

Registered pharmacy inspection report

Pharmacy Name: Alconbury Chemist, 1 Bell Lane, Alconbury,
Huntingdon, Cambridgeshire, PE28 4DU

Pharmacy reference: 9010858

Type of pharmacy: Community

Date of inspection: 10/06/2024

Pharmacy context

This community pharmacy is situated inside a convenience store in the centre of a village in Cambridgeshire. Its main activity is dispensing NHS prescriptions, many of which it delivers to people's homes. It currently supplies some medicines in multi-compartment compliance packs to help people take their medicines at the right time. It offers the NHS Pharmacy First service and vaccination services, largely on an appointment basis.

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's team members have written instructions to help them work safely. They understand what they can and cannot do if there is no pharmacist present. And they use mistakes as opportunities to learn and make improvements to how the pharmacy operates. The pharmacy keeps the records it needs to by law. And it keeps people's private information safe.

Inspector's evidence

As found during the last inspection, the pharmacy had a set of written standard operating procedures (SOPs) in the pharmacy which the team members could refer to. These included SOPs about management of controlled drugs (CDs), dispensing and checking prescriptions, and selling medicines over the counter. The SOPs had been reviewed in 2023 and had been signed by all team members, where relevant, to show they had been read.

The team members created an audit trail on dispensed items by initialling the dispensing labels to show who had completed the dispensing and accuracy checking on each item. Baskets were used to keep prescriptions for different people separate. Since the last inspection, there had been improved recording of mistakes made and corrected during the dispensing process (known as near misses). And a review of near misses associated with preparing multi-compartment compliance packs had been undertaken to identify patterns and trends and share learning points with the team members. The incident rate for near misses with these packs was said to have reduced greatly. There was a process to record dispensing mistakes that had not been detected before being handed out and other incidents that impacted patient care. When things had gone wrong, there was a process to review the incident and identify improvements. Following a recent issue, the pharmacy now kept more robust records about communications with GP surgeries and carers and had asked for requests from surgeries and carers to be made via email to provide a better audit trail.

Team members could explain the restrictions on sales of codeine-containing painkillers and would refer repeat requests to the pharmacist. When asked, team members knew what they could and couldn't do if there was no pharmacist present and understood they couldn't hand out prescriptions or sell pharmacy only medicines in this event. The pharmacy had a complaints process and issues that couldn't be resolved by the pharmacy were escalated to the pharmacy superintendent (SI) or owner. Formal complaints were recorded on a designated form which included learnings from a complaint.

The correct responsible pharmacist (RP) notice was displayed at the pharmacy counter and the RP record was available and largely complete. Private prescriptions were recorded in a book and the entries looked at contained all the information required. The pharmacy had not received any private prescriptions for puberty-suppressing hormone treatments; the RP was signposted to the recent updates regarding their supply to people under the age of 18 years.

CD records were available and those checked were complete. A spot check of the physical stock of two items agreed with the recorded balance in the register. The RP said the pharmacy tried to do balance checks each month though there were occasions when this hadn't happened. The pharmacy had professional indemnity insurance in place.

Confidential waste was kept separate from other waste and was taken for secure disposal at a sister branch. There was no private information that could be viewed by people visiting the shop or pharmacy. Access to the pharmacy's computer was password controlled. Staff were observed speaking to each other at a low volume to reduce the risk of disclosing any confidential information inadvertently. There were SOPs about safeguarding vulnerable adults and children. The RP had completed level 2 safeguarding training and was now doing level 3. The rest of the team had completed level 1 safeguarding training.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload and team members are doing the right training for the roles they undertake. Its team members can seek support from more senior members of the team if needed.

Inspector's evidence

At the time of the inspection, the pharmacist on duty was the regular RP and was supported by two trainee dispensers. There were two other trainee dispensers and two part-time delivery drivers not present. The dispensers were enrolled on accredited courses and the delivery drivers had completed a course about handling medicines safely, so they knew how to respond to queries from people appropriately. There was some time provided during working hours to complete training and the RP had regular coaching discussions with one of the trainee dispensers during quieter times at the end of the day.

The team was managing the workload during the inspection and there was no apparent backlog of prescriptions waiting to be processed. This was a significant improvement on the last inspection. There was evidence that staff briefings were used to share information and learnings with team members. For example, there had been a briefing for the team about the multi-compartment compliance packs service and how requests and changes needed to be documented clearly. There was also a communications book so information could be shared amongst the team.

The team members worked closely together during the inspection and were seen discussing queries and seeking help from the RP when needed. They commented that they got on well together. When asked, a team member could explain what they could and couldn't do if there was no pharmacist present. They also felt able to contact the owner or the SI for assistance.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are small, but the team keeps the working spaces clear of clutter to reduce risks.

