

# Registered pharmacy inspection report

**Pharmacy Name:** Bassingbourn Pharmacy, 24 High Street,  
Bassingbourn, ROYSTON, Hertfordshire, SG8 5NE

**Pharmacy reference:** 1103967

**Type of pharmacy:** Community

**Date of inspection:** 01/07/2024

## Pharmacy context

This community pharmacy is located on the high street in the village of Bassingbourn. 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 the NHS Pharmacy First service and a private travel vaccination 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	2.2	Good practice	More experienced team members support the development of newer team members. And staff are provided with protected time to complete their training while at work.
<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 has written procedures in place to ensure that services are provided safely. Team members record mistakes they make so that they can learn from them. And they put actions in place to try and ensure similar mistakes do not reoccur. The pharmacy keeps the records it is required to by law. And it keeps people's private information safe. Team members understand their role in safeguarding vulnerable people.

### Inspector's evidence

There was a set of standard operating procedures (SOPs) in place which covered the activities of the pharmacy. There had recently been a change in ownership and the new Superintendent (SI) Pharmacist said he needed to review and update these. Generally, team members were observed to be following the SOPs to ensure tasks were completed safely. Signature sheets were used to record staff training on SOPs. But some more recent SOPs were missing staff signatures. This makes it harder for the pharmacy to show that it's team members are aware of how to do things safely. However, team members could explain what activities they would not be able to carry out in the absence of the responsible pharmacist (RP).

Near misses (dispensing mistakes spotted and corrected before prescriptions are handed out) were recorded by the pharmacist or checker onto a paper log. The accuracy checking dispenser explained when a near miss was identified, they would record the mistake onto the log and then discuss it with the team member who made the mistake. A monthly review was carried out to identify actions to prevent similar mistakes happening again. For example, the team was circling strengths on medicine packs as an extra check while dispensing. Dispensing incidents which weren't corrected before the medicines were handed out, known as errors, were recorded online as well as on the National Reporting and Learning System. The RP explained that, as well as errors, he also recorded opportunities for good practice to support learning beyond this pharmacy. The pharmacy also carried out an annual review of all incidents and ensured the team was aware of the actions from it.

The RP notice was displayed prominently in the pharmacy and reflected the RP on duty. The RP record was completed as required with start and finish times recorded daily. The pharmacy had valid indemnity insurance. Controlled drugs (CD) registers were kept electronically, and balance checks were carried out in accordance with the SOP. A random check of a CD was carried out and the physical quantity matched the balance in the register. And patient-returned CDs were recorded and disposed of appropriately. The pharmacy also kept an electronic private prescription register and entries had been made correctly.

The pharmacy had a complaints procedure. People could raise concerns directly with the pharmacy in person or over the phone. The team said that generally complaints were managed locally by the SI. Confidential waste was stored in a separate bin in the dispensary. This was collected by a third party to be disposed of and no confidential information was seen to be mixed with normal paper waste. Assembled prescriptions which were awaiting collection were stored in the dispensary so were not visible to people using the pharmacy. Team members had their own NHS smartcards which ensured there was a clear audit trail when they were accessing people's information. And the RP explained how

he would gain a person's consent if he needed to access their summary care record to obtain information required to provide a service.

Team members understood how to raise a safeguarding concern and had completed relevant training as part of their role. The RP had completed level 3 safeguarding training and could demonstrate where he would find the local safeguarding team details if needed. Delivery drivers also highlighted any safeguarding concerns they had to the pharmacist when delivering medicines to people. And team members were able to give an example of taking action after a driver raised a particular concern about an individual.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy's team members work well together to manage the workload in the pharmacy. They are suitably trained to carry out their roles and they have a clear understanding of their responsibilities. They receive ongoing support to keep their knowledge and skills up to date. And they are comfortable to make suggestions for improvement or raise any concerns they may have.

### Inspector's evidence

On the day of the inspection, there was the RP, one dispenser, one medicines counter assistant and an accuracy checking dispenser present. The pharmacy also had delivery drivers to deliver medicines to people's homes. All team members, including the delivery drivers had completed accredited relevant training or were enrolled on training courses so they could carry out their roles safely. They explained that there were some tasks that only certain team members carried out, but they were working to train up others in the team to ensure that there was contingency in place. Team members were observed working collaboratively with each other and people using the pharmacy. And the RP said they were comfortable the current staffing levels were sufficient to manage the pharmacy's workload safely.

Staff received regular training time to support them on the courses they were completing. They were given time to read SOPs and received training about data protection and confidentiality. And the team was provided with updates on new medicines or drug alerts regularly by the pharmacist. The RP had also completed the necessary training to provide the Pharmacy First service and travel vaccinations safely.

When asked, a member of the pharmacy team working on the medicines counter was clear about their role. They knew what questions to ask when making a sale and when to refer people to the pharmacist. And they demonstrated a clear understanding of medicines liable to misuse and would speak to the pharmacist when dealing with requests for these.

Team members received regular informal feedback to help improve their practice. Staff knew who they could raise any concerns with and said they felt comfortable to do so. This would normally be the pharmacist or the SI. And they also felt like they could openly give feedback in team meetings.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a suitable environment for the provision of healthcare services. The pharmacy is generally clean and tidy. And there is a consultation room for people to have a conversation in private. The premises is kept secure from unauthorised access.

