

Registered pharmacy inspection report

Pharmacy Name: Barton Pharmacy, 6 Underhill Circus, Barton, Headington, OXFORD, Oxfordshire, OX3 9LU

Pharmacy reference: 1035975

Type of pharmacy: Community

Date of inspection: 14/12/2023

Pharmacy context

The pharmacy is in a parade of shops in a housing estate in Oxford. It dispenses NHS and private prescriptions. The pharmacy supplies medicines in multi-compartment compliance packs for people who have difficulty managing their medicines. And it provides health advice. Services include prescription delivery, supervised consumption, blood pressure monitoring, community pharmacist consultation service (CPCS), emergency hormonal contraception and seasonal flu vaccination. The pharmacy changed ownership in February 2023.

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's working practices are mostly safe and effective. Members of the pharmacy team work to suitable written instructions which are updated to help identify and manage risks. And they carry out reviews to help show where they can improve the pharmacy's services. The pharmacy keeps the records it needs to by law. It manages and protects people's private information and tells people how their private information will be used. The pharmacy team members understand their role in protecting the welfare of vulnerable people.

Inspector's evidence

The pharmacy had systems to review dispensing errors and near misses. Members of the pharmacy team discussed the mistakes they made to learn from them and reduce the chances of them happening again. The responsible pharmacist (RP) had been working alone in the dispensary until recently and had not routinely recorded near misses but planned to start recording them now that team members were in training to assist in the dispensary. So, they could review the records to spot patterns or trends with the mistakes they made. Dispensing incidents were reported on the NHS 'learning from patient safety events' service.

The RP explained that medicines involved in incidents, or were similar in some way, such as trazodone and tramadol were generally separated from each other in the dispensary. And prednisolone preparations were stored separately in line with NHS Oxford policy. The RP had rearranged the medicines stock on assuming ownership of the pharmacy so it was now 'A-Z' order. Members of the pharmacy team responsible for making up people's prescriptions used baskets to separate each person's medicines and to help them prioritise their workload. They referred to prescriptions when labelling and picking products. And assembled prescriptions were not handed out until they were checked by the RP. Members of the team asked for people's details and date of birth before handing over prescriptions.

The previous owner had risk-assessed the impact of COVID-19 upon its services and the people who used it. The screen was still in place at the medicines counter along with hand sanitising gel to help protect against infection. The RP described the risk assessment completed in relation to providing the supervised consumption service. And steps taken to ensure safe disposal of used instalment containers. The RP and members of the pharmacy team had risk-assessed and reviewed preparation of compliance packs. This had resulted in a dedicated room to prepare compliance packs, freed up space in the dispensary and a new consultation room. Documenting risk assessments to show how the pharmacy manages and protects patient safety was discussed. The RP described audits completed in line with the pharmacy quality scheme. The RP had audited the supply of valproate and to how many people. And the RP was aware of the new rules on dispensing a valproate so people received a complete and original manufacturer's pack.

The pharmacy had standard operating procedures (SOPs) for most of the services it provided. And these were under review as the business grew and developed. The SOPs were also being transferred to an online version and included RP SOPs. A member of the team explained the sales protocol and knew what they could and could not do, what they were responsible for and when they might seek help. They

would not hand out prescriptions or sell medicines if a pharmacist was not present. And they would refer repeated requests for medicines liable to misuse to a pharmacist. The pharmacy had a complaints procedure. And it had received positive feedback from people online. The pharmacy had a practice leaflet explaining services and how to contact the pharmacy. People left feedback online and verbally.

The pharmacy displayed a notice that told people who the RP was and it kept a record to show which pharmacist was the RP and when. The pharmacy had appropriate insurance arrangements in place, including professional indemnity, for the services it provided. The pharmacy had an electronic controlled drug (CD) register. A random check of the actual stock of a CD matched the recorded amount. The pharmacy kept records for the supplies of the unlicensed medicinal products it made. The pharmacy recorded the emergency supplies it made and the private prescriptions it supplied electronically. And these generally were in order.

The pharmacy was registered with the Information Commissioner's Office. It displayed a notice that told people how their personal information was gathered, used and shared by the pharmacy and its team. Its team tried to make sure people's personal information could not be seen by other people and was disposed of securely. Members of the team had trained in and signed a declaration of confidentiality and data protection. The pharmacy had a safeguarding SOP. And the RP had completed a level 3 safeguarding training course and had the NHS safeguarding App. Members of the pharmacy team knew what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team members work well together to manage the workload. The RP reviews the skills mix to identify training needs. Team members understand their roles and responsibilities and actively make suggestions to the team about how to improve services.

Inspector's evidence

The pharmacy team consisted of the superintendent pharmacist (the RP), a full-time trainee dispensing and medicines counter assistant, a full-time recently recruited assistant, and a part-time delivery driver who was going to be enrolled on medicines counter training. The pharmacy relied upon its team to cover absences. The RP was supported at the time of the inspection by two team members.

