

Registered pharmacy inspection report

Pharmacy Name: Pyramid Pharmacy, Beaconsfield Medical Centre,
Walkwood Rise, Beaconsfield, HP9 1TX

Pharmacy reference: 9011902

Type of pharmacy: Community

Date of inspection: 10/07/2023

Pharmacy context

This is a community pharmacy next to a medical centre in Beaconsfield, Buckinghamshire. The pharmacy dispenses NHS and private prescriptions. It's team members provide advice and sell over-the-counter medicines. The pharmacy offers local deliveries, seasonal flu vaccinations and some private services.

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 is not identifying and managing several risks associated with its services as indicated under the relevant failed standards and Principles below. The staff are not routinely working in line with all of the pharmacy's standard operating procedures (SOPs).
		1.2	Standard not met	The pharmacy does not have a robust process in place to manage and learn from incidents. There is no evidence that the team has been routinely recording details about incidents, complaints or near misses, and no evidence of remedial activity or learning occurring in response to mistakes.
		1.6	Standard not met	All necessary records to verify that pharmacy services are provided safely should be readily available for inspection. The pharmacy has been unable to demonstrate that it has been keeping all the records it needs to prove this. At the point of inspection, the pharmacy was unable to locate any records to verify that it had been recording supplies of unlicensed medicines as required by law. And private prescriptions which had been dispensed and supplied by the pharmacy were stored elsewhere.
		1.8	Standard not met	The pharmacy's team members cannot effectively demonstrate that they know how to safeguard the welfare of vulnerable people. The pharmacy's SOP to provide guidance on this is insufficient and there are no details of local agencies available to suitably signpost or raise concerns if needed. This puts vulnerable people at risk.
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including	Standards not all	4.2	Standard not met	The pharmacy does not have appropriate procedures in place to identify and manage people prescribed higher-risk medicines.

Principle	Principle finding	Exception standard reference	Notable practice	Why
medicines management	met	4.3	Standard not met	The pharmacy is not managing its medicines in a satisfactory way. This compromises the safe supply of medicines and medical devices. Medicines are often stored haphazardly on the floor or in inappropriate places. Team members cannot show that they have consistently been checking medicines for expiry. Short-dated medicines are not identified in a clear enough way or in line with the pharmacy's operating procedures. And the staff cannot show that they have been storing medicines requiring refrigeration at the appropriate temperatures.
		4.4	Standard not met	The pharmacy cannot fully verify that it has the appropriate procedures in place to raise concerns when medicines or medical devices are not fit for purpose. The pharmacy only has old records available from January 2023 or 2022. Specific emails about the drug alerts issued by the Medicines and Healthcare products Regulatory Agency could not be accessed. And team members do not know how to or cannot fully demonstrate that they have actioned the drug alerts appropriately.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy doesn't effectively identify and manage all the risks associated with its services. The pharmacy has procedures in place to help guide its team members, but they are not always following them. The pharmacy is unable to fully demonstrate that it records all its mistakes or learns from them. The pharmacy cannot show that its team effectively safeguards vulnerable people. And, it has not been able to show that it is maintaining all its records, in accordance with the law or best practice. But the pharmacy has suitable insurance to protect people if things go wrong.

Inspector's evidence

This pharmacy was inspected as it had relocated from within the same town into new premises earlier this year. Two inspectors were present. During the inspection, the pharmacy was busy with constant walk-in trade. Once more staff arrived, the queues were managed appropriately. The team was up to date with the workload but there were several concerns noted during the inspection (see below).

The pharmacy had documented standard operating procedures (SOPs) present, which should have provided guidance to the team on how to carry out tasks appropriately. They had been read and signed by the staff. Team members were not always working in line with the SOPs, and some were insufficient (see below and Principle 4). However, staff understood their roles and responsibilities. An incorrect notice to identify the pharmacist responsible for the pharmacy's activities was on display at the start of the inspection. The inspection took place shortly after the pharmacy opened but this was rectified when highlighted.

The responsible pharmacist's (RP) process to manage incidents was suitable. However, there were no documented details of previous incidents or complaints on site to view and only two near miss mistakes had been recorded. There were no details seen to verify that incidents had been reviewed, whether contributory factors had been identified, or the learning and action taken. This meant that there was no evidence that the near misses or incidents had been formally identified, reviewed, any trends or patterns identified, or that any remedial action had been taken in response. There was therefore no evidence that the pharmacy was currently and routinely identifying its mistakes or learning from them.

