

# Registered pharmacy inspection report

**Pharmacy Name:** Downley Pharmacy, 9 Cross Court, Plomer Green Avenue, Downley, HIGH WYCOMBE, Buckinghamshire, HP13 5UW

**Pharmacy reference:** 1112308

**Type of pharmacy:** Community

**Date of inspection:** 29/02/2024

## Pharmacy context

This is a community pharmacy in a parade of shops in the village of Downley, near High Wycombe in Buckinghamshire. The pharmacy dispenses NHS and private prescriptions, sells over-the-counter medicines, and provides health advice. It also offers a range of services such as the New Medicine Service (NMS), local deliveries, blood pressure checks and the Pharmacy First scheme. In addition, its team members provide multi-compartment compliance packs for people who find it difficult to manage their medicines at home. The pharmacy also operates a collection point where people can collect their medicines outside of the pharmacy's opening hours.

## 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	1.2	Good practice	The pharmacy ensures that the safety and quality of its services are regularly reviewed and monitored. Team members record, review and learn from their mistakes.
		1.8	Good practice	The pharmacy's team members actively ensure the welfare of vulnerable people. The pharmacy can demonstrate that it has taken appropriate action in relation to concerns identified, the relevant processes are in place to assist with this, and team members are suitably trained.
<b>2. Staff</b>	Standards met	2.2	Good practice	Members of the pharmacy team have the appropriate skills, qualifications and competence for their role and the tasks they undertake.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	4.1	Good practice	The pharmacy ensures people can easily access its services.
		4.2	Good practice	The pharmacy's services are provided appropriately using verifiable processes. The pharmacy's team members have incorporated safe practice for people prescribed higher-risk medicines into their working routine.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy has safe and effective procedures in place. It has suitable systems to identify and manage the risks associated with its services. Members of the pharmacy team monitor the safety of their services by recording their mistakes and learning from them. They actively protect the welfare of vulnerable people. The pharmacy safeguards people's confidential information well. And it generally maintains its records as it should.

### Inspector's evidence

The pharmacy was clean, tidy, and organised. People were observed to be served promptly. The pharmacy had current documented and electronic standard operating procedures (SOPs) which provided the team with guidance on how to carry out tasks correctly. The staff had read and signed them. The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display.

Once prescriptions had been assembled, the RP usually carried out the final accuracy-check but the accuracy checking technician (ACT) could also assist with this. For the latter, the RP clinically checked the prescription first before other staff assembled it. The clinical check was marked on the prescription using a quadrant stamp. This helped identify that this stage had been completed. The ACT was not involved in any other dispensing process other than the final check, and there was an SOP to cover this process.

The pharmacy had suitable internal processes and systems to identify and manage risks associated with its services. Staff concentrated on one task at a time. They took care when dispensing, used prescriptions to select medicines against and ensured a three-way check against the prescription, dispensing label and medicine took place during the assembly process. Team members also worked in set areas and rotated tasks. Staff routinely recorded their near miss mistakes. The details were collated and reviewed formally which helped identify any trends or patterns. Remedial activity was then undertaken to help minimise mistakes. The team explained that certain medicines were separated and highlighted to help reduce the likelihood of mistakes happening. This included those that looked-alike and sounded-alike such as amitriptyline and amlodipine, different strengths of prednisolone as well as sildenafil and sumatriptan. The RP's process to handle incidents was suitable and in line with requirements, it involved appropriate handling of the situation, formal reporting, and investigation to identify the root cause. The necessary changes were then implemented.

All staff including the pharmacist had been trained to safeguard the welfare of vulnerable people. The RP was trained to level three. Team members could recognise signs of concerns; they knew who to refer to in the event of a concern and described concerns seen as well as how they had responded. Contact details for the local safeguarding agencies were easily accessible and the pharmacy's chaperone policy was on display. Staff were also trained on 'Ask for ANI'. This had occurred in practice and the consultation room was used in response.

