

# 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:** 04/12/2024

## 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 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

Overall, the pharmacy manages the risks associated with its services. Team members have written procedures to follow to help them work safely. The pharmacy makes records of mistakes it makes so that they can learn from them. And team members keep people's confidential information safe. The pharmacy generally keeps the records it needs to by law.

### Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) for team members to follow. Staff signature sheets showed that team members had read the SOPs. The SOPs had last been reviewed in June 2022 and were due to be reviewed. The superintendent pharmacist (SI), who was also the responsible pharmacist (RP) at the time of the inspection, explained that he was due to implement a new dispensary software system but had delayed this as the pharmacy was due to have some work carried out on its premises. He said once the new system was implemented, he would update the SOPs to reflect this. Team members were clear about what activities they could and could not carry out in the absence of the RP.

Team members recorded near misses (mistakes that were spotted and corrected during the dispensing process) electronically. The SI explained that near misses were discussed at the time they were identified. And a dispensing assistant explained some actions that had been taken following a review of the near misses. For example, different strengths of medicines had been separated on the shelves. And the team members had discussed ensuring they checked their own work before it was passed to the pharmacist for a final check. The pharmacy had not had any recent dispensing errors (mistakes that had been handed out). But the SI explained what actions he would take if one was brought to his attention.

The incorrect RP notice was on display at the start of the inspection; however, this was corrected when brought to the attention of the SI. The RP record was completed but finish times were often missing. The SI said he would ensure this was completed going forward. Private prescription records were not always made in a timely manner. During the inspection, the last records made were from October 2024. Following the inspection, the SI confirmed all records were up to date. And he said he would ensure this was maintained going forward. Controlled drugs (CD) registers were kept in order and balance checks were completed regularly. This reflected a significant improvement since the last inspection. Balance checks of three randomly selected CDs were carried out. The first check identified a calculation error in the CD register which the SI said he would rectify. The recorded balances of the other two CDs matched the physical balance in stock.

The pharmacy had a complaints procedure. People could contact the pharmacy by phone or give feedback in person. The SI said the pharmacy had not had any recent complaints. The pharmacy had valid indemnity insurance. Confidential waste was kept separately in the dispensary and disposed of appropriately. No confidential waste was seen mixed with normal waste. Sensitive information on assembled prescriptions awaiting collection, were not visible to people using the pharmacy.

Team members were aware of how to recognise a safeguarding concern and said they would refer any concerns to the SI. The SI was able to access contact details for the local safeguarding teams if needed.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload safely. Team members have completed relevant, accredited training for their roles or are undertaking a relevant training course. The team works well together. And team members feel comfortable about raising any concerns they have.

### Inspector's evidence

During the inspection, there was the SI, three dispensing assistants, two trainee dispensing assistants and one accuracy-checking dispenser. And a new member of staff had started working in the pharmacy a few days prior to the inspection. The pharmacy also had two delivery drivers who delivered prescriptions to people who could not get to the pharmacy. The dispensing assistants had completed relevant training for their role. And the trainee dispensing assistants had been enrolled onto accredited training courses. Team members were seen to be working well together and the SI said he was comfortable the staffing level was sufficient to manage the pharmacy's workload.

Team members had completed training about data protection. And trainee dispensing assistants explained they were working through their training at home. The SI said he was trying to organise some more formal time at work for team members to complete training. One team member was asked how they would sell medicines over the counter safely. They were aware of medicines liable to misuse, and they explained if they had any concerns, they would always refer people requesting these medicines to the pharmacist.

Team members received informal feedback while they were working. And more experienced team members would support the development of newer team members. The team members said they were comfortable about raising any concerns to the SI. And no targets were set in the pharmacy.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises are kept secure from unauthorised access. The pharmacy has made some improvements to its premises since the last inspection. It could do more to ensure its premises are always kept tidy and its consultation room is available for people to use for its services.

### Inspector's evidence

The pharmacy premises consisted of a retail space, a dispensary and a consultation room. The pharmacy was quite dated, and space was limited in the dispensary. Workbench space was kept relatively clear. Some improvement was seen since the last inspection but the pharmacy was still holding lot of stock and some shelves were quite full and disorganised. Following the inspection, the SI provided photos showing the shelves had been tidied and organised. The SI explained that he was planning to extend the premises to allow for more space. Pharmacy medicines were stored behind the pharmacy counter. The temperature was adequate for working and storing medicines. Team members had access to a WC with handwashing facilities. And there was a fridge and kettle for staff use.

