

Registered pharmacy inspection report

Pharmacy Name: Wootton Pharmacy, Unit 2, Folkes Road, Wootton, Bedford, MK43 9TE

Pharmacy reference: 9011431

Type of pharmacy: Community

Date of inspection: 20/04/2021

Pharmacy context

The pharmacy was inspected during the COVID-19 pandemic. It had moved to the current site in September 2020 to be closer to a new surgery building in the village. It is located next door to a local supermarket in a parade of four shops. It is in the new housing estate in the village. And is the only pharmacy in the village. It closes between 1pm and 2pm daily.

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

Members of the pharmacy team work to professional standards and identify and manage risks effectively. They record or discuss mistakes they make during the dispensing process, with the regular pharmacist. And they try to learn from these to avoid problems being repeated. The pharmacy generally keeps its records up to date and these show that it is providing safe services. Its team members also understand how they can help to protect the welfare of vulnerable people. 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. A sample of SOPs was chosen at random. These SOPs had been reviewed within the last two years, although they were still showing the old address of the pharmacy. They were signed by the pharmacy's team members to indicate they had been read. The pharmacist could not locate the SOPs covering management of controlled drugs (CDs), and the roles and responsibilities of staff. She said she would look into where they were; these procedures are required by law.

The written procedures said the team members should log any mistakes they made in the dispensing process in order to learn from them. They regularly logged any issues and discussed trends and learning from these near misses. However, with the re-location of the pharmacy and the pandemic, these reviews had become less frequent. 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.

Customer feedback about the new pharmacy premises was reported to have been very positive. The pharmacy had not been open long enough to have done the annual customer survey required by the NHS. The pharmacy had professional indemnity and public liability insurances in place.

The pharmacy team recorded private prescriptions and emergency supplies in a book. The records were complete. The pharmacist said that she would look at using the computer to save time in the pharmacy. The controlled drugs registers were up to date and legally compliant. The team checked them to ensure that registers were filled in correctly 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.

Generally, confidential material was stored safely in the dispensary, out of access from the public, and confidential waste was shredded. But the staff were using the electronic smartcard of the owner to access the NHS spine, even though he was not present on the day. This was contrary to the conditions of use and may pose a risk to patient privacy. The pharmacy team had all had some confidentiality training and there was a folder giving information about the latest data protection law. The team had also completed CPPE safeguarding training and had local contact telephone numbers available for use.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to provide its services safely, 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. They have opportunities to progress their pharmacy careers. And they can contribute ideas which make the pharmacy more efficient.

Inspector's evidence

There was the regular pharmacist, a pharmacy technician, a dispenser from another branch who was covering until a new member of staff could be found and an apprentice present during the inspection. There was also a delivery driver as part of the team. The technician had been trained using the apprenticeship scheme and was enthusiastic about the scheme. It had meant that she had progressed in a career, close to home, and said she felt that she had achieved more than she had thought she would be able to. She said the support from the pharmacist and team was excellent, and that she was looking forward to passing on her knowledge to the new apprentice.

The pharmacy team had all had risk assessments for COVID-19 and most of the team wore face masks. They were observed to undertake frequent hand washing to reduce the risk of infection transmission.

The pharmacy team made suggestions to the pharmacist to improve the way the pharmacy was organised. When they had moved to the new premises it had been suggested that a different retrieval system for dispensed prescriptions would be a good idea. This had been implemented and it had led to faster retrieval of prescriptions for people waiting. The staff were not set targets by the owners.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, secure and provide an appropriate environment to deliver the pharmacy's services. People can have a conversation with a team member in a private area.

Inspector's evidence

The premises were newly built and were well lit, spacious, clean and tidy throughout. There was air conditioning in the building. There was a plexiglass screen from the counter to the ceiling, with access through for sales transactions. A gate prevented unauthorised access into the dispensary. The dispensary was very clean and well organised. There was adequate storage for prescriptions awaiting collection, so that all of them could be found easily.

There were separate benches in the dispensary designated for different tasks. All dispensed prescriptions were put onto a single bench to await checking. This meant that the pharmacist could keep track of the workflow and the staff knew not to disturb her while she was working at that bench.

The consultation room had two doors, one from the shop and one from behind the counter. There was enough room to allow people in wheelchairs to access easily, and there was space for two people to sit comfortably at the table. To the rear was a yard, accessed by a fire door. This area gave access to the rear of some other premises, but the shed used for storage by the pharmacy was kept locked.

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 about where they can get other support. The pharmacy offers a range of services, which it advertises effectively. It tries to make sure that people have all the information they need so that they can use their medicines safely although there are times when this does not happen consistently. And it must make sure that it always gives people the necessary information about pregnancy prevention when it supplies valproate.

Inspector's evidence

Access to the pharmacy was level from the wide pavement outside. The doors were not automated, but the staff said that if a person needed assistance, they would open the doors for them. There were markings on the floor, indicating where to stand to maintain social distancing. The pharmacy offered a range of services, which it advertised on the windows of the premises.

Computer-generated dispensing labels included relevant warnings and were initialled by the dispenser and checker which allowed an audit trail to be produced. The use of baskets helped to ensure that prescription items were kept together and were easy to move from one area of the dispensary to another. Prescriptions where the person was waiting were put into red baskets to highlight this fact. The pharmacy did not provide anyone with multi-compartment compliance packs. The requirements of the Equality Act 2000 were discussed.

Prescriptions for medicines which require close monitoring, including warfarin, lithium or methotrexate, were sometimes flagged by the pharmacist, and then staff would ask about any recent blood tests or the person's current dose. But if the pharmacist did not flag the prescription the staff would not always notice the medicine and ask these questions. So, the pharmacy could not show that it was always monitoring 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. But appropriate warnings stickers were available for use if the manufacturer's packaging could not be used. 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 out more than 28 days after the date on the prescription. The pharmacist said that she would address these issues as a matter of urgency.

The people who received methadone regularly from the pharmacy had changed at the start of the pandemic from daily collections to weekly collection of their medicine. There were no reported issues with this.

The delivery driver worked during the middle of the day, each day. Prescriptions awaiting delivery were put into a separate area and the driver had a delivery sheet which was filled in each day, to keep track of which prescriptions had been delivered. Controlled drugs were listed on separate delivery notes, which were returned to the pharmacy, and then the register was filled in. The pharmacist said that the driver signed that he had them in his possession, but the entry was not made until the docket was returned, as non-deliveries had caused some issues in the past.

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.

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.