

# Registered pharmacy inspection report

**Pharmacy Name:** Buckden Pharmacy, 8 Hunts End, Buckden, ST.  
NEOTS, Cambridgeshire, PE19 5SU

**Pharmacy reference:** 1100683

**Type of pharmacy:** Community

**Date of inspection:** 10/07/2024

## Pharmacy context

This community pharmacy is located in a small parade of shops in the village of Buckden. The pharmacy dispenses NHS and private prescriptions and sells over-the-counter medicines. It supplies medicines in multi-compartment compliance packs to some people to help them take their medicines at the right time. The pharmacy also provides some other NHS services such as the New Medicines Service and the Pharmacy First Service.

## 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 not all met	1.6	Standard not met	The pharmacy does not maintain accurate records of controlled drugs and records do not always contain all the required information.
<b>2. Staff</b>	Standards not all met	2.2	Standard not met	Some team members have not been enrolled on the required training courses to ensure they have the right skills for their role.
<b>3. Premises</b>	Standards not all met	3.1	Standard not met	Some areas of the pharmacy are disorganised, cluttered and dirty. This increases the risk of dispensing mistakes happening.
		3.2	Standard not met	The consultation room is disorganised and there is confidential information accessible to people in the room. In it's current state, it is not a suitable space for providing pharmacy services.
<b>4. Services, including medicines management</b>	Standards not all met	4.3	Standard not met	The pharmacy does not always manage medicines and medicinal products correctly. So cannot always ensure they are safe to supply to people. Dispensary shelves are overstocked and over full. Fridge temperatures are not always kept within the required range. Some food supplements are stored in a non-controlled environment. And the pharmacy does not have robust date-checking processes to ensure date-expired medicines are separated from in-date stock.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance Standards not all met

### Summary findings

The pharmacy doesn't make sure that all the records it needs to keep by law are accurate. The pharmacy has written procedures for team members to help them work safely. But these are not always followed which limits their usefulness. Team members do not routinely record mistakes they make so may miss opportunities to learn from them and prevent similar mistakes re-occurring. However, team members understand their roles in protecting vulnerable people.

### Inspector's evidence

The pharmacy had a set of printed standard operating procedures (SOPs). Staff signature sheets were used to show team members had read them. But they were not always following them. For example, team member were not always recording their mistakes as per the SOP. The SOPs had last been reviewed in 2022 and were due for a review. The Responsible Pharmacist (RP), who was also the Superintendent Pharmacist (SI), explained that a new dispensing system was due to be implemented and so the SOPs would be updated to reflect this change. Team members could explain what activities they could and could not carry out in the absence of the RP. And they explained that they would signpost people to alternative services if they were unable to provide services while the RP was absent.

Team members did not record mistakes they made which were identified and corrected during the dispensing process, known as near misses. The RP explained that if they spotted a near miss, they would speak to the person who had made the mistake and ask them to correct it. Although there were no formal reviews of these mistakes, the team members described separating allopurinol and atenolol on the shelves as these were often getting mixed up. The pharmacy did not record dispensing incidents that weren't spotted before reaching a patient, known as dispensing errors. The RP said there had been some errors made previously which involved the wrong amount being supplied to people. He had corrected these. But they were not reviewed to understand the root cause which limited the chances of the team to learn and improve. The SI said he would ensure any dispensing errors were recorded and reviewed going forward.

The correct RP notice was displayed but it was not in a prominent position so it may not be clear to people visiting the pharmacy who the RP on duty was. The RP record was completed daily but finish times were not always recorded. Private prescription records were kept appropriately. But the pharmacy did not always keep complete records of the reasons emergency supplies were made. This meant it could not always be clear why a supply of medicine was made without a prescription. Controlled drugs (CD) registers were not always completed with all information required, such as headings on the registers. Balance checks were not completed regularly and a random check of three CDs found two discrepancies between the physical quantity and the balance recorded. The RP was advised to carry out a full balance check as a matter of urgency and to report any ongoing discrepancies to the CD Accountable Officer.

