

# Registered pharmacy inspection report

**Pharmacy Name:** Jardines Pharmacy, 5 Kingsfield Road, Saxon Centre, BIGGLESWADE, Bedfordshire, SG18 8AT

**Pharmacy reference:** 1095741

**Type of pharmacy:** Community

**Date of inspection:** 10/11/2022

## Pharmacy context

This community pharmacy is situated next door to a local parade of shops. As well as dispensing NHS prescriptions, the pharmacy dispenses private prescriptions. It also provides the New Medicines Service and seasonal flu vaccinations. And it sells a range of medicines over the counter.

## Overall inspection outcome

### Standards not all met

**Required Action:** Improvement Action Plan

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 not all met	2.2	Standard not met	Some of the pharmacy team members are not appropriately trained or undertaking the right training for their roles.
<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 largely identifies and manages the risks associated with its services to help provide them safely. It records and regularly reviews any mistakes that happen during the dispensing process. It uses this information to help make its services safer and reduce any future risk. It protects people's personal information well and team members understand their role in protecting vulnerable people.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs) available. SOPs were regularly reviewed and updated by the head office team. The pharmacy recorded some dispensing mistakes which were identified before the medicine was handed out (near misses) and those where the medicine was handed to a person (dispensing errors). Near misses were logged on a sheet displayed in the dispensary. The pharmacy had separated quetiapine and quinine sulfate preparations as these had been involved in picking near misses. Other medicines which looked alike or sounded alike were highlighted on the shelves too. Dispensing errors were reported to head office.

The correct responsible pharmacist (RP) notice was displayed. The team members were aware of the tasks that could and could not be carried out in the absence of the RP. The pharmacy had current professional indemnity insurance. The pharmacy had a complaints procedure, and it displayed a notice informing people about the procedure. Complaints were referred to head office to deal with.

Records about private prescription, emergency supplies, unlicensed medicines dispensed, controlled drug (CD) registers and RP records were generally well maintained. But some prescriber details in private prescription records were not accurate. The pharmacy staff said that they would highlight the need to keep accurate records within the team. CD balance checks were carried out regularly.

Assembled prescriptions were stored behind the counter and people's private information was not visible to others using the pharmacy. Relevant team members who accessed NHS systems had smartcards. Confidential waste was kept in a designated bag and collected by a contractor for secure destruction. All team members had also completed training about confidentiality. Team members had completed safeguarding training. Details were available for the local safeguarding boards. The company also had a safeguarding officer at head office who team members could contact.

## Principle 2 - Staffing Standards not all met

### Summary findings

The pharmacy has just about enough team members for the services it provides. But the pharmacy's team members do not all have the appropriate training for their roles. However, they work effectively together and are supportive of one another.

### Inspector's evidence

At the time of the inspection, the pharmacy team comprised of a pharmacist locum, a dispenser, a trainee dispenser and two medicines counter assistants. Neither of the medicine counter assistants were trained for the role and they had both been in post for more than three months. One of the counter assistants was also seen putting stock away in the dispensary, and they were not trained for this task either. However, team members were observed working well together and they communicated effectively with each other to ensure that tasks were prioritised.

Team members said that they felt able to feedback concerns and suggestions and if they had any questions would contact head office immediately. Targets were in place for services provided although there was no pressure to meet these.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are clean, secure and provide an appropriate environment to deliver its services. People can have a conversation with a team member in a private area. The pharmacy has enough workspace, but this gets cluttered at times.

### Inspector's evidence

The pharmacy premises were large, bright, clean, and organised. The dispensary was spacious. There was ample workspace but this was piled high with dispensed prescriptions waiting to be checked. Workbenches were also allocated for certain tasks. A sink was available for preparing medicines. Hand sanitiser was also available for team members to use. A consultation room was available. The room allowed a conversation at a normal level of volume to take place inside without being overheard. The premises were kept secure from unauthorised access. The room temperature and lighting were adequate for the provision of pharmacy services.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy generally provides its services safely. It obtains its medicines from reputable sources, and it manages them appropriately so that they are safe for people to use. It takes the right action in response to safety alerts so that people get medicines and medical devices that are safe to use. It tries to highlight prescriptions where people may need additional advice. But this doesn't always happen. So it may be missing opportunities to give people all the information they need.

### Inspector's evidence

Access to the pharmacy was level from the pavement. The pharmacy's services were advertised on the window. Team members used the internet to find details about other local services to help people.

The pharmacy had an established workflow. Colour-coded baskets were used as part of the dispensing process to separate prescriptions. Dispensed and checked-by boxes on labels were initialled by members of the team to create an audit trail for the dispensing and checking processes. The pharmacy had a delivery driver who delivered a few prescriptions each day and delivery records were kept. In the event that a person was not home, a note was left by the driver and the medicines were returned to the pharmacy.

Warning stickers were attached to some of the prescriptions by the RP during the checking process. Stickers were used if a person needed to be counselled by a pharmacist or if there was a fridge line or CD dispensed. However, their use was not consistent, and some prescriptions which should have had applicable stickers on did not. The RP and team members were aware of the guidance for dispensing sodium valproate. Where possible, sodium valproate was dispensed in its original packaging. Placement of the dispensing label on the container so as not to obscure important information was discussed with the team.

The dispenser was performing flu vaccinations. She checked with head office what her authority was for this, and they told her it was the National Protocol. The pharmacist was aware that he was clinically responsible for the service.

Medicines were obtained from licensed wholesalers. Fridge temperatures were monitored daily and recorded, but the thermometers at the time of the inspection showed maximum and minimum temperatures were not within the required range for storing temperature-sensitive medicines. The current temperatures were within a suitable range. The matter was reported to head office. CDs were held securely. Expiry date checks were carried out by one of the dispensers. Short-dated stock was highlighted with a sticker. There were no date-expired medicines found on the shelves checked. Out-of-date and other waste medicines were separated from stock and then collected by licensed waste collectors.

Drug alerts were received and actioned appropriately to ensure that recalled medicines did not find their way to people who used the pharmacy. And the pharmacy could demonstrate they had responded to these alerts.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. And it keeps them clean. The team uses its facilities and equipment to keep people's private information safe.

### Inspector's evidence

There were various sizes of glass, crown-stamped measures, with separate ones labelled for specific use, reducing the risk of cross-contamination. Equipment was mainly clean and ready for use. A separate tablet-counting triangle was used for cytotoxic medicines to avoid contamination. Two fridges of adequate size were available. Up-to-date reference sources were available including access to the internet. The pharmacy's computers were password protected and screens faced away from people using the pharmacy. Electrical equipment was regularly tested. Stickers were affixed to various electronic equipment and displayed the next date of testing.

### 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.