The RP aimed to introduce a training platform for the team members where they could access and record training and the RP could monitor their progress. The RP had arranged to undertake the pharmacy quality scheme (PQS) training topics, and updates for substance misuse and needle exchange. Members of the team would undertake accredited training relevant to their roles. For instance, the delivery person helped out at the medicines counter between deliveries. They worked well together so people were served quickly, and their prescriptions were processed in a timely way. The RP supervised and oversaw the supply of medicines and advice given by the pharmacy team. The pharmacy had an OTC sales and self-care SOP for its team to follow. This described the questions the team members needed to ask people when making over-the-counter (OTC) recommendations. And when they should refer requests to a pharmacist. Members of the pharmacy team were comfortable about making suggestions on how to improve the pharmacy and its services. The delivery person had reviewed the delivery service and introduced a more robust audit trail. And the team members knew who they should raise a concern with if they had one.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are bright, secure and suitable for the provision of healthcare services. The pharmacy prevents people accessing its premises when it is closed so its medicines stock is safe, and people's private information is protected.

Inspector's evidence

The registered pharmacy premises were clean, bright and secure. And steps were taken to make sure the pharmacy and its team did not get too hot. The pharmacy had a retail area, a medicines counter, a small dispensary and a storeroom. The RP had adjusted the layout of the retail public area of the pharmacy with the addition of a new consultation room and re-purposing other existing space where compliance packs were prepared. People could have a private conversation with a team member. The dispensary had limited workspace so, larger items were sometimes stored on the floor. And work surfaces in the dispensary could become cluttered when the pharmacy was busy. The pharmacy had a sink where medicines could be prepared. Members of the pharmacy team were responsible for keeping the pharmacy's premises clean and tidy.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are generally safe and effective. And it tries to make sure people with different needs can easily access the pharmacy's services. The pharmacy obtains its medicines from reputable sources and pharmacy team members can show what actions they take when they receive a drug alert or recall. The pharmacy stores medicines securely, at the correct temperature so they are fit for purpose and safe to use. The pharmacy team tries to make sure people get all the information they need to use their medicines properly.

Inspector's evidence

The pharmacy had a manual door. And its entrance was level with the outside pavement. This made it easier for people who used a wheelchair, to enter the building. The pharmacy team tried to make sure people with different needs could use the pharmacy services. The pharmacy had a notice that told people when it was open. And other notices in its window told people about some of the other services the pharmacy offered. The pharmacy had seating for people to use if they wanted to wait and a desk to lean on and sign the back of their prescriptions. Members of the pharmacy team were helpful and could speak or understand Urdu and Hindi to help people whose first language was not English. They signposted people to another provider if a service was not available at the pharmacy.

The pharmacy provided a delivery service to people who could not attend its premises in person. It kept an audit trail for the deliveries it made to show that the right medicine was delivered to the right person. The pharmacy used a disposable pack for people who received their medicines in compliance packs. The pharmacy team supplied some medicines in separate labelled containers if they were not suitable to be re-packaged in the compliance pack. The pharmacy did not yet provide a brief description for identifying each medicine contained within the compliance packs. But it did provide patient information leaflets. So, people had the manufacturer's information they needed to make sure they took their medicines safely.

Members of the pharmacy team could identify which of them prepared a prescription. They marked some prescriptions to highlight when a pharmacist needed to speak to the person about the medicines they were collecting or if other items needed to be added. They were aware of the valproate pregnancy prevention programme. And they knew that girls or women in the at-risk group who were prescribed valproate needed to be counselled on its contraindications. The RP was observed counselling people about their medicines. For instance, people taking warfarin were advised about other medicines and food which would interact with their warfarin. The RP checked the blood test results in the INR book.

The RP assessed the responses given by people who completed a consultation questionnaire to obtain emergency hormonal contraception (EHC). The pharmacy had provided the flu vaccination service via patient group direction (PGD) and details of NHS flu vaccinations were recorded on PharmOutcomes. The vaccines were stored in a fridge which was monitored daily to make sure the maximum and minimum temperatures were between two and eight Celsius. The RP explained the service detail including how sharps were disposed of safely, the expiry date on the adrenaline injection devices and hygiene control. The RP described business continuity arrangements and training completed to provide vaccinations.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It kept most of its medicines and medical devices in their original manufacturer's packaging. The pharmacy team checked the expiry dates of medicines and it generally recorded when it had done a date-check. The pharmacy stored its stock, which needed to be refrigerated, between two and eight degrees Celsius. And it mostly stored its CDs securely, in line with safe custody requirements. The pharmacy had procedures for handling obsolete medicines. And these medicines were kept separate from stock or were placed in one of its pharmaceutical waste bins. The pharmacy had a procedure for dealing with alerts and recalls about medicines and medical devices. And the RP described the actions they took and demonstrated what records they kept when the pharmacy received a concern about a medicine.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs for the services it offers. The pharmacy uses its equipment appropriately and keeps people's private information safe.

Inspector's evidence

The pharmacy had a plastic screen on its counter. And it had hand sanitiser and personal protective equipment for its team members if needed. The pharmacy had a few glass measures for use with liquids, and some were used only with certain liquids. Members of the pharmacy team had access to up-to-date reference sources. The pharmacy had refrigerators to store pharmaceutical stock requiring refrigeration. And its team regularly checked the maximum and minimum temperatures of each refrigerator. The blood pressure monitor was relatively new and marking it with the date of opening for maintenance purposes was suggested. The pharmacy disposed of confidential waste appropriately. It restricted access to its computers and patient medication record system. And only authorised team members could use them when they put in their password. The pharmacy positioned its computer screens so they could only be seen by a member of the pharmacy team. And its team members were using their own NHS smartcards.

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.