The pharmacy had a complaints procedure. Team members explained people could give feedback directly to the pharmacy in person, over the phone or using the pharmacy's website. Complaints were usually dealt with by the SI. The pharmacy had indemnity insurance in place. Confidential waste was kept separately in the dispensary and then shredded. And no confidential waste was found mixed with normal paper waste. Assembled prescriptions which were awaiting collection or delivery were stored in

the dispensary and so were not visible to people using the pharmacy.

Team members had completed safeguarding training and could explain the actions they would take if they had a safeguarding concern. And they knew where they could access details of the local safeguarding teams should they require them. Delivery drivers would also feedback any concerns they had to the pharmacist.

## Principle 2 - Staffing Standards not all met

### Summary findings

The pharmacy has enough staff members to manage its workload and the services it provides. However not all its team members have completed or are completing the required training for their roles. Team members work well together, and they feel comfortable about making suggestions or raising any concerns they have.

### Inspector's evidence

During the inspection, there was the RP and four dispensing assistants, including one trainee, and an accuracy checking dispenser present. The pharmacy also had three delivery drivers who delivered medicines to those people who could not get to the pharmacy. There were two members of the team who had not been enrolled onto an accredited training course; one who had started 16 months ago and one in the last three months. The team members were seen to generally be working well together and the RP said he was comfortable the staffing levels were sufficient to manage the pharmacy's workload.

Team members had received some training about data protection and confidentiality but there was no other ongoing formal training provided. Some of the team members explained they tried to keep their knowledge updated by reading emails or updates that were sent to the pharmacy but were not given time during working hours to do this. A team member was asked about the activities they could undertake when the RP was not present and they were clear on what they could and could not do.

Team members did not have formal reviews to discuss their development or performance. This meant that their development needs may not be fully met. However, they did receive some informal feedback to help improve their practice. Staff knew who they could raise any concerns to and said they felt comfortable to do so. This would normally be the pharmacist or the SI.

## Principle 3 - Premises Standards not all met

### Summary findings

Some areas of the pharmacy are disorganised, cluttered and dirty and this could compromise safe and effective dispensing of medicines. In its current state, the consultation room does not present a professional image to people who may want to have private conversation with pharmacy team members. And not all information in the consultation room is adequately protected. However, the pharmacy is kept secure from unauthorised access.

### Inspector's evidence

The front fascia of the pharmacy was quite dated which detracted from the professional image of a healthcare setting. The dispensary area was very cluttered and there was not enough space for the amount of stock the pharmacy had on hand meaning shelves were overfull and stock was not always protected from public access. With the exception of the area used to prepare multi-compartment compliance packs, the dispensary area was disorganised, with limited available space for dispensing. The RP explained that the pharmacy recently had additional shelving installed to provide more space and that there was additional external storage due to be installed. The pharmacy was currently using a covered gazebo in the outside space at the back for additional storage of drink supplements. This was potentially accessible to the public and was not protected from the outside environment or temperature fluctuations. Pharmacy only medicines were mainly stored behind the pharmacy counter. The temperature and lighting within the pharmacy was kept at an appropriate level for working and for the storage of medicines.

The pharmacy had a consultation room which was an adequate size. However it was currently being used largely for storage which restricted access and made it unsuitable for the pharmacy to provide additional services from. And some confidential information was seen in the consultation room during the inspection.

Team members had access to a kettle and a separate staff fridge. And there was a clean WC available for staff use. Team members were responsible for cleaning the premises.

## Principle 4 - Services Standards not all met

### Summary findings

The pharmacy does not store medicines in an organised manner and cannot always demonstrate that it stores all its medicines appropriately. This increases the risk of people being supplied medicines that are not fit for purpose. However, the pharmacy obtains its medicines from reputable wholesalers. Its services are generally well managed by team members and they help support people to take their medicines correctly. And the pharmacy generally makes its services accessible to people.

