

Registered pharmacy inspection report

Pharmacy Name: Consult Pharmacy, 172 Tring Road, AYLESBURY,
Buckinghamshire, HP20 1JR

Pharmacy reference: 1103724

Type of pharmacy: Community

Date of inspection: 27/10/2022

Pharmacy context

This is a community pharmacy in a residential area of Aylesbury, Buckinghamshire. The pharmacy is open 100 hours every week. It dispenses NHS and private prescriptions. The pharmacy's team members provide advice and sell over-the-counter medicines. The pharmacy offers local deliveries and seasonal vaccinations. And the team provides some people's medicines inside multi-compartment compliance packs if they find it difficult to take them.

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
1. Governance	Standards not all met	1.1	Standard not met	The pharmacy is not identifying and managing some risks associated with its services. The pharmacy does not have the full range of Standard Operating Procedures (SOPs) to support its internal processes. Most of the SOPs are out of date, they do not reflect current practice and not all members of the team have read or signed them.
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 not all met

Summary findings

The pharmacy doesn't always effectively identify and manage all the risks associated with its services. The pharmacy has mostly outdated procedures in place to help guide its team members and current staff have not read or signed them. Members of the pharmacy team deal with their mistakes responsibly. But they are not always recording all the necessary details. This could mean that they may be missing opportunities to spot patterns and prevent similar mistakes happening in future. And, the pharmacy doesn't always maintain all its records, in accordance with the law or best practice. But team members understand their role in protecting the welfare of vulnerable people. And the pharmacy protects people's private information appropriately.

Inspector's evidence

This was a busy pharmacy, dispensing a large volume of prescriptions. The inspector was informed that other pharmacies in the local area had been routinely closing and this had put extra strain on this pharmacy (see Principle 2). The pharmacy was largely operating appropriately but with some areas for improvement (see below).

The pharmacy had some documented standard operating procedures (SOPs) present, which should have provided guidance to the team on how to carry out tasks appropriately. However, most were dated as having been created from 2012. The full range of required SOPs to support the pharmacy's internal processes were missing, for example, there were no SOPs about Safeguarding vulnerable people or an SOP about the pharmacy's incident management process. There was evidence that previous staff had signed the SOPs, but some members of the team confirmed that they had not read or signed them. In addition, the SOPs seen did not reflect the pharmacy's current processes, such as the use of the automated system (see Principles 4 and 5). However, they were a sensible team and understood their roles and responsibilities. An incorrect notice to identify the pharmacist responsible for the pharmacy's activities on display at the start of the inspection. The inspection took place shortly after the pharmacy opened but this was rectified when highlighted.

The responsible pharmacist's (RP) process to manage incidents was suitable and he confirmed that there had been no recent dispensing errors. Details about complaints were recorded and an internal process followed. The team had received positive feedback for the service they provided, and this included several positive online reviews. People were appreciative that this pharmacy was open, for long hours and still providing dispensing services. Staff described being informed about near miss mistakes when they occurred, they were rectified at the time and some details were recorded on the pharmacy system but the process of learning from and reviewing in-house mistakes appeared to be informal. Team members stated that since the pharmacy had installed the automated dispensing system, picking errors had significantly reduced and mistakes with this system were rare. They usually only occurred when medicines had been scanned into the system incorrectly.

Team members were trained to protect people's confidential information and to safeguard the welfare of vulnerable people. Staff knew who to refer to in the event of a concern but there were no contact details for the relevant agencies seen. This could lead to delays in raising concerns. The responsible pharmacist (RP) was trained to level 2 through the Centre for Pharmacy Postgraduate Education (CPPE). The pharmacy team protected people's confidential information. Sensitive details could not be seen from the retail space. Confidential material was stored and disposed of appropriately. The pharmacy's

computer systems were password protected and staff used their own NHS smart cards to access electronic prescriptions.

