

# Registered pharmacy inspection report

**Pharmacy Name:** Makewell Pharmacy, ECG Makewell, The Gatehouse, Alston Drive, Bradwell Abbey, Milton Keynes, Buckinghamshire, MK13 9AP

**Pharmacy reference:** 9011879

**Type of pharmacy:** Community

**Date of inspection:** 01/10/2024

## Pharmacy context

This pharmacy is situated in a private health and wellbeing clinic in Bradwell Abbey, Milton Keynes. The clinic's activities are regulated by the Care Quality Commission. The pharmacy is registered with the General Pharmaceutical Council so it can sell a small range of pharmacy medicines and dispense private prescriptions issued by the clinic. The pharmacy does not have an NHS contract and it does not provide any NHS services. This was the first inspection of the pharmacy since it opened.

## 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

The pharmacy manages the risks associated with its services and it has written instructions to help deliver its services safely. It keeps the records it needs to by law. And it has procedures to protect people's private information and to safeguard the welfare of vulnerable people. People using the pharmacy can provide feedback about the quality of services received from the pharmacy.

### Inspector's evidence

The pharmacy had a range of current standard operating procedures (SOPs), which were available in a paper format. The responsible pharmacist (RP) was the superintendent pharmacist (SI) and the only team member currently employed in the pharmacy. The correct RP notice was displayed in the pharmacy.

The pharmacy's main activity was dispensing private prescriptions issued by the clinic to treat Attention Deficit Hyperactivity Disorder (ADHD). The pharmacy had processes for managing mistakes made during the dispensing process. A near miss log template was available but the pharmacy had not had any incidents to report. The SI explained that only a handful of prescriptions had been dispensed since the pharmacy began operating. The dispensing volume was very low and the workload was very manageable. A mental break was incorporated between dispensing and checking prescriptions to minimise the chances of mistakes happening.

The pharmacy had current professional liability and public indemnity insurance. Records about RP, controlled drugs (CDs), unlicensed medicines and private prescriptions were kept in line with requirements. Running balances for CDs were kept and audited at regular intervals. A random balance check of a CD conducted during the inspection was correct. The pharmacy had not received any patient-returned CDs for safe disposal.

The pharmacy had an information governance policy and it was registered with the Information Commissioner's Office. No person-identifiable information was visible from the public area of the pharmacy. Confidential waste was separated and disposed of securely. The pharmacy used the clinic's patient medication record (PMR) system which was password protected. The clinic had a complaints procedure which the SI described. People could provide feedback or raise concerns via several routes, including in person or online.

There were procedures in place to ensure the pharmacy took appropriate steps to protect vulnerable people. The SI had completed Level 3 training about safeguarding and the clinic had a designated safeguarding lead.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy's staffing arrangements are sufficient to manage its current level of activity safely. Its pharmacist undertakes on-going training to help keep their skill and knowledge current.

### Inspector's evidence

At the time of the visit, the SI was the only team member working in the pharmacy. They were up to date with the workload and there were no prescriptions waiting to be dispensed.

The SI was part of a multidisciplinary team which consisted of clinical psychologists, consultant psychiatrists, advanced clinical practitioner, social workers, and nurse prescriber. And they had recently qualified as an Independent Prescriber specialising in ADHD. They had a competency framework which they regularly updated and completed continuous professional development (CPD). No prescribing activity was undertaken from the pharmacy.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy's premises are adequate for the limited services the pharmacy provides. They are kept secure and people can have a conversation with the pharmacist in a private area.

### Inspector's evidence

The premises were accessible to people with mobility issues and there was plenty of parking available on site. It consisted of a reception area and several individual rooms. The dispensary was in one of the rooms. It was tidy and fitted to a basic standard. There was enough space to undertake dispensing activities safely. The rest of the rooms were used for assessment purposes and to enable people to have a private conversation if required. The sink in the dispensary had hot and cold running water. The ambient temperature and lighting were suitable for the activities undertaken. All areas of the premises were clean and they could be secured to prevent unauthorised access.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides its services safely and effectively. It gets its medicines from licensed suppliers and stores them appropriately. And it takes appropriate action in response to safety alerts and medicine recalls to help ensure people get medicines that are fit for purpose.

### Inspector's evidence

The pharmacy provided a very limited range of services. The SI explained that the pharmacy mainly dispensed prescriptions for people who had been assessed and diagnosed for ADHD by the clinic. People also had the option of taking their prescriptions to be dispensed elsewhere. The prescriptions were written on FP10PCD and these were available to view during the inspection. The multi-disciplinary team including the clinicians were based in an office next to the pharmacy. And the SI said that they could speak to the clinicians if they had any queries about the treatment prescribed or any interventions made.

Stock medicines were obtained from licensed wholesalers and these were stored tidily in the CD cabinet. The pharmacy stocked a very limited range of medicines specifically, melatonin and treatments for ADHD. It did not stock any temperature-sensitive medicines. And it held a very small range of over-the-counter medicines and these were restricted from self-selection. None had been sold so far. There were no date-expired medicines found when checked during the inspection. All CDs were stored in line with requirements. Drug alerts and recalls were received electronically from the MHRA. These were printed out and annotated with a date and a note about the action taken.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

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

### Inspector's evidence

The pharmacy had internet access and a range of current reference sources available. Patient medication records were password protected and the SI had their own login ID to access these. All electrical equipment appeared to be in good working order and it was tested regularly.

### 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.