Inspector's evidence

There was considerable improvement in the tidiness and organisation of the premises since the last inspection. Though still somewhat limited for space, the team members were keeping the dispensing benches clear of clutter and there were no trip hazards on the floor of the dispensary. The appearance of the consultation room had also improved and it now presented a more professional image to people using the room for pharmacy services.

The pharmacy premises were at the front of the convenience store and had limited retail space of their own. Access to the pharmacy was prevented by internal shutters which were brought down when the store was closed. Pharmacy medicines were stored behind the counter so their sales could be overseen appropriately. The lighting and room temperature throughout the pharmacy were suitable for the activities undertaken. The pharmacy sink used for preparing medicines had hot and cold running water and it was clean. It could be accessed easily.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to people with a range of needs. And the pharmacy provides its services in an organised and safe way. It stores its medicines appropriately. And it responds well to concerns about medicines and medical devices to protect the health and wellbeing of people who use its services.

Inspector's evidence

The pharmacy's opening hours were displayed at the entrance and there was some health-related literature displayed for people to read and take away. Prescription deliveries were made to people in the village and surrounding areas if they couldn't come to collect their prescriptions themselves. The delivery driver was asked to give some people with hearing or mobility issues more time to answer the door when making medicine deliveries. On occasions, the pharmacy de-blistered medicines into tablet bottles to help people with dexterity issues and provided larger print dispensing labels for people with sight problems.

The pharmacy was getting more requests to provide medicines in multi-compartment compliance packs. There were plans to transfer this activity to a sister branch with robotic dispensing. In the meantime, the pharmacy asked local surgeries for at least three weeks' notice so this service could be set-up and provided safely. Compliance packs were completed in accordance with a rota to manage the workload. The pharmacy had introduced stronger audit trails for queries so they could show what communications had occurred about unexpected changes to medicines or missing items. When checked, the backing sheets for the compliance packs were still showing the incorrect numbers of tablets or capsules in the packs. The RP was advised to query this with their IT provider.

The RP was aware of the updated safety information and guidance about supplying valproate safely, including advice to give when supplying valproate-containing medicines to men. Extra warning stickers and literature was available to give to people though, in practice, valproate-containing medicines were now only dispensed in their original packs. Prescriptions for CDs not requiring secure storage were highlighted and the prescription forms kept with the dispensed items so the team members could check that the prescription was still valid. The pharmacy also had a system to highlight prescriptions for medicines that needed additional monitoring such as lithium so suitable checks could be made at the point of handout.

Records about blood pressure tests were made on PharmOutcomes and on the pharmacy's patient medication record. The RP could give examples of where people had been referred to their GP for further checks following high blood pressure readings and people had been started on treatment for high blood pressure. The pharmacy offered the Pharmacy First service and the RP had ready access to the corresponding patient group directions (PGDs); these had been signed.

Stock medicines were obtained from licensed wholesalers and were stored tidily in the dispensary. CDs were stored securely and access to the CD cabinet was well controlled. Out-of-date CDs and patient-returned CDs were separated from stock CDs and resin kits were available to denature CDs when needed. When dispensary stock was spot checked during the inspection, there were no date-expired

medicines found. However, there was no date of opening on an opened bottle of morphine sulphate oral solution which could make it harder for the pharmacy to assess if the medicine was still fit for purpose. The RP agreed to start adding dates of opening to preparations with limited expiry dates after first opening.

The pharmacy had a process for receiving and acting on safety alerts and recalls about medicines and medical devices. It had also raised concerns with others involved in the care of people when issues that might affect their safety were discovered. The RP gave an example of how the pharmacy had let local surgeries know about the risks of people opening timed medication compliance devices using tweezers. The RP had also shared this information with the coordinator of the service so they could assess if the devices were still suitable for people to use.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. And it has systems in place to protect access to patient information.

Inspector's evidence

As found during the previous inspection, the pharmacy had suitable equipment to measure and count medicines, including tablet counting triangles and calibrated glass measures. This equipment was clean. It also had the equipment needed to provide the Pharmacy First service, including an otoscope for ear examinations. It had adrenaline autoinjectors available to use in the event someone experienced an anaphylactic reaction to a vaccination. However, when checked, these were not all in date. The RP promptly removed these.

The team members had access to online reference sources such as the British National Formulary so could base their advice to people on up-to-date information. Computer systems were password protected and details on the screens could not be viewed by members of the public. The temperatures of the two fridges could be monitored and both were found to be operating in within the range of 2 and 8 degrees Celsius during the inspection. An alarm sounded on the fridge in the dispensary if it went outside of the required range.

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.