

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: 21/05/2024

Pharmacy context

This health-centre community pharmacy is part of a family-run chain of independent pharmacies. Its main activity is dispensing NHS prescriptions which are largely generated by the surgery on the same site. It sells a range of medicines over the counter, offers seasonal flu vaccinations, and NHS Pharmacy First Service.

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

Overall, the pharmacy manages the risks associated with its services adequately. It has written procedures to help deliver its services safely and effectively. And it keeps all its records required by law. Members of the pharmacy team understand how they can help to protect vulnerable people and they keep people's private information securely. However, the pharmacy does not always review mistakes that happen so it may be missing opportunities to learn and improve from these.

Inspector's evidence

A range of current standard operating procedures (SOPs) were available in the pharmacy and team members had read and signed the SOPs. The correct Responsible Pharmacist (RP) notice was on display and the foundation trainee pharmacist could explain the tasks they could undertake in the absence of a pharmacist. They knew the types of over-the-counter medicines that could be misused and under what circumstances they needed to refer requests or queries to the RP for further guidance.

The pharmacy recorded mistakes made during the dispensing process. A template to record mistakes that were spotted before medicines were handed out (near misses) was available and a few records had been made. However, there was little evidence to show that these were being reviewed regularly to help identify and trends or actions taken to help mitigate similar events from happening again. The RP explained the procedure they would follow to record and report mistakes that had reached people (dispensing errors). And further commented that they would submit a copy of the report to the pharmacy's head office.

The pharmacy had current professional indemnity and public liability insurances. Records about the RP, controlled drugs (CDs) and private prescriptions were kept in line with requirements. CD running balances were kept and audited monthly. Random CD balance checks of several CDs during the inspection were correct. A separate register was used to record patient-returned CDs.

The pharmacy had a complaint procedure. The RP explained that they tried to resolve complaints in-store and would refer people to the pharmacy's head office if their complaints could not be resolved in-store. There were written procedures about protecting people's privacy and confidentiality. Access to patient medication records (PMR) was password protected and confidential waste was managed appropriately. Team members used their own NHS smartcards and passwords to access electronic prescriptions and did not share their passwords with each other.

Team members understood safeguarding requirements. The RP had completed Level 2 training about safeguarding and could explain the actions they would take to safeguard a vulnerable person. The pharmacy's chaperone policy was not displayed in the pharmacy or in the consultation room. This was addressed with the head of governance who gave an undertaking that this would be addressed imminently.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's staffing levels are just about enough to manage its current workload if all team members are present. However, there is limited contingency in the pharmacy to ensure the workload is managed effectively if staff are absent or transferred to other branches

Inspector's evidence

At the time of the inspection, the pharmacy was staffed by the RP and a foundation trainee pharmacist. The RP had been in post since February 2024 and covered the pharmacy as RP four days a week. The pharmacy also employed a trained dispenser and a recently appointed part-time person to manage the medicine counter in the morning. However, the RP said that the dispenser had been temporarily moved to another branch.

At the time of the visit, the team members were trying their best to cope with dispensing and checking prescriptions. But they were constantly being interrupted due to the constant flow of people in the pharmacy who needed to be served. This could increase the chances of mistakes happening. There was also evidence of team members falling behind with some routine tasks such as maintaining tidy and organised shelves, unpacking medicine deliveries in a timely manner and keeping the pharmacy clutter free. After the inspection, the head of governance for the pharmacy chain gave an undertaking to the inspector that a team member would be planned to cover the afternoon shift until the dispenser returned to this branch. The RP said that they were well supported by the pharmacy's head office and would have no hesitation in raising concerns with the head of governance or the superintendent pharmacist.

The foundation trainee pharmacist was due to complete her tenure in June. And was due to undertake her registration exams in November. 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 somewhat cluttered in places, and its floor spaces were obstructed with completed prescriptions stored in the boxes on the floor and some bulky stock items. Stock medicines were not stored tidily. 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 clean sink was available for preparing liquid medicines. A basic consultation room was available for services and for people to have private conversation if needed. The room was tidy, but it was not signposted. The pharmacy could be secured against unauthorised access.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy delivers its limited services adequately. It obtains its medicines from reputable sources. And it manages concerns about medicine recalls and safety alerts appropriately so that people get medicines and medical devices that are fit for purpose. Team members could do more to ensure people supplied with higher-risk medicines receive appropriate advice and care to help them take their medicines safely.

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. It had signed up to deliver the NHS Pharmacy First service. But the RP said that she had very recently completed all the relevant training and was yet to deliver the service. They further commented that locum pharmacists covering the branch on other days has started delivering the service. The training records and accompanying patient group directions were available in the pharmacy.

The workflow in the pharmacy was adequately organised and baskets were used during the dispensing process to help prioritise workload and minimise the chances of mistakes happening. Dispensing labels were initialled at the dispensing and checking stages to show which team members were involved during each stage of the process. 'Owing' slips were issued to keep an audit trail when prescription could not be supplied in full when first dispensed. The team knew about the requirement of supplying valproate-containing medicines in their original pack. And they knew about the information that needed to be provided to people about pregnancy prevention when supplying these medicines to people in the at-risk group. The pharmacy did not have any specific procedures to flag prescriptions for higher-risk medicines including warfarin and methotrexate that required on-going monitoring. So, the pharmacy could find it difficult to be sure that people being supplied with these medicines receive the appropriate counselling and care when they collect their medicines.

The pharmacy obtained its medicines from reputable sources and pharmacy-only medicines were restricted from self-selection. All CDs were stored securely and the CD cabinet was organised. Obsolete CD stock was separated and marked. Denaturing kits to dispose of waste CDs were available. Team members were aware of the 28-day validity period on Schedule 3 and 4 CDs including the ones that did not require secure storage in the CD cabinet. Medicines requiring refrigeration were stored appropriately. The fridge was tidy and organised. Maximum and minimum fridge temperatures were recorded, and records seen showed that these had remained within the required range of 2 and 8 degrees Celsius. Team members had recently date checked stock medicines and short-dated medicines had been marked for removal at an appropriate time. Stock medicines were randomly checked during the inspection and no date-expired medicines were found in amongst in-date stock. Medicines returned for disposal were stored in designated bins. The pharmacy received safety alerts and recalls about medicines from its head office. Team members could explain how these were dealt with and they had recently actioned a recall about Ramipril tablets. Records of actioned recalls and alerts were kept

providing an audit trail.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities to provide its services safely. And it maintains its facilities and equipment adequately.

Inspector's evidence

Team members had access to current reference sources. The pharmacy had calibrated measures available for measuring liquid medicines. Equipment for counting loose tablets and capsules was available and it was kept clean. All electrical equipment including the medicine fridge was in good working order. People's confidential information on the pharmacy's computer system was password protected. Team members had access to a cordless phone so they could converse in private 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.