

# Registered pharmacy inspection report

**Pharmacy Name:** McLaren Pharmacy, Unit 2, Moreteyne Retail Park,  
Bedford Road, Bedford, Bedfordshire, MK43 0LE

**Pharmacy reference:** 9010974

**Type of pharmacy:** Community

**Date of inspection:** 25/05/2021

## Pharmacy context

The pharmacy is in a purpose-built unit on a new shopping area of the village. It is next door to a supermarket and opticians' shop and close to the village surgery. The pharmacy provides general dispensing services, as well as multi-compartment compliance packs. It also provides medicines to some people who receive support from the drug and alcohol team.

## 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

Members of the pharmacy team work to professional standards and usually identify and manage risks effectively. They discuss mistakes they make during the dispensing process with the regular pharmacist. And they try to learn from these to avoid problems being repeated. But as they are not regularly recorded, the pharmacy may be missing opportunities to find any patterns or trends and learn from these to improve its processes. The pharmacy generally keeps its records up to date and these show that it is providing safe services. Its team members understand how they can help to protect the welfare of vulnerable people. And the pharmacy team members keep people's private information safe.

### Inspector's evidence

The pharmacy had standard operating procedures (SOPs) which were issued by the company. The SOPs covered the services that were offered by the pharmacy. There was a standard operating procedure covering the changes in processes due to the COVID-19 pandemic. The SOPs were signed by the pharmacy's team members to indicate they had been read. The written procedures said the team members should log any mistakes they made during the dispensing process which were rectified before they reached people (near misses) in order to learn from them. They discussed any issues when they were made but did not discuss trends and learning from these near misses.

The pharmacy conspicuously displayed the responsible pharmacist notice. The responsible pharmacist record required by law was up to date and filled in correctly. The pharmacy team members were aware of their roles and they were observed asking the pharmacist for advice when they were unsure of the information to give to people. Feedback from the public had been sought, despite the COVID-19 pandemic, and the pharmacy was waiting for the results of these to be analysed. Reaction to the new pharmacy premises had been very positive and there were generally good online reviews. The pharmacy had professional indemnity and public liability insurances in place.

The pharmacy team accurately recorded private prescriptions and emergency supplies in a book. The controlled drugs registers were up to date and legally compliant. The team checked them occasionally to ensure that there were no missing entries, there was legal compliance and that the stock levels were as expected. Fridge temperatures were recorded and showed that the medicines in the fridge had been consistently stored within the recommended range. The staff had undertaken training about protecting people's private data, and confidential waste was disposed of by shredding. NHS smart cards were not shared and were stored appropriately when not in use. The staff had also completed the appropriate levels of training about safeguarding vulnerable adults and children and had access to relevant telephone contact numbers for the local safeguarding boards.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough team members to provide its services, and they work effectively together and are supportive of one another. They have the appropriate skills, qualifications and training to deliver services safely and effectively. There is support for staff to progress in their training.

### Inspector's evidence

A dispenser, a trainee pharmacy technician and the superintendent pharmacist were present in the pharmacy during the inspection.

The superintendent pharmacist had completed COVID-19 risk assessments for all the staff. They were all wearing face masks and tried to maintain social distancing as far as their work permitted. They were observed washing their hands regularly, using either hot water and soap or hand-sanitiser gel. All the staff had been offered vaccinations against COVID-19 and had completed the two-vaccination course. Staff had access to lateral-flow tests (LFTs) but were not routinely performing them. They also supplied tests to the public and had supplied about 150 tests so far.

The trainee technician had completed all her modules and was about to qualify. She was hoping to do an accuracy checking qualification (ACT) once her current training was completed. The practicalities of how an ACT could be used in the current staffing structure was discussed. The dispenser was working on the counter as well as being involved in the dispensing process. The team worked well together and discussed within the team how changes could be made to improve the service given to those using the pharmacy. The rest of the team kept up to date using pharmacy magazines and training provided by a specialist training provider.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are clean, secure and provide an appropriate environment to deliver its services. People can have a conversation with a team member in a private area. Fire exits should be kept clear of obstruction and be unlocked at all times when the pharmacy is open.

