

# Registered pharmacy inspection report

**Pharmacy Name:** Buckingham Pharmacy, 1 Jubilee Square,  
AYLESBURY, Buckinghamshire, HP19 9DZ

**Pharmacy reference:** 1119806

**Type of pharmacy:** Community

**Date of inspection:** 31/07/2019

## Pharmacy context

An independent pharmacy located on a parade of shops in a housing development in Aylesbury. The pharmacy dispenses NHS and private prescriptions, sells a range of over-the-counter medicines and provides health advice. The pharmacy also provides Medicines Use Reviews (MURs), New Medicines Service (NMS), flu jabs and multi-compartment compliance packs (MDS trays or packs) for patients in their own homes and in care homes.

## 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 most risks well. It keeps the records it needs to by law. And the pharmacy's team members understand how to protect vulnerable people and people's personal information. However, it does not record all its near misses or errors, so it may be missing opportunities to prevent similar mistakes happening in the future.

### Inspector's evidence

The team recorded near misses in the near miss log held in the pharmacy. However, near misses had not been recorded since 13th April 2019 and prior to that were not recorded on a regular basis. The records in the near miss log did not include a lot of detail explaining why the near miss occurred or any following action taken. The pharmacist explained that if the pharmacy made a dispensing error, it would be highlighted to everyone in the pharmacy team and it would be recorded on an internal report before being forwarded to the superintendent.

There was a clear and established workflow in the pharmacy where labelling, dispensing and checking were all carried out at different areas of the work benches. MDS trays were prepared on a dedicated bench at the back of the dispensary to reduce distractions. Standard Operating Procedures (SOPs) were in place for the dispensing tasks. The team members had all signed the SOPs to say they had read and understood them. Staff roles and responsibilities were described in the SOPs and they were reviewed regularly, with the last review having been in January 2019. A certificate of public liability and professional indemnity insurance from the NPA was on display in the dispensary and was valid until the 30th April 2020.

There was a complaints procedure in place within the SOPs and the staff were clear on the processes they should follow if they received a complaint. The team carried out an annual CPPQ survey and the results of the latest one were seen to be very positive and displayed on the nhs.uk website.

Records of controlled drugs and patient returned controlled drugs were all seen to be complete and accurate. A sample of MST 10mg tablets was checked for record accuracy and was seen to be correct. The controlled drug running balance was checked every month when the pharmacist had double cover. The responsible pharmacist record was held electronically, and the correct responsible pharmacist notice was displayed in the pharmacy where patients could see it. The maximum and minimum fridge temperatures were recorded electronically daily and were always in the 2 to 8 degrees Celsius range. The private prescription records were seen to be completed appropriately electronically. The specials records were all seen to be complete with the required information documented accurately.

The computers were all password protected and the screens were not visible to the public. Confidential information was stored away from the public and conversations inside the consultation room could not be overheard clearly. There were cordless telephones available for use and confidential waste paper was collected in confidential waste baskets and later shredded.

The pharmacist and technician had completed the Community Pharmacy Post-Graduate Education (CPPE) level 2 training programme on safeguarding vulnerable adults and children, and the team explained that they were aware of things to look out for which may suggest there is a safeguarding

issue. The team had safeguarding posters displayed in the dispensary with all the local contact details for the local safeguarding authorities. The team were happy to refer to the pharmacist if they suspected a safeguarding incident and explained that they would seek advice before referring to the safeguarding authorities to ensure it was an appropriate referral. The pharmacy team were all Dementia Friends and had completed this learning online.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to provide its services safely. Team members have access to training materials to ensure that they have the skills they need. Pharmacy team members make decisions and use their professional judgement to help people. They work well together and feel able to discuss ways of improving their services.

### Inspector's evidence

During the inspection, there was one pharmacist, one registered technician and one NVQ level 2 dispenser. The staff were seen to be working well together and supporting one another. The team had access to the Alphega training programme which they would complete on a tablet. The dispenser explained that the training modules would be available every month and that they had time to complete this.

The team members had annual appraisals with the superintendent where their performance would be monitored, and they would be set objectives for the following year. The team explained that they would be supported to achieve their objectives. The pharmacy team explained that they were always happy to raise anything with one another or with the superintendent whether it was something which caused concern or anything which they believed would improve service provision. The team explained that they had recently asked for a second computer terminal in the dispensary to help with the MDS trays and care home dispensing and the team would be having this installed over the next couple of weeks. There were no targets in place and the pharmacist explained that they would never compromise their professional judgement for business gain.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are generally suitable for the provision of its services and they are secure when closed. Pharmacy team members use a private room for sensitive conversations with people to protect their privacy.

