where necessary.

Medicines were obtained from licensed wholesalers and unlicensed specials were obtained from specials manufacturers. No extemporaneous dispensing was carried out. Pharmacy only medicines were stored out of reach of the public. The pharmacy was not yet compliant with the Falsified Medicines

Directive (FMD), and did not yet have the appropriate equipment in place. The RP was not sure when the pharmacy was planning to implement FMD.

Medicines requiring cold storage were kept in a pharmaceutical refrigerator and stored between 2 and 8 degrees Celsius. The maximum and minimum fridge temperatures were monitored and recorded daily.

All CDs requiring secure storage were stored appropriately and access was controlled by the duty pharmacist. The pharmacy had denaturing kits available to dispose of waste CDs. Other medicines returned by people were segregated into designated bins and disposed of appropriately.

Medicines were date checked at regular intervals and the checks were recorded. Short-dated medicines were marked so that they could be identified and removed at an appropriate time.

The pharmacy had a process to deal with safety alerts and medicines recalls. Records of these and the actions taken by the RP were kept in the pharmacy to provide an audit trail.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy generally has the equipment and facilities it needs to provide its services safely.

### Inspector's evidence

The pharmacy had access to the internet and various other reference sources. A range of crown stamped glass measures and equipment for counting loose tablets and capsules were available at the pharmacy. All electrical equipment appeared to be in good working order.

Access to the pharmacy computers and patient medication record system was restricted to the members of the pharmacy team and was password protected. Computer terminals were not visible to customers. And a consultation room was available for private conversations and counselling.

### 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.