General Pharmaceutical Council

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: 03/10/2023

Pharmacy context

This health-centre community pharmacy is part of a family-run chain of independent pharmacies. It dispenses prescriptions which are generated by the surgery on the same site. It sells a 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 adequately identify or manage the risks associated with providing its services. It has consistently demonstrated poor governance arrangements in relation to the management of controlled drugs (CDs). The dispensary is poorly organised, and medicines are not stored appropriately. And it does not make sure all parts of the premises are kept in a clean and tidy condition.
		1.6	Standard not met	The pharmacy does not keep all the records it needs to correctly. This includes records about CDs and private prescriptions.
2. Staff	Standards not all met	2.1	Standard not met	The pharmacy team is not able to manage its workload effectively, including tasks such as keeping the premises tidy and record keeping.
3. Premises	Standards not all met	3.1	Standard not met	The dispensary is poorly organised and cluttered. It has limited clear space to be able to dispense and check medicines safely. There are items on the dispensary floor which are tripping hazards for team members. And the consultation room is untidy. All this is impacting the overall efficiency of the dispensing process. And it may increase the risk of dispensing mistakes or accidents.
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 not all met

Summary findings

The pharmacy does not adequately manage all the risks associated with its services. It does not keep all its records up to date and accurate or make records within the time required by law. So, these may not be dependable if they need to be referred to in the future. And the pharmacy may not be able to investigate any anomalies fully or promptly. However, the pharmacy keeps people's confidential information securely and it has procedures to safeguard vulnerable people.

Inspector's evidence

The pharmacy's last inspection had identified several issues with the overall management of controlled drugs (CDs) and the organisation of the dispensary. These had been largely addressed at the time. But the improvements had not been sustained.

A regular locum pharmacist was the responsible pharmacist (RP) on duty on the day of the inspection. The correct RP notice was displayed in the pharmacy and a foundation trainee pharmacist understood the tasks she could not undertake in the absence of a pharmacist. The pharmacy had a range of standard operating procedures (SOPs) that were issued in June 2021 and these had been read and signed by team members. The pharmacy had current professional liability and public indemnity insurance.

Team members tried to record dispensing mistakes that were spotted before the medicines were handed out (near misses). A handful of records viewed showed that team members had recorded their mistakes but there was very limited evidence to show that contributory factors or actions taken to prevent similar events from happening again had been identified or carried out. And there was little evidence of individual reflection by the person making the error. The RP explained the procedure he would follow to record and report dispensing mistakes that had reached people (dispensing errors). A recent dispensing error had been recorded on a form. But the record did not include all the relevant information such as the name of the medicine involved or what medicine was requested or what was supplied. So, team members may be missing the opportunity to learn and mitigate similar events from happening again.

Records about CDs were not kept in line with requirements or good practice. Entries in the CD registers were not all made within the time period set out in law. When several CDs were checked, not all recorded balances reflected the actual stock in the CD cabinet. The pharmacy kept a separate register to record patient-returned CDs. Records about the RP were generally in order though some records did not include the time the RP ceased their duties. Some private prescription records did not include the prescriber's name.

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

Team members understood safeguarding requirements. The RP had completed Level 2 safeguarding

training and knew how to find details for local agencies to escalate safeguarding concerns.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy’s team members work well together but they are struggling to manage their workload effectively. The pharmacy team is not able to complete all its tasks, including record keeping and housekeeping, in a timely manner. There is a lack of oversight of how the pharmacy is running and limited support for the team members.

Inspector's evidence

At the time of the inspection, a regular locum pharmacist and a foundation trainee pharmacist were on duty. Team members were working well together but they were struggling to cope with the workload. The pharmacy was behind on dispensing repeat prescriptions and some people had extended waits to be acknowledged at the pharmacy counter. The foundation trainee pharmacist was trying her best to locate people’s prescriptions and deal with queries. There were quite a few containers of stock medicines delivered on the day that the team had not yet had the opportunity to unpack.

The foundation trainee pharmacist had commenced her training in August. When asked, she said that she didn’t get any training time at work as there was no staffing capacity to enable her to do so.

Principle 3 - Premises Standards not all met

Summary findings

The pharmacy premises, in their current state, are not adequate for the provision of healthcare services. The dispensary is disorganised, untidy and cluttered and it does not support safe ways of working. This increases the risk of things going wrong.

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 tote boxes of medicines and baskets of dispensed medicines awaiting final accuracy check. Stock medicines were stored haphazardly. 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. The premises were secure from unauthorised access. A sink was available with hot and cold running water for preparing liquid medicines. A basic consultation room was available for services and for people to have private conversations with team members. However, the room doubled up as a storage room and it was very untidy and cluttered. And it presented a poor professional image to anyone using the room.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy gets its medicines from reputable sources. And it has a process to manage safety alerts and recalls. But its records about these could be improved to show the actions its team members take in practice to provide assurances that people are provided with medicines that are fit for purpose. The pharmacy doesn't always store its medicines in an organised manner and some of its medicine storage is at full capacity, further limiting the pharmacy's ability to arrange medicines in an orderly way. This increases the chances of mistakes happening when supplying medicines to people.

Inspector's evidence

The entrance to the health centre where the pharmacy as located 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. Team members understood 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. Baskets were used during the dispensing process to minimise the risks of mistakes and to help prioritise workload. Owing notes were issued when prescriptions could not be supplied in full when first dispensed. Team members were aware of the risks involved in supplying valproate-containing medicines to people in the at-risk group. The stock packs seen on the shelves had warning cards and alert stickers attached. The pharmacy had not yet commenced its flu vaccination service. The RP said he needed to clear the consultation room before the service could commence.

Pharmacy-only medicines were restricted from self-selection. And the pharmacy did not sell codeine linctus over the counter. The pharmacy obtained its medicines from reputable sources. But these were stored in a disorganised manner. And this could increase the chances of dispensing mistakes happening. There was some evidence to show that team members had recently date-checked stock medicines. Short-dated medicines had been marked for removal at an appropriate time. Some stock medicines were checked at random during the inspection, and there were no date-expired medicines found amongst in-date stock. Temperature-sensitive medicines were stored in a medicine fridge. But fridge temperature records seen during the inspection showed that team members were recording temperatures intermittently. This issue had been identified during the previous inspection. This limits the pharmacy's ability to provide assurances that its cold chain medicines are always stored at an appropriate temperature. Fridge temperatures checked during the inspection were within the required rage of 2 and 8 degrees Celsius. All CDs requiring secure storage were stored in a CD cabinet which was securely fixed. The pharmacy had some denaturing kits available to dispose of waste CDs safely.

The pharmacy had significant quantities of waste medicines which were stored in the toilet. And not all were kept in designated waste bins but in cardboard boxes. The RP said that the pharmacy had run out waste bins but these had been ordered.

The pharmacy received alerts and recalls about medicines. The RP could explain how these were dealt with. But the pharmacy did not routinely record what action it took in response to these.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy generally has the equipment and facilities it needs to provide its services adequately.

Inspector's evidence

Team members had access to current reference sources. Appropriate equipment for counting loose tablets and capsules was available and there were crown-stamped measures available for measuring liquid medicines. Medicine containers were capped to prevent contamination. The pharmacy's computers were not visible to people visiting the pharmacy and people's private information was stored securely. A cordless phone was available so that team members could make phone calls out of earshot of waiting customers if needed.

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.