Some of the pharmacy's records were compliant with statutory and best practice requirements, others required improvement. A sample of registers were inspected for controlled drugs (CDs). On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. Records verifying that fridge temperatures had remained within the required range were seen. The pharmacy's professional indemnity insurance arrangements were through Numark and due for renewal after 8 July 2023. However, the RP record had some details missing, prescriber information was incomplete from some records of supplies made against private prescriptions and insufficient information had been documented to justify some emergency supplies.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has an adequate number of staff to manage its workload safely. The pharmacy's team members are suitably trained or now undertaking the appropriate training. They are hard-working and efficient in their roles. But members of the pharmacy team are not currently provided with any additional resources to keep their skills and knowledge up to date.

Inspector's evidence

Staff at the inspection included the RP who was the superintendent pharmacist, two trained dispensing assistants, and two medicines counter assistants (MCA), one of whom was fully trained. All staff present were full-time. In total, the pharmacy's staffing profile also included two pharmacists usually and four, MCAs who were evening staff and worked part-time. The latter were relatively new and had started their employment in the past two to three months. However, the pharmacy manager had recently left, and staff described the extra burden placed on this pharmacy due to the frequent closures of other pharmacies in the local area. This had increased the pharmacy's workload and placed considerable stress on the team. Due to half-term, only one pharmacist was present, and he described having to work four long days in a row (from 8am to 10.30pm). The pharmacy was struggling to obtain adequate pharmacist cover due to a shortage of pharmacists. The trained dispensing assistants were also working long hours.

All members of staff seen at the inspection were knowledgeable, proficient in their respective role(s) and were observed to work hard as well as efficiently serve people using the pharmacy's services. They also worked well and independently from the RP. At the time of the inspection, the pharmacy was busy with walk-in trade and dispensing prescriptions. Despite having a reduced team present, they were generally up to date with the workload. Team meetings were described as taking place as and when required or informally, but staff were kept informed by the RP. Performance reviews took place regularly, and staff were given opportunities to complete additional training and progress. One of the trained dispensing assistants had been enrolled onto the pharmacy technician's course. Due to the busy nature of the pharmacy, he was unable to complete this training at work. Staff read magazines and read emails to stay informed of changes or updates. The pharmacy had access to ongoing training modules from Numark and the inspector discussed ways of using these and enrolling team members onto other learning platforms to help increase or keep their knowledge and skills current.

However, at the point of inspection, one of the MCAs had been preparing multi-compartment compliance packs for the past year in this pharmacy without being enrolled onto any accredited training for this role. This was therefore not in line with the GPhC's 'Requirements for the education and training of pharmacy support staff'. This specifies that support staff must be enrolled on a training course as soon as practically possible and within three months of starting their role. Following the inspection, confirmation was received that the RP had subsequently enrolled this member of staff onto the appropriate accredited training.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises have an adequate amount of space to deliver its services from. The pharmacy is sufficiently clean and secure. But parts of it could be better maintained.

Inspector's evidence

The pharmacy's premises consisted of an average sized, retail space and dispensary. The bulk of the latter contained an automated system. This left a limited but adequate amount of bench space to prepare medicines. There was also a separate area to assemble compliance packs with stock and staff areas upstairs. The pharmacy was generally clean, bright, and appropriately ventilated. A sign-posted, spacious consultation room was accessible from the retail space and available for private conversations and services. This contained appropriate equipment and some unnecessary clutter such as cardboard boxes. However, parts of the pharmacy could have been better maintained. Some of the letters used to make up the pharmacy's name on the fascia outside were missing and some areas showed signs of wear and tear.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy obtains its medicines from reputable sources. The pharmacy team suitably delivers prescription medicines to people's homes and supplies medicines inside compliance packs in a safe way. The pharmacy is also open for long hours. This means that people can easily access its services. But the pharmacy does not always manage its medicines in the most effective way. The pharmacy has some checks in place to ensure that medicines are not supplied beyond their expiry date. But some of its records are missing. And the pharmacy's team members are not always identifying people who receive higher-risk medicines or making the relevant checks. This makes it difficult for them to show that people are provided with appropriate advice when these medicines are supplied.

