

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: 05/06/2023

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 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 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 is operating appropriately. It has suitable systems in place to identify and manage the risks associated with its services. Members of the pharmacy team understand their role in protecting the welfare of vulnerable people. The pharmacy overall, protects people's private information suitably. And it largely maintains its records as it should.

Inspector's evidence

The pharmacy had a range of current standard operating procedures (SOPs) which had been read and signed by the staff. They provided them with guidance on how to complete tasks appropriately. The pharmacy team members knew their roles and responsibilities and the correct notice to identify the pharmacist responsible for the pharmacy's activities was on display.

The pharmacy had processes in place to manage and learn from its mistakes. Near miss mistakes were recorded and reviewed by the superintendent pharmacist. The automated dispensing system (robot) was described as significantly reducing the rate of picking errors or mistakes occurring and the responsible pharmacist's (RP) process to manage incidents was suitable.

The RP had been trained to level two to safeguard the welfare of vulnerable people through the Centre for Pharmacy Postgraduate Education (CPPE). Staff were also appropriately trained, they could recognise signs of concern and referred appropriately in the event of a concern. Contact details for the local safeguarding agencies were not seen however, which could lead to a delay in raising concerns. The pharmacy team ensured people's confidential information was protected. Confidential waste was shredded, and there was no sensitive information visible from the retail space. The pharmacy's computer systems were also password protected. However, some team member's NHS smart cards were blocked so the superintendent pharmacist's smart card was being used to access electronic prescriptions during the inspection and he was not present. His password was known. This limits the pharmacy's ability to control access to people's private information.

The pharmacy's professional indemnity insurance arrangements were through Numark and due for renewal after 8 July 2023. A sample of registers seen for controlled drugs (CDs) and the RP record were maintained in accordance with requirements. Records verifying that fridge temperatures had remained within the required range had been completed. However, records of private prescriptions had some gaps.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has adequate numbers of staff to suitably manage its workload. The pharmacy provides its services using a team with different levels of experience. And the pharmacy's team members are supported in their roles.

Inspector's evidence

Staff present during the inspection included a regular locum RP, two trained dispensing assistants, one of whom was the manager, a trainee dispenser who was undertaking accredited training in line with her role and two medicines counter assistant (MCAs). One of the latter was a very new member of the team. She had only started on the day of the inspection but was being appropriately supported and supervised. The pharmacy dispensed a large volume of prescriptions, the team was up to date with the workload and had an adequate number of staff to manage this. The pharmacy was also currently advertising for current vacancies.

Counter staff knew what they could or could not do in the absence of the RP; this included the new member of staff. Her activities could be easily supervised from the layout of the dispensary, and she was not selling any medicines or handing out any medicines. Staff described feeling supported in their role(s) and enjoyed working in the pharmacy. Team members had access to resources for ongoing training. Their performance was informally monitored, and they had informal meetings to discuss relevant points as and when required.

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 kept clean and tidy. And it has a separate space where confidential conversations and services can take place.

Inspector's evidence

The pharmacy's premises consisted of a retail space and dispensary, both of which were adequate. The bulk of the dispensary area contained an automated system (robot). This left a limited but adequate amount of bench space to prepare medicines. There was also a separate area to assemble multi-compartment compliance packs upstairs alongside stock and staff areas. The pharmacy was clean, bright, and appropriately ventilated. It was also clean and tidy. A sign-posted, spacious consultation room was accessible from the retail space and available for private conversations and services. This contained appropriate equipment.

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'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 a ramp and there was 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.

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. After the staff had 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 provided local deliveries and the team kept records about this service. CDs and fridge items were highlighted. 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 some 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. Staff explained that they had recently asked people whether they required patient information leaflets (PILs) and they had refused, so they were not routinely supplied. They were subsequently reminded of the legal requirement to supply a PIL on every occasion.

Staff were aware of the risks associated with valproates, they identified people at risk, counselled them accordingly and ensured the warning label was visible. Obtaining 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's stock was stored in an organised way. The pharmacy used licensed wholesalers to obtain medicines and medical devices. Most of the pharmacy's medicines were stored within an automated dispensing system (robot). Medicines with bar codes were scanned into the system, others were manually entered, which 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 regularly. Short-dated medicines were rotated 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, were not seen. These medicines were stored outside of the robot. Medicines returned for disposal, were accepted by staff, and stored within designated containers, except for sharps or needles which were redirected appropriately. Drug alerts were received by email and actioned appropriately.

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 its equipment is kept suitably clean.

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 a clean dispensary sink which was used to reconstitute medicines. Hot and cold running water was available. The robot was serviced annually. The pharmacy's computer terminals were 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.