### Inspector's evidence

The pharmacy was based on the ground floor of the building and included a retail area, medicine counter, consultation room, dispensary, stock room/staff rest room and bathroom. The pharmacy was laid out with the professional areas clearly defined away from the main retail area of the store. All the products for sale within the pharmacy area were healthcare related and relevant to pharmacy services.

The pharmacy was professional in appearance and clean. The team explained that they would clean the pharmacy between themselves every day when required and on Saturdays when it was a bit quieter. Medicines were stored on the shelves in a suitable manner and the technician explained that the shelves would be cleaned when the date checking was carried out.

The dispensary was suitably screened to allow for preparation of prescriptions in private and the consultation room was advertised as being available for private conversations. Conversations in the consultation room could not be overheard. The consultation room could be locked and included seating, a sink and storage.

The ambient temperature was suitable for the storage of medicines and regulated by an air conditioning system. The team explained that due to the large windows at the front of the pharmacy, it became very hot at times even with the air conditioning on and they had asked for shielding for the windows. Lighting throughout the store was appropriate for the delivery of pharmacy services.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides its services safely and it makes them accessible to people with different needs. The team identifies and records relevant safety checks when people receive higher-risk medicines and the team members source, store and generally manage medicines appropriately.

### Inspector's evidence

Pharmacy services were displayed in the window of the pharmacy. There was a range of leaflets available to the public about services on offer in the pharmacy and general health promotion in the retail area of the pharmacy near the waiting area. There was step-free access into the pharmacy and the team explained that they would provide a delivery service for housebound people and people who had difficulty accessing the pharmacy. There was also seating available should someone require it while waiting for services.

The pharmacy team prepared multicompartiment compliance packs for domiciliary patients. The packs were seen to include accurate descriptions of the medicines inside. The team explained that they would provide Patient Information Leaflets for the first three months of packs and then with any changes in the packs. The team explained that they were all aware of the requirements for women in the at-risk group to be on a pregnancy prevention programme if they were on valproates and they had checked their Patient Medication Record (PMR) to see if they had any patients affected by this. The pharmacist explained that they had a pack in the pharmacy with information cards and leaflets which they would provide to female patients who were prescribed valproates. The pharmacist explained that he would double check with patients on warfarin to see if they knew their dose of warfarin and that he would provide them with an anticoagulant information card. The pharmacist explained that the team would attach an INR sticker to every prescription for warfarin and they would ask people for their last blood test date, their dose of warfarin and their INR level and would record this on the person's record. Dispensing labels were seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

The team were compliant with the European Falsified Medicines Directive (FMD) and the pharmacist demonstrated how they were using this to decommission medicines but not all medicines were ready for them to scan. The pharmacy obtained medicinal stock from AAH, Alliance and Doncaster. Invoices were seen to verify this. Date checking was carried out every three months and the team highlighted items due to expire with coloured stickers and would note the expiry month on the sticker. Open stock bottles were seen to have the date of opening highlighted on the bottles, so the team could destroy the item when required. There were destruction kits available for the destruction of controlled drugs and doop bins were available and seen being used for the disposal of medicines returned by patients. The team also had a bin for the disposal of hazardous waste.

The fridge was in good working order and the stock inside was stored in an orderly manner. The CD cabinets were appropriate for use and secured to the wall of the dispensary. Expired, patient returned CDs and CDs ready to be collected were segregated from the rest of the stock. MHRA alerts came to the team via email and they were actioned appropriately. The team kept an audit trail for the MHRA recalls and had recently actioned a recall for aripiprazole 1mg/ml solution. The recall notices were printed off in the pharmacy and annotated to show the action taken.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the appropriate equipment and facilities to provide its services safely. These are clean and fit for purpose.

### Inspector's evidence

There were several crown-stamped measures available for use, including 250ml, 100ml, 50ml and 10ml measures. Amber medicines bottles were seen to be capped when stored and there were clean counting triangles available as well as capsule counters.

Up-to-date reference sources were available such as a BNF, a BNF for Children, and a Drug Tariff as well as other pharmacy textbooks. Internet access was also available should the staff require further information sources and the team could also access the NPA Information Service.

The computers were all password protected and conversations going on inside the consultation room could not be overheard.

### 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.