The pharmacy's team members had been trained to protect people's confidential information. To protect confidential information, the pharmacy was registered with the information commissioner office (ICO) and displayed details about this as well as a notice explaining the pharmacy's privacy policy.

The team ensured confidential information was protected. No sensitive details were left in the retail area or could be seen from the retail space. This included bagged prescriptions awaiting collection. Staff described using the consultation room to discuss sensitive details. Confidential information was stored and disposed of appropriately. Computer systems were password protected and staff used their own NHS smart cards to access electronic prescriptions.

The pharmacy's records were mostly compliant with statutory and best practice requirements. This included a sample of registers seen for controlled drugs (CDs). On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. Records of CDs that had been returned by people and destroyed at the pharmacy were complete and the pharmacy had suitable professional indemnity insurance arrangements in place. Records about supplies of unlicensed medicines, private prescriptions and to verify that fridge temperatures had remained within the required range had been appropriately completed. However, the RP had not always recorded the time their responsibility ceased in the electronic RP record of which they were already aware.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to safely manage its workload. Members of the pharmacy team are suitably qualified for their roles. The pharmacy provides them with resources so that they can complete regular and ongoing training. This keeps their skills and knowledge up to date.

### Inspector's evidence

The pharmacy team at the time of the inspection, included the regular pharmacist, the ACT and two trained dispensing assistants. The pharmacy had enough staff to support the workload and the team was up to date with this. The pharmacy's team members worked well together; some were also long-standing members of staff. They knew which activities could take place in the absence of the RP and referred appropriately. Relevant questions were asked before selling medicines. As they were a small team, meetings and discussions took place regularly, a notebook used to communicate relevant details was also used and informal performance reviews were described. The staff were provided with resources for ongoing training through various pharmacy support organisations. They also regularly took instruction and received updates from the RP. This helped ensure they continually learnt and kept their knowledge up to date.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy premises provide a suitable environment for people to receive healthcare services. The pharmacy is kept clean, it is secure, and well presented. And it has a separate space where confidential conversations or services can take place.

### Inspector's evidence

The pharmacy premises consisted of a medium sized retail area and a larger, open plan dispensary behind. There was also additional space at the very rear which contained stock and staff facilities. The pharmacy was clean. It was bright, appropriately ventilated and well presented. The ambient temperature was suitable for the storage of medicines and the pharmacy was secured against unauthorised access. The dispensary had enough space for staff to carry out dispensing tasks safely and dispensing benches were kept clear of clutter. There was a clean sink in the dispensary for preparing medicines which had hot and cold running water. A signposted consultation room was available for services and private conversations. The room was spacious and of a suitable size for its intended purpose.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides its services safely and effectively. People can easily access the pharmacy's services. The pharmacy sources its medicines from reputable suppliers. It stores and manages its medicines well. Team members identify people with higher-risk medicines so that they can provide the appropriate advice. This helps ensure they take their medicines correctly.

### Inspector's evidence

The pharmacy's opening hours and services provided were on display. There was also various information, leaflets, and posters available to promote health or services. People could enter the pharmacy from the street and a wide front entrance. The retail area consisted of clear, open space which helped people with restricted mobility or using wheelchairs to easily access the pharmacy's services. There were two chairs inside the pharmacy if people wanted to wait for their prescriptions and a car park available outside. Staff could make suitable adjustments for people with diverse needs. Aside from using Google translate, team members were multilingual and had created signs in, for example Polish to assist people whose first language was not English. This helped direct individuals when the member of staff who spoke this language was not present. They also described using written communication for people who were deaf and used the consultation room if needed. The team updated the pharmacy's Facebook page regularly to keep people informed about any changes or disruptions to the service. The RP also regularly wrote and provided articles about seasonal topics in the local parish magazine. The most recent one included details about the Pharmacy First Scheme.

