

Registered pharmacy inspection report

Pharmacy Name: Buntingford Pharmacy, 55 High Street,
BUNTINGFORD, Hertfordshire, SG9 9AD

Pharmacy reference: 1032180

Type of pharmacy: Community

Date of inspection: 15/07/2024

Pharmacy context

This independent community is located on a high street alongside a range of other retail outlets. Its main activity is dispensing NHS prescriptions. It also offers a range of other NHS services including the Pharmacy First service, the hypertension case-finding service, seasonal flu vaccinations and the New Medicine Service. It delivers medicines to some people, and it supplies medicines in multi-compartment compliance packs to people who need this help to take their medicines at the right time.

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 generally identifies and manages risks so that people receive safe services. It largely keeps the records it needs to, and it protects people's personal information. Its team members know what they can and can't do in the absence of a pharmacist. And they protect people's information well. The pharmacy uses mistakes as opportunities to learn and improve.

Inspector's evidence

To help manage risks posed by distraction, different parts of the dispensary were used for various tasks. For example, multi-compartment compliance packs were prepared in a designated area towards the rear of the dispensary. This provided adequate clear bench space and a quieter environment to work in. There were written standard operating procedures (SOPs) available for team members to refer to and which reflected the services provided by the pharmacy. These had been introduced in May 2022 and were slightly overdue the review timeframe set out in the documents. This could increase the chance that the SOPs didn't always reflect current best practice. And not all SOPs had been signed to show they had been read by relevant team members. However, there was some evidence of team members following the SOPs. For example, there were audit trails on dispensed items showing who had been involved in dispensing and accuracy checking each prescription.

The pharmacy had recently introduced a means of recording near misses (dispensing mistakes detected and corrected before reaching a person) and dispensing errors (dispensing mistakes not spotted before the medicines were given out) electronically. Team members were informed of their own mistakes and there was a process to review mistakes each month and identify improvements to reduce the likelihood of recurrence. The monthly patient safety reviews were also used as a focus for the team for the following month. Previous reviews had led to amlodipine and amitriptyline being separated more clearly and the team had been briefed to take extra care when selecting look-alike and sound-alike medicines. Dispensing errors were also reported to the pharmacy superintendent (SI) and the national NHS reporting system.

When asked, members of the team could describe their roles and what they could and couldn't do if there was no pharmacist present. They understood that certain over-the-counter medicines could be misused or overused and could correctly describe how they would deal with repeat requests for these types of medicines. The pharmacy had a complaints procedure and team members asked could explain how complaints would be handled.

The pharmacy's services were suitably insured. The pharmacy displayed a Responsible Pharmacist (RP) notice where members of the public could see it. The RP notice on display at the time of the inspection showed the correct information about the RP on duty. The pharmacy's RP record was complete. There was an electronic controlled drug (CD) register in use. Balance checks were completed regularly and a spot check of the physical stock of a sample of medicines agreed with the running balance recorded. Private prescriptions were recorded electronically. When a sample of private prescriptions was checked, the corresponding records were correct.

No confidential information was visible to people visiting the pharmacy. Confidential waste was

disposed of securely. Team members could hold phone conversations about healthcare matters out of earshot of people in the shop. And team members had completed training about protecting people's sensitive information. Prescriptions waiting collection were stored out of sight and reach of the public. Passwords to access electronic prescriptions using NHS smartcards were not shared and team members were seen using their own smartcards during the visit.

Team members had completed training relevant to their roles about safeguarding vulnerable people and were aware of how to find contact information for local agencies if they needed to report a safeguarding concern. There was a chaperone policy for use of the consultation room.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide its services safely. And its team members have either completed or are enrolled on accredited training for the roles they undertake. Team members can discuss concerns or other issues they may be having, in an open way. But there is no structured ongoing training for team members which may make it harder to meet ongoing learning needs.

Inspector's evidence

At the time of the inspection, the pharmacist on duty was the regular RP. The rest of the team comprised three trained dispensers, one trainee dispenser, three medicine counter assistants and a delivery driver who was shared with another pharmacy under the same ownership. Two of the counter assistants were new in post and were due to be enrolled on an accredited course within the first three months of their employment. Other team members had completed or had been enrolled on an accredited training course relevant to their role. There was no structured ongoing training once team members had completed their accredited courses. Team members said they read trade publications to help keep their skills and knowledge current. This could mean ongoing learning needs are not always identified and met.

The team appeared to be managing the workload during the inspection and there was no apparent backlog of work. Holiday cover was planned in advance. The team members were observed working closely together and had a good rapport with their customers. When asked, team members said they would be comfortable raising any issues or concerns with the RP or the SI. The SI was in regular contact with the pharmacy and team members said they were supportive.

The RP appeared able to exercise his professional judgement when providing services to people. He described several occasions when requests for treatment under the Pharmacy First service had been refused as they fell outside the treatment criteria and people had been referred elsewhere for support.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are suitable for the services the pharmacy provides. And people can have a conversation with a member of the pharmacy team in private.