Inspector's evidence

People could enter the pharmacy from the pavement as well as a ramp. There was also enough space inside the retail area for people with wheelchairs or restricted mobility to use the pharmacy's services. Seating for five people was available in the retail space if people wanted to wait for their prescriptions. The pharmacy was also open for 100-hours every week, Monday to Sunday and until late at night. As some pharmacies in the local area were frequently closing, staff found that more people were using their services. The pharmacy's extended opening hours assisted with this.

The pharmacy provided local deliveries and the team kept records about this service. Failed deliveries were brought back to the pharmacy, notes were left to inform people about the attempt made and medicines were not left unattended. The pharmacy supplied many people's medicines inside compliance packs once they had identified a need and liaised with the person's GP about this. The pharmacy ordered prescriptions on behalf of people for this service and specific records were kept for this purpose. Any queries were checked with the prescriber and the records were updated accordingly. Compliance packs were not left unsealed overnight, and all medicines were removed from their packaging before being placed inside them. Higher-risk medicines were supplied separately. Descriptions of the medicines inside the packs were provided but patient information leaflets (PILs) were not routinely supplied. Staff explained that people had refused them. This was discussed at the time.

Staff were aware of the risks associated with valproates, they identified people at risk, who had been or were due to be supplied this medicine, counselled them accordingly and ensured the warning label was visible. Obtaining, stocking and providing relevant literature was advised during the inspection. However, people prescribed other higher-risk medicines were not routinely identified, relevant parameters such as blood test results were not being asked about and no details were being documented to help verify this.

The pharmacy team described recent changes they had made to their processes for dispensing prescriptions. Once labelled, people's prescriptions were assembled when they arrived to collect or when they called them to inform the team they were coming. This was because uncollected, assembled prescriptions were taking up space and took time to de-assemble. Staff worked in designated areas, the RP checked medicines for accuracy from another section, people waiting for their prescriptions were labelled and dispensed from the front section of the dispensary and a separate section upstairs was used to assemble compliance packs. The team used baskets to hold prescriptions and medicines during

the dispensing process. This helped prevent any inadvertent transfer between them. They were also colour coded which helped identify priority, deliveries or different types of prescriptions. Once staff generated the dispensing labels, there was a facility on them which helped identify who had been involved in the dispensing process. Team members routinely used these as an audit trail.

The pharmacy used licensed wholesalers such as AAH, Alliance Healthcare, Colorama, Trident and OTC Direct to obtain medicines and medical devices. CDs were stored under safe custody and keys to the cabinets were maintained in a way that prevented unauthorised access overnight. Medicines returned for disposal, were accepted by staff, and stored within designated containers. Most of the pharmacy's medicines were stored within an automated dispensing system (robot). Medicines with 2D bar codes were scanned into the system, others were manually entered, this ensured the robot stored details about batch numbers and expiry dates. There were reports produced to assist for the latter and the staff date-checked the pharmacy's stock every two to three months. Short-dated medicines were identified and there were no mixed batches or date-expired medicines seen. However, records to verify when some of the pharmacy's other stock had been date-checked for expiry, could not be located. These medicines were stored outside of the robot. Liquid medicines, when opened were not marked with the date they were opened to help determine stability when dispensing them in the future and a few poorly labelled containers were seen.

Team members explained that drug alerts and product recalls were usually received through the pharmacy's system and the RP also received them on his personal email account. Stock was checked and appropriate action taken in response. The audit trail was present on the RP's phone, he was advised to ensure staff could access this or maintain a similar audit trail when he was on leave or away from the pharmacy.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. And the team ensures they are suitably used to protect people's sensitive information.

Inspector's evidence

The pharmacy was equipped with current versions of reference sources, online access and relevant equipment. This included clean, standardised, conical measures, an appropriately operating fridge, legally compliant CD cabinets and largely clean sinks, one of which was used to reconstitute medicines. Hot and cold running water was available as well as hand wash and hand sanitisers. The robot was serviced annually. The pharmacy had its computer terminals positioned in a way and location that prevented unauthorised access. The team also had cordless phones available so that private conversations could take place away from the retail space if needed.

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.