### Inspector's evidence

The pharmacy premises consisted of a small retail area, pharmacy counter, dispensary and consultation room. There was a small outbuilding where the staff kitchen was located, behind the main pharmacy building. The pharmacy fascia was in an adequate state of repair and there was signage to highlight the services the pharmacy offered. There was some damage to the grills off the pavement area towards the entrance. The RP explained he was in the process of getting this resolved due to it potentially becoming a trip hazard.

The pharmacy counter was kept clear and pharmacy-only medicines were stored behind the counter. The dispensary was a good size for the services being provided. The pharmacy had good lighting and the room temperature was suitable for working and storing medicines safely. Team members were responsible for cleaning the pharmacy and it was generally clean. There were some areas of the dispensary which were a little cluttered. The fixtures and fittings were appropriate for storing medicines.

The consultation room was clean and professional in appearance. And it allowed people to have a private conversation without being overheard. It was a good size for providing services and was kept locked when not in use. No confidential information was visible in the consultation room. Staff facilities included a WC which was accessed through the consultation room; the WC had its own wash basin for handwashing. And there was a separate sink in the dispensary for medicines preparation.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy is accessible to people with different needs, and it delivers its services safely and effectively. It obtains medicines from licensed wholesalers and stores them appropriately. Its team members identify people who are taking higher-risk medicines to ensure they receive any additional information they may need to take their medicines safely. And it responds to drug alerts appropriately to ensure people only receive medicines suitable for use.

### Inspector's evidence

The pharmacy had step-free access off the high street. And there was seating available for those who wanted to wait. It could provide large print labels for people who were visually impaired if required. And there was a range of health promotion leaflets available providing helpful information for people. Team members were observed dealing with requests for pharmacy-only medicines appropriately.

The team used separate areas in the dispensary for dispensing medicines and accuracy checking. And there was a central workstation where multi-compartment compliance packs were dispensed. Coloured baskets were used to separate different types of prescriptions, such as those for people who were waiting or those for delivery. The baskets also reduced the chance of medicines for different people getting mixed up. Assembled medicines and those awaiting collection looked at contained the initials of the dispenser and the checker which provided a clear audit trail. The pharmacy also used printed slips to highlight higher-risk medicines such as warfarin or methotrexate, to ensure that people taking these were provided with the appropriate advice when handed out.

The pharmacy provided a delivery service to those people who couldn't get to the pharmacy. Medicines that required delivery were logged onto an electronic delivery record so an audit trail was maintained. Drivers obtained signatures on prescriptions and any failed deliveries were brought back to the pharmacy and another delivery arranged.

The pharmacy dispensed medicines in multi-compartment compliance packs for some people. The packs seen were sealed after preparing and the labelling had a description of the medicines inside. And team members had initialled to show who had dispensed and checked the packs. Packs were sometimes prepared in advance of prescriptions being received to manage the workload. However, the dispenser confirmed that medicines were only supplied after a valid prescription had been received and the pack was checked against it. A dispenser confirmed that patient information leaflets were given with the first supply of the month. The team members explained that they would highlight any changes to medication on the patient record and would contact the surgery with any queries.

The RP explained they provided the Pharmacy First service and a travel vaccination service. The pharmacy had the necessary signed patient group directions (PGDs) and kept appropriate records of consultations.

Medicines were obtained from licensed wholesalers. And stock was stored in an organised way in the dispensary. Medicines requiring cold storage were stored across two fridges. Fridge temperatures were checked daily and were seen to be within the required range. And the team explained the process they

would follow if the fridge temperatures went out of range. CDs were stored correctly. Stock was date checked monthly and different coloured stickers were used to highlight the month the medicines expiring within the next 6 months. A random selection of stock was checked during the inspection and no expired stock was found amongst in-date stock. Part-dispensed liquid medicines were marked with the date of opening so a check could be made that they were still suitable for use. Medicine waste was stored in bins in a separate area in the pharmacy and was collected every three months but a collection could be arranged sooner if needed.

The pharmacy received drug alerts and recalls through the Pharmdata system and were actioned as needed. The team was aware of requirements when dispensing medicines containing valproate. A dispenser explained how they would only dispense in full packs and would ensure dispensing labels did not cover any safety information on the pack. The pharmacy was dispensing valproate into multi-compartment compliance packs but had completed written risk assessments to ensure that it was appropriate to do so.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide the services safely. And it uses the equipment in a way which protects people's privacy.

### Inspector's evidence

Team members were able to access the internet in the pharmacy to access information and resources they needed. Information on monitors in the dispensary was not visible to people using the pharmacy. One screen was located at the pharmacy counter which was positioned away from view and had a privacy screen over it. And all computers were password protected to ensure people's personal information was kept private. Team members had their own NHS smartcards. There was a cordless phone in the pharmacy which meant calls could be taken in a private area if needed.

The pharmacy had two fridges for storing medicines which required cold storage. One was located in the dispensary and one was in the consultation room. The CD cupboard was secured. The pharmacy had calibrated glass measures for measuring liquid medicines but two of them contained some residue. And there were tablet and capsule counters which appeared to have some medicine residue on them also. Team members said they would ensure they were kept clean going forward. Disposable gloves and tweezers were available for preparing multi-compartment compliance packs. The pharmacy had a calibrated blood pressure machine in the consultation room. And there was also an otoscope and other disposable equipment available for the Pharmacy First service.

### 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.