Inspector's evidence

The external appearance of the pharmacy looked in reasonable order. The retail area and dispensary were clearly separated and access to the dispensary was restricted. There were no slip or trip hazards or other obstructions in the retail area and some seating was available for people waiting for services. Lighting and ambient temperatures throughout the premises were suitable for the activities undertaken. Fans were available to help with ventilation when needed. All parts of the pharmacy including the sink used for preparing medicines and dispensing benches were reasonably clean and well organised. Staff had suitable hygiene facilities available including for handwashing.

There was a well-screened consultation room which was off the main retail area. The room was lockable, had storage for equipment and sundries, and was kept clear of clutter. There was also access to patient medication records in the consultation room. Conversations inside the room could not be overheard from the shop floor.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally provides its services safely and it tries to make its services accessible to people with differing needs. It gets its medicines from appropriate sources, and it manages them reasonably well so they are safe to supply to people. It takes care when supplying higher-risk medicines for the first time so people get the advice they need to take their medicines safely. But it doesn't always make similar checks when making further supplies. So, it may be missing opportunities to provide ongoing support and information to people.

Inspector's evidence

There were steps up into the pharmacy from the street and further internal steps to the medicine counter though the consultation room was level with the entrance. The pharmacy had limited ability to change the restricted access due to its listed status. However, staff were seen helping people who needed assistance getting into the pharmacy and had a prescription delivery service for those who couldn't come to the pharmacy in person. The pharmacy's opening hours and information about some of the services it offered were displayed in the windows. There was also a range of health information leaflets for people to read and take away.

The team members were observed dispensing prescriptions in an organised way and responding to people coming into the pharmacy promptly. Dispensing labels were initialled at the dispensing and accuracy checking stages to provide a clear audit trail in the event of a future query. Warning stickers were applied to some prescriptions that required extra care or special storage arrangements, such as CDs and fridge lines. The RP described the checks he would make when supplying higher-risk medicines that needed ongoing monitoring such as methotrexate for the first time. However, repeat prescriptions for these medicines were not highlighted which could mean suitable checks are not made on subsequent supplies. The pharmacy was aware of the updated guidance relating to the use of valproate-containing medicines by people who could become pregnant and generally only supplied these medicines in original packs with all the necessary safety information provided. One person, not in the at-risk group, received valproate-containing medicines in multi-compartment compliance packs. The need for risk assessments when supplying these medicines outside of their original packs was discussed with the RP.

Multi-compartment compliance packs were prepared in an organised way and the pharmacy had processes to make sure packs were prepared on time. Most people received four weeks of packs at a time. Unexpected changes and missing items were queried, and an audit trail kept about these interventions. Packs were dispensed in a designated area and were sealed promptly to prevent contamination or transfer between sections. Prepared packs checked had an audit trail showing who had dispensed and accuracy checked each pack. Patient information leaflets were supplied every four weeks. The labelling on the packs seen included a description of the contents so people could more easily identify their medicines. But there was evidence that mandatory warnings were not always included on the pack labels and the quantities of tablets or capsules dispensed in the packs was incorrect. The RP was advised to raise this with the company that supplied the patient medication record system. Also, the labelling wasn't attached to the packs so could become separated after leaving the pharmacy. This was also highlighted to the pharmacy during the visit.

The RP could refer to hard copies of the patient group directions (PGDs) for the Pharmacy First service if needed and had signed the overarching document to ensure supplies were made safely and legally. He had also completed the required training. On occasions, the pharmacy had received referrals to the service from other healthcare providers which did not meet the inclusion criteria and so were out of scope of the service. These had created additional work for the pharmacy and inconvenience for people looking for treatment.

Medicines were obtained from a range of licensed wholesalers and they were stored in an orderly way. Dates were generally added to liquid medicines on opening so assessments could be made as to their suitability to use when dispensing in future. However, no date of opening had been added to opened bottles of methadone in the CD cabinet. A red dot was added to packs of short-dated medicines so team members could assess if the medicines would remain in date for the expected duration of treatment. Date checks were said to be carried out every three months and team members said they also routinely checked dates during the dispensing process. Medicines requiring cold storage were kept in three medicine fridges. Records of daily temperature checks were kept for two of the fridges but not for the third, recently installed fridge. The temperatures at the time of the inspection were all within the required range. The RP said he would start keeping records for all the fridges straightaway.

The pharmacy had a process to receive and respond to patient safety alerts and medicines recalls. And there was an audit trail kept to show what the pharmacy had done in response to these.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services effectively. It checks that its equipment is working correctly.

Inspector's evidence

Computer screens containing patient information could not be viewed by members of the public. The team had access to online reference sources to provide advice and undertake clinical checks based on current information. There was suitable equipment for disposing of medicine waste safely. Equipment required for providing Pharmacy First consultations, including an otoscope, was readily available. Liquid medicines were measured using calibrated glass measures and these were clean; some were marked for a specific purpose to avoid cross-contamination. There was ample secure storage for CDs and the three medicine fridges provided sufficient refrigerated storage for medicines. There was no ice build-up in the fridges. Staff had a separate fridge for storing food items and this wasn't used for storing medicines. Electrical equipment had been safety tested and looked in reasonable condition.

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.