

Registered pharmacy inspection report

Pharmacy Name: Jardines Pharmacy, Pharmacy Unit, Whitehouse Health Centre, Dorset Way, Milton Keynes, MK8 1EQ

Pharmacy reference: 9011760

Type of pharmacy: Community

Date of inspection: 03/02/2023

Pharmacy context

This health-centre community pharmacy is part of a family-run chain of independent pharmacies. It dispenses prescriptions which are largely generated by the surgery on the same site. It sells a small range of medicines over the counter and offers seasonal flu vaccinations.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.1	Standard not met	The pharmacy does not appropriately identify and manage the risks associated with providing its services. Staff members are undertaking tasks in the absence of the right training. The dispensary and the consultation room are poorly organised. And the pharmacy does not manage its medicines adequately to make sure they are always safe for people to use.
		1.6	Standard not met	The pharmacy is not keeping its controlled drug records in line with requirements.
2. Staff	Standards not all met	2.2	Standard not met	Not all staff have been trained or are undergoing training appropriate for their role and responsibilities.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards not all met	4.2	Standard not met	The pharmacy does not have an anaphylaxis kit readily available to deliver its flu vaccination service safely.
		4.3	Standard not met	The pharmacy does not keep adequate fridge temperature records, it does not have a robust system to identify short-dated medicines and it does not always store its medicines in appropriately labelled containers. Its records for managing medicine recalls and alerts are not readily accessible to provide assurances that medicines supplied to people are fit for purpose.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

Overall, the pharmacy has weak governance arrangements. It does not adequately identify and manage the risks associated with providing its services. Some of its legally required records are not kept properly and its team members are undertaking tasks they are not trained for appropriately. However, members of the pharmacy team have completed the right training to be able to safeguard vulnerable people. And they keep people's private information safe. The pharmacy may be missing opportunities to learn from its mistakes to improve how it provides its services to people.

Inspector's evidence

The pharmacy had a range of in-date standard operating procedures (SOPs), and these had been read and signed by team members. The wrong responsible pharmacist (RP) notice was on display when the inspector arrived in the pharmacy, but this was corrected during the inspection. A medicine counter assistant (MCA) understood the tasks she could not undertake in the absence of a pharmacist.

The pharmacy had SOPs to manage dispensing mistakes. A template to record mistakes which were identified before the medicines were handed out to people (near misses) was available. But no records had been made. A relief pharmacist said he normally covered the branch two days a week. And he hadn't any near misses to record. He further commented that he would normally follow the SOP and report any mistakes that had reached people (dispensing errors) to the superintendent pharmacist (SI).

The pharmacy had current professional liability and public indemnity insurance. Records about the RP and private prescriptions were generally in order. Records about controlled drugs (CDs) were not kept in line with requirements. Several randomly selected CDs checked during the inspection did not match the stock held in the cabinet. The pharmacy kept running balances of CDs but these were audited infrequently. A separate register was used to record patient-returned CDs.

The pharmacy had a process for managing complaints and these were mainly dealt with by the pharmacy's head office. Access to patient medication records (PMR) was password protected and confidential waste was managed appropriately. Members of the pharmacy team used their own NHS smartcards to access electronic prescriptions. No patient-identifiable information was visible to people visiting the pharmacy.

Members of the pharmacy team understood safeguarding requirements. The RP had completed level 2 safeguarding training and knew how to find details for local agencies to escalate any safeguarding concerns.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy has just about enough staff members to manage its current workload adequately. But not all are appropriately trained or are receiving the right training for their roles and responsibilities. The pharmacy could do more to ensure there is management oversight and support for its team members.

Inspector's evidence

At the time of the inspection, a relief pharmacist and an MCA were on duty. The pharmacy did not have a regular pharmacist in post but did have employed relief pharmacists and locums who provided RP cover. The MCA was assisting the RP and she said that she has been working in the pharmacy for the past two years. The MCA had not been enrolled on an appropriate training program for the tasks she was undertaking in the dispensary.