Since the last inspection, the SI had installed a metal shed to the rear of the premises. This was used to store medicines waste bins. And was kept locked. The outside area to the back of the pharmacy was shared with the neighbouring businesses. This area was cluttered, with waste and boxes from the neighbouring shops. The SI explained this was because improvement works were being carried out.

The SI explained that the consultation room was not currently being used to provide consultations for services; it was being used to store excess retail stock at the time of the inspection. The SI said he would ensure it was kept clear so that it could be used if people wanted to have a private consultation. Following the inspection, the SI provided evidence that the consultation room was cleaned and cleared so it could be used by people using the pharmacy if needed. No confidential information was visible in the room during the inspection.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy generally provides its services safely. And it makes its services accessible to people. Team members help support people to take their medicines correctly. It obtains its medicines from licensed wholesalers and it has improved how it stores and manages these so they are fit for their intended purpose.

### Inspector's evidence

The pharmacy had step-free access from the street. There was enough space for people with restricted mobility to use the pharmacy. The pharmacy had a website which listed the services it offered. Pharmacy team members used baskets to separate people's prescriptions. This helped with workflow and reduced the risk of medicines for different people getting mixed up. Separate areas of the dispensary were used for dispensing and checking. A random check of labels on assembled medicines had the initials of the dispenser and checker which helped maintain an audit trail. The pharmacy provided a delivery service for people who could not get to the pharmacy. The delivery drivers kept a log of deliveries. And deliveries containing CDs were signed for. Failed deliveries were brought back to the pharmacy and another delivery arranged.

The pharmacy supplied medicines in multi-compartment compliance packs to some people. These were prepared in a separate area of the dispensary which helped reduce distractions. Prepared packs were seen to contain the correct labelling information, as well as descriptions of the medicines. This helped people identify their medicines. Team members made records of any changes to people's medicines on their record and liaised with the persons surgery if there were any queries. Patient information leaflets were provided to people with each month's supply. The pharmacy dispensed valproate-containing medicines into multi-compartment compliance packs for some people. But the SI said he had completed risk assessments for these people to help make sure it was safe.

The pharmacy used stickers to highlight higher-risk medicines, such as warfarin or lithium, to help ensure that people receiving these medicines were provided with additional advice by the pharmacist. The SI explained that the surgeries would generally not issue prescriptions for these medicines unless people had had the required blood tests. The SI was aware of the current requirements when supplying medicines containing valproate.

The pharmacy offered the NHS Pharmacy First service and had the corresponding signed Patient Group Directions (PGDs) available. And it also provided the NHS New Medicines Service. The consultations for this were currently being completed by a third-party provider.

The pharmacy obtained its medicines from licensed wholesalers. Medicines requiring cold storage were kept in three fridges. The pharmacy had recently replaced one of their old fridges. And a check of the fridges during the inspection showed the temperatures in all three fridges were in the required range. Fridge temperatures records showed the temperatures were maintained daily. The pharmacy no longer stored overflow stocks of food supplements outside. The pharmacy made electronic records of expiry-date checks. A random check of medicines on the dispensary shelves found no date-expired stock. CDs were stored securely in the CD cupboard. And medicine waste was stored appropriately in designated bins awaiting collection. The pharmacy received medicine alerts and recalls via emails and the

Pharmsmart system. The SI explained these were actioned when received but the system had not been updated to show this. The SI said he would ensure the system was updated going forward.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services safely. Team members use the equipment in a way that protects people's privacy.

### Inspector's evidence

The pharmacy's computer terminals were not visible to people using the pharmacy. And computers were password protected to prevent unauthorised access. Team members could access any online resources they needed. And team members were observed using their own NHS smartcards. The pharmacy had a cordless phone so calls could be taken in a private area if needed.

The pharmacy had three fridges in the dispensary. These provided sufficient space for medicines requiring cold storage. CD cupboards were secured. Calibrated, glass measures were available for measuring liquid medicines. And there were tablet and caplet counters. 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.