The pharmacy provided an automated collection point. Dispensed prescriptions were stored inside and could be collected from a vending machine. This could be accessed by people 24 hours a day and on seven days of the week. The machine was located to one side of the premises, with the internal section accessible from one end of the consultation room. This section was kept locked and the unit itself was shuttered and alarmed. The pharmacy had deregistered the area in which the vending machine was situated, so that a RP and their supervision was not required. This meant that the vending machine could then operate outside the pharmacy's opening hours. The pharmacy had obtained written consent from people to sign up to the service and there was an SOP to provide guidance to the team. Prescriptions for CDs, fridge and bulky items were not included as part of the service. Prescriptions where pharmacist intervention was required were appropriately managed.

People requiring compliance packs had been identified as having difficulty in managing their medicines. The team ordered prescriptions on behalf of people. They identified any changes that may have been made, updated their records to reflect this, and queried with the prescriber if required. Appropriate records had been maintained to verify this. No higher-risk medicines were supplied inside compliance packs. The pharmacy also provided a delivery service, and the team used a specific application for this. This helped optimise the driver's route, allowed notes to be made by the driver about certain situations and enabled the team to keep 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 unless the situation could be justified. Relevant risks associated with this practice were checked, and detail recorded.

Team members were aware of risks associated with valproates. This included the recent updates. Staff

ensured the relevant warning details on the packaging of these medicines were not covered when they placed the dispensing label on them, and had identified people at risk, who had been supplied this medicine. People were counselled accordingly. The team routinely identified and knew which people had been prescribed higher-risk medicines. Staff routinely asked details about relevant parameters, such as blood test results for people prescribed these medicines.

The RP had begun providing the recently commissioned Advanced NHS service – Pharmacy First scheme. Suitable equipment was present which helped ensure that the service was provided safely and effectively (see Principle 5). The service specification, SOPs and PGDs to authorise this were readily accessible and had been signed by the RP. People had been supplied medication under this scheme for certain conditions such as shingles. The RP described looking forward to the summer where people could be treated for insect bites easily. She said that the service was useful because people no longer needed to be referred to their GP for these conditions. There had been no direct referrals from the local GP surgeries.

The pharmacy provided the NMS and a blood pressure (BP) testing service. The former had helped counsel people about their medicines. The latter was led by the RP but also staff. Team members had been appropriately trained before taking people's BP. The RP explained that people with undetected high blood pressure had been seen. They were referred to the GP surgery which had resulted in prescribed medication being required.

The workflow involved prescriptions being prepared by staff in set locations and the RP checked medicines for accuracy from a separate area. 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 to highlight priority and different workstreams. 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. Staff also signed the quadrant stamp printed on the prescriptions forms to identify who was responsible for dispensing, accuracy, and clinical checking.

The pharmacy's stock was stored in a very organised way. Licensed wholesalers were used to obtain medicines and medical devices. The team date-checked medicines for expiry regularly and short-dated medicines were routinely identified. There were no date-expired medicines seen. Dispensed medicines requiring refrigeration and CDs were stored within clear bags. This helped to easily identify the contents upon hand-out. CDs were stored under safe custody. Medicines returned for disposal, were accepted by staff, and stored within designated containers. This did not include sharps which were re-directed accordingly. Drug alerts were received electronically and actioned appropriately. Records were kept verifying this.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. Its equipment is clean. And the team ensures they are used appropriately to protect people's confidential information.

### Inspector's evidence

The pharmacy's equipment and facilities were suitable for their intended purpose. This included access to reference sources, a range of clean, standardised conical measures for liquid medicines, counting triangles, a legally compliant CD cabinet and an appropriately operating pharmacy fridge. The dispensary sink for reconstituting medicines was clean. The pharmacy had hot and cold running water available. The blood pressure machine was said to be new. Relevant equipment for the Pharmacy First scheme was also new and included an otoscope, pulse oximeter, and thermometer. Computer terminals were positioned in a location that prevented unauthorised access. The pharmacy had cordless telephones so that private conversations could take place if required and confidential waste was suitably disposed of.

### 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.