### Inspector's evidence

The pharmacy was in a purpose-built unit and had level access from the pavement. It was spacious and had a high ceiling, meaning that there was lots of room for air to circulate. The pharmacy was limiting numbers of people in the shop to two customers at a time. The window was covered with posters giving information about the pandemic.

The shop was clean, tidy and bright. There was a Perspex screen between the staff and the customers, to provide a barrier to reduce transmission of COVID-19. There was hand gel available as customers walked into the pharmacy, and staff encouraged people to use it. The large consultation room was not in use, due to the pandemic, but would provide a suitable space for private conversations. It was being used as an extension to the dispensary, for paper-work, meaning that staff could socially distance more easily.

The dispensary was clean, tidy and bright. There were three separate dispensing areas, as well as an area used for unpacking deliveries. Prescriptions were filed on a large range on shelves, easily accessible for staff.

The rear door was blocked with a chair and it was locked. It was marked with 'press for exit' signs. In the event of a fire, it could not be easily used and might cause injury to the people inside, if they could not use the exit. The door led to an area where the rubbish bins were stored.

## Principle 4 - Services ✓ Standards met

### Summary findings

Overall, the pharmacy delivers its services in a safe and effective way and it gets its medicines from reputable sources. Pharmacy team members are helpful and give advice to people. They could do more to make sure that people have all the information they need so that they can use their medicines safely. And this applies to when it supplies valproate.

### Inspector's evidence

The pharmacy was easily accessible from the car park. The consultation room door was wide enough to give easy access to people using wheelchairs. Information about the services the pharmacy offered was displayed in the windows of the pharmacy.

The use of baskets when dispensing helped to ensure that prescription items were kept together and were easy to move from one area of the dispensary to another. Computer-generated labels included relevant warnings and were initialled by the dispenser and checker which allowed an audit trail to be produced. But the multi-compartment compliance packs did not have a good audit trail for who had dispensed and checked the packs. This meant that it was unclear if the packs had been checked or not. Packs were labelled with the information the person needed to take their medicines in the correct way. The packs also had tablet descriptions to identify the individual medicines. There was a list of packs to be dispensed each week, with each person having a summary sheet showing any changes to their medicines and where the medicines were to be placed in the packs.

Prescriptions for warfarin, lithium or methotrexate were not flagged so staff did not know to ask about any recent blood tests or the person's current dose. So, there was some risk that the pharmacy wasn't always able to monitor the patients in accordance with good practice. People in the at-risk group who were receiving prescriptions for valproate were not routinely counselled about pregnancy prevention. And appropriate warnings stickers were not available for use if the manufacturer's packaging could not be used. The dispenser said that she would order some stickers immediately. Schedule 4 controlled drug prescriptions were not always highlighted to staff who were to hand them out. This could increase the chance of these items being given out more than 28 days after the date on the prescription.

The pharmacy got its medicines from licensed wholesalers and stored them on shelves in a tidy way. There were coloured dots on boxes to indicate items which were short dated. Regular date checking was done and no out-of-date medicines were found on the shelves. Drug alerts were received, actioned and filed appropriately to ensure that recalled medicines did not find their way to people who used the pharmacy.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy generally has the right equipment for its services. It makes sure its equipment is safe to use.

### Inspector's evidence

The pharmacy had a separate triangle marked for use with methotrexate tablets, ensuring that dust from them did not cross-contaminate other tablets. There were various sizes of glass, crown-stamped measures, with separate ones labelled for specific use, reducing the risk of cross-contamination. The pharmacy had access to up-to-date reference sources. This meant that people could receive information which reflected current practice. Electrical equipment was regularly tested. Stickers were affixed to various electronic equipment and displayed the next date of testing.

### 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.