Team members were trained to protect people's confidential information. Overall, the pharmacy team protected people's confidential information appropriately. Sensitive details could not be seen from the retail space. Confidential material was stored and disposed of appropriately. The pharmacy's computer systems were password protected and staff described obtaining sensitive details by asking people to write their details down. They also used the consultation room if private conversations were required. However, team members were using each other's NHS smart cards to access electronic prescriptions. Two people's NHS smart cards had been left within computer terminals and were being used during the inspection. Neither one of these people were on the premises at the time and their passwords were known. This limits the pharmacy's ability to control access to people's private information.

There were also some concerns noted with the team's knowledge about safeguarding vulnerable people. The responsible pharmacist (RP) was trained to level 2 through the Centre for Pharmacy Postgraduate Education (CPPE). However, more than one team member, when asked, could not describe what this term meant. Instead, they described protecting people's confidential information.

There were also no contact details present for the relevant agencies. In addition, the SOP to provide guidance for the team about this was insufficient as it only covered protecting children.

The pharmacy's professional indemnity insurance arrangements were through the National Pharmacy Association (NPA) and due for renewal after 10 May 2024. The pharmacy's records were not always maintained in accordance with statutory or best practice requirements. Details within every header for a sample of registers inspected for controlled drugs (CDs) were missing. On randomly selecting CDs held in the cabinet, it was not possible to verify during the inspection that the randomly selected quantity of CDs matched the stock balances recorded in the corresponding registers. This was due to the chaotic and disorganised way CDs had been stored within the cabinet. Following the inspection, the RP confirmed the actual stock balance, rectified the situation with the storage of CDs and located any relevant discrepancies.

Records verifying that fridge temperatures had remained within the required range had not been regularly completed (see Principle 4). Records of unlicensed medicines were unavailable for inspection as the inspectors were told that the previous regular pharmacist had been storing them at another one of the company's pharmacies. Private prescriptions that had been dispensed and supplied by the pharmacy were also unavailable for inspection, as they had also been stored elsewhere. It was therefore not possible to verify the accuracy of the information documented in the records for the latter. The RP record also had some details missing.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has an adequate number of staff to manage its workload safely. The pharmacy provides services using a team with different levels of experience. Members of the pharmacy work well together. But the pharmacy only has limited systems or resources to help monitor the team's performance and keep their skills and knowledge up to date. This could affect how well they carry out tasks and adapt to change with new situations.

Inspector's evidence

At the start of the inspection, only the RP, and a trainee dispensing assistant was present. Other members of staff arrived shortly after. This included two part-time medicines counter assistants (MCAs), one of whom was a pharmacy student, two further trainee dispensers and two trained dispensers. The latter two were from some of the company's other pharmacies and had specifically come to assist with the issues seen. The team was up to date with the workload, and they appeared to work well together. The RP explained that the previous regular pharmacist who was also the superintendent pharmacist had recently moved to another pharmacy. The RP was due to take over the day to day running of this pharmacy. He was aware of the concerns highlighted during the inspection and had brought other staff in as a result. A new superintendent pharmacist was also due to take over shortly. The inspector noted that the RP promptly responded to any requests made, he proactively ensured the situation with the CD cabinet and stock was rectified swiftly.

The team had different levels of experience. Team members in training were enrolled onto the appropriate accredited training course(s) in line with their role(s). However, staff in training said that they were not provided with time to complete their course material at work. Subsequently, some of their courses had been put on hold.

The pharmacy's team members knew which activities could take place in the absence of the RP and they referred appropriately. Relevant questions were asked before selling medicines. The staff said that they liked working at the pharmacy and for the company. There were no regular team meetings, staff communicated verbally. The team's individual performance appeared to be monitored informally. Whilst some online resources for ongoing training were mentioned as available, such as through e-Learning for health and CPPE, this was not delivered in a structured way. There were no formal targets set.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, secure, and provide a professional environment to deliver its services from. The pharmacy also has a separate space where confidential conversations or services can take place. But parts of it are cluttered.

Inspector's evidence

The pharmacy had been fitted to a high and professional standard. It was clean and bright, with modern fixtures and fittings. The pharmacy was also secure from unauthorised access. The pharmacy's premises consisted of a medium sized retail space and open plan dispensary with a staff area, WC facilities and a consultation room to one side. The dispensary had adequate space to carry out dispensing tasks safely. However, at the point of inspection, some areas were untidy and cluttered. One corner of the dispensary contained a mound of dressings which had been left on the floor. There were also assembled bags of prescriptions stored on the floor in a haphazard way in the staff area. This was a trip hazard or risked medicines being damaged. Staff were advised at the time to place these inside appropriate boxes to minimise this risk, and to move them from this area. The pharmacy had a sign-posted consultation room available for private conversations and services. This was of an adequate size for its purpose.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy doesn't always store and manage its medicines safely. It cannot show that the appropriate checks are made to ensure that medicines are not supplied beyond their expiry date. The current process is inadequate, and the pharmacy's records are unsatisfactory. The pharmacy cannot show that it routinely deals with safety alerts appropriately. The pharmacy's team members are not identifying people who receive higher-risk medicines or making the relevant checks. But the pharmacy obtains its medicines from reputable sources. And it delivers prescription medicines to people's homes appropriately.

Inspector's evidence

People could enter the pharmacy through a wide entrance and there were several car parking spaces outside. The retail area had wide aisles and clear space which allowed people with wheelchairs or restricted mobility to access the pharmacy's services. The pharmacy provided a few services. This included local deliveries and the team kept suitable records about this service. Failed deliveries were brought back to the pharmacy, notes were left to inform people about the attempt made. Medicines were not left unattended.

Staff generally prepared prescriptions requiring collection in one section of the dispensary, the RP checked medicines for accuracy from an adjacent area. The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer between them. Once staff generated the dispensing labels, there was a facility on them which helped identify who had been involved in the dispensing process. Team members routinely used these as an audit trail.

The pharmacy used licensed wholesalers to obtain medicines and medical devices. CDs were stored under safe custody and keys to the cabinets were maintained in a way that prevented unauthorised access during the day as well as overnight. Staff explained that medicines returned for disposal, were accepted, and stored within designated containers usually but there were no containers present during the inspection.

Team members were aware of the risks associated with valproates and said that the previous regular pharmacist had previously identified people at risk, who had been or were due to be supplied this medicine. However, there was no relevant literature available to provide upon supply and staff covered the warning label on the packs of these medicines with the pharmacy's generated dispensing label when they supplied them. In addition, staff were not routinely identifying prescriptions for people prescribed other higher-risk medicines. They did not ask specific and relevant questions about people's treatment nor was this information recorded.

Once prescriptions had been assembled, they were stored within an alphabetical retrieval system. Uncollected prescriptions were checked and removed every two months. Trained staff confirmed that they checked the date on prescriptions before they were handed out. Prescriptions for CDs (Schedule 2 and some Schedule 3 CDs) and medicines requiring refrigeration were identified appropriately. However, Schedule 4 and some Schedule 3 CDs were not highlighted to indicate their CD status or 28-day prescription expiry. There was therefore a risk that new or untrained members of the team could have inadvertently handed these medicines out.

There were also some issues seen with the pharmacy's management of its stock. Short-dated medicines had not been identified using the method outlined in the pharmacy's SOPs. The team could not demonstrate that they had been regularly checking the stock for expiry as the most recent records of when this had been done were from 2022. As mentioned in Principle 1, records to verify that the temperature of the fridges had remained within the required range had also not been fully maintained. There were several and sustained gaps seen in the records. In addition, staff were unaware of the correct temperature range for medicines stored here.

Team members did not know what drug alerts were or how to deal with them. They said that the previous regular pharmacist usually handled them. The pharmacy's email system was inaccessible during the inspection, so it was not possible to verify whether the pharmacy received the relevant information. The RP confirmed that the company's email system received details about recalls but this was separate to the pharmacy's email system. An audit trail could not be located during the inspection. Shortly after the inspection, the RP provided photographs of records that had been maintained within a set folder by the previous regular pharmacist. However, the photos showed that the first recall in this folder was dated from January 2023 and the rest, were from 2022. This was therefore not an up-to-date audit trail which could verify that an appropriate process had been followed. The pharmacy therefore could not show that it had taken the appropriate action in response to affected batches of medicines.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. And the team ensures they are suitably used to protect people's sensitive information.

Inspector's evidence

The pharmacy was equipped with current versions of reference sources, online access, and relevant equipment. This included counting triangles, clean, standardised, conical measures, a medical fridge, legally compliant CD cabinet and a clean sink that was used to reconstitute medicines. However, the CD cabinet was too small for the quantity of medicines it stored. Following the inspection, the RP sent photographic evidence to confirm that a larger, CD cabinet had been installed. Hot and cold running water was available. The pharmacy's computer terminals were positioned in a way and location that prevented unauthorised access. The team also had cordless phones available so that private conversations could take place away from the retail space 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.