

Registered pharmacy inspection report

Pharmacy Name: Stantonbury Pharmacy, Adj to Pubec Health
Centre, Purbec, Stantonbury Campus, Milton Keynes,
Buckinghamshire, MK14 6BN

Pharmacy reference: 9011943

Type of pharmacy: Community

Date of inspection: 14/11/2024

Pharmacy context

This is a community pharmacy situated next to a large health centre in Milton Keynes, Buckinghamshire. It dispenses prescriptions and sells a range of over-the-counter medicines. And it offers the NHS Pharmacy First Service, Hypertension Case Finding Service, seasonal Covid-19 vaccinations, flu vaccinations, and substance misuse service. 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
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.

Inspector's evidence

The correct Responsible Pharmacist (RP) notice was on display and team members could explain the tasks they could undertake in the absence of a pharmacist. The medicine counter assistance 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 had a range of standard operating procedures (SOPs) that had been issued in 2021 by the previous superintendent pharmacist (SI). These had been reviewed by the current SI in 2023.

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 records had been made. The RP said that near misses were discussed with team members to identify learning points. However, there was little evidence written down to show what actions had been taken to mitigate similar events from happening again. The RP further commented that there hadn't been any mistakes that had reached people (dispensing errors) since they begun working in the pharmacy, but could explain the procedure they would follow to record and report mistakes that had reached people (dispensing errors). This included submitting a copy of the report to the pharmacy's head office.

The pharmacy had current professional indemnity and public liability insurance. Records about the RP, controlled drugs (CDs), unlicensed medicines and private prescriptions were generally kept in line with requirements. Some RP records did not include the time the RP ceased their responsibility. 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 complaints 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. A privacy notice informing members of the public how their information was managed was displayed in the retail area of the pharmacy. Access to patient medication records (PMRs) 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 3 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 pointed out to the RP who gave an undertaking that this would be addressed promptly.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has just about enough team members to manage its current workload safely. However, the pharmacy could do more to ensure its team members are supported to complete the required training for their roles and responsibilities.

Inspector's evidence

At the time of the inspection, a regular pharmacist, a trainee dispenser, and a medicine counter assistant (MCA) were on duty. The pharmacist had been in post for several months and they were in the process of completing their probationary period. A trainee dispenser had been enrolled on an accredited training course the previous year but hadn't progressed with the training due to lack of continuity of a regular pharmacist in the branch. The MCA had worked for the branch for over 7 months and had not been enrolled on a training course. They were observed assisting team members in the dispensary and handing out completed prescriptions.

After the inspection, an email was sent to the inspector