### Inspector's evidence

The pharmacy had step-free access from the street. There was enough space in the retail area for people with restricted mobility. And it had the facility to print large print labels for people who were visually impaired. The pharmacy had a website which listed the services available.

The pharmacy team used coloured baskets to separate different types of prescriptions such as those containing CDs, those for people who needed them more urgently and those being prepared for delivery. This helped with workflow and reduced the risk of medicines for different people getting mixed up. There were separate areas in the dispensary for dispensing and for checking but workbench space was restricted and cluttered. Assembled medicines checked at random had the initials of the dispenser and checker on the dispensing label to provide an audit trail. The pharmacy used stickers to highlight higher-risk medicines such as warfarin or methotrexate, to ensure that people taking these were given additional counselling by the pharmacist. The pharmacy provided a delivery service to some people. Prescriptions due to be sent out were recorded on a log so an audit trail was maintained. And any failed deliveries were returned to the pharmacy and another delivery was arranged.

The pharmacy provided multi-compartment compliance packs to some people. These were dispensed in a separate area of the pharmacy. Assembled packs looked at contained the correct labelling information including a description of the medicines in the packs. Team members made notes of any changes to medicines on the patient record and would contact the GP if they had any queries. They explained patient information leaflets were provided to people monthly. The packs were not sealed prior to being checked by the pharmacist which increased the risk of medicines being exposed. However, team members explained the pharmacist would check these packs soon after they were dispensed.

Not all team members were aware of the risks associated with dispensing medicines containing valproate. But the RP explained these medicines were dispensed in their original packs and he would provide additional counselling to people prescribed these medicines. The pharmacy was also dispensing valproate containing medicines into multi-compartment compliance packs for some people. Although people being supplied the medicine in this way were not in the at-risk group, the RP had not completed a written risk assessment to ensure these supplies were safe. He said he would ensure risk assessments were completed for this going forward.

The pharmacy obtained its medicines from licensed wholesalers, but they were not always stored appropriately which increased the risk of supplying medicines that were not suitable for use. The pharmacy was storing medicine requiring cold storage in three fridges. A check of the temperatures during the inspection showed two of the fridges' maximum and minimum temperatures were out of the

required range. And temperature records were only seen for two of the fridges. A random check of medicines on the dispensary shelves found some that were out-of-date. Team members said they carried out date checking of all medicines every six months. However, the pharmacy did not keep records about this. CDs were stored securely in the CD cupboard. And medicine waste was stored appropriately. The pharmacy received medicine alerts and recalls via the pharmacy email. The RP explained these were actioned, however there were no records to show this. This could make it harder for the pharmacy to demonstrate drug recalls and alerts had been managed appropriately.

The pharmacy offered the NHS Pharmacy First service and the RP explained he had completed the necessary training to provide the service. However, the corresponding Patient Group Directions (PGDs) had not been signed. The RP said he would ensure these were signed. The pharmacy also provided the NHS New Medicines Service. The RP said these consultations were completed by a third-party provider. However he was not sure that people who were offered the service understood this. The RP was reminded about the need for people to be able to make informed consent about the services they received, including sharing their personal information.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

Pharmacy team members have access to the equipment they need to provide services safely. They use the equipment in a way that ensures people's privacy is maintained.

### Inspector's evidence

The pharmacy's computers were password protected to protect people's information from unauthorised access. And sensitive information on screens was not visible to people using the pharmacy. Team members were able to use the internet to access any resources they may need such as the British National Formulary (BNF). And team members had their own NHS smartcards. The pharmacy had a cordless phone so phone calls could be taken in a private area if needed. All electrical equipment appeared to be in working order.

The pharmacy had three fridges for medicines requiring cold storage. And there were two CD cupboards which were secured. There was a selection of liquid measures with a separate measure for methadone. Tablet and capsule counters were available for team members to use. And all equipment was kept clean.

### 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.