Members of the pharmacy team were doing their best to cope with the workload during the inspection. But there was a lack of clear leadership and management oversight and support in the pharmacy. This was evidenced by the lack of governance around routine tasks being completed adequately. There were no specific targets or incentives set for team members.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are secure, and they are adequate for the services it provides. The pharmacy could do more to improve its overall organisation and tidiness.

Inspector's evidence

The pharmacy was fitted to a basic standard. The dispensary had just about enough space to undertake dispensing activities safely. But it was very cluttered, and its floor spaces were obstructed with baskets of dispensed medicines. Stock medicines were not stored in an organised fashion. And this could increase the chances of mistakes happening. There was adequate lighting throughout the premises and the ambient temperatures were suitable for storing medicines. A sink was available with hot and cold running water for preparing liquid medicines. A basic consultation room was available for people to have private conversations with team members. However, the room was cluttered and poorly organised. And this did not present a professional image. The pharmacy could be secured against unauthorised access.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy obtains its medicines and medical devices from reputable sources. And people with different needs can access its services. But it does not have adequate medicine management procedures in place to provide assurances that medicines supplied to people are fit for purpose. It has a process to manage safety alerts and recalls about medicines. But its team members cannot readily access the records about what it has done in response to these. So, it is harder for the pharmacy to demonstrate how it has made sure people are only supplied with medicines that are fit for purpose.

Inspector's evidence

The entrance to the health centre was step-free and there was on-site parking available for people. The pharmacy's opening hours and the services it offered were advertised in-store. Members of the pharmacy team understood the signposting arrangements and used local knowledge to refer people to other healthcare providers where appropriate.

Most of the pharmacy's activity was dispensing NHS prescriptions. The workflow in the pharmacy was adequately organised and baskets were used during the dispensing process to minimise the chances of mistakes and to help prioritise workload. Members of the pharmacy team were aware of the risks involved in supplying valproate-containing medicines to people in the at-risk group. The pharmacy's stock packs seen on the shelves had warning cards and alert stickers attached. The RP thought that the pharmacy had additional information leaflets and patient cards available to supply to people when dispensing smaller quantities. But the dispensary was cluttered so these could not be located at the time of the inspection.

The pharmacy had begun providing its flu vaccination service sometime in October. And approximately 100 vaccinations had been administered to-date. But it did not have the anaphylaxis kit readily available to manage or treat a person in the event of an anaphylaxis reaction.

The pharmacy obtained its medicines from reputable sources and specials were obtained from special manufacturers. It did not carry out any extemporaneous dispensing. But its medicines were stored haphazardly on the shelves. And some medicines were not stored in their manufacturer's packaging; there were quite a few loose blister strips on dispensary shelves. All CDs were stored correctly in the CD cabinet. The access to CD keys was managed appropriately. And the pharmacy had denaturing kits available to dispose of CDs safely.

Medicines requiring cold storage were kept in a fridge. The fridge temperatures were checked during the inspection, and they were at the required range of 2 and 8 degrees Celsius. But fridge records checked showed that these were made intermittently. So the pharmacy could not provide sufficient assurances that its medicines requiring cold storage were always stored at an appropriate temperature.

The MCA said that she had recently started date-checking stock medicines. But there were significant amounts of short-dated medicines including Neovent inhaler due to expire at the end of the month found on the shelves. These and other short-dated medicines had not been highlighted so they could be taken out of stock at an appropriate time. This increased the chance that expired medicines could be inadvertently supplied to people. The RP explained the process for managing drug alerts and recalls. But

he could not locate the records about these during the inspection.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy generally has the equipment and facilities it needs for the services it provides. And it maintains its equipment adequately.

Inspector's evidence

The pharmacy's computers were password protected and members of the pharmacy team had access to current reference sources. A crown-stamped measure was available for measuring liquid medicines. Medicine containers were capped to prevent cross-contamination. The pharmacy had a cordless phone and team members could make phone call out of earshot of waiting customers where appropriate. All other equipment appeared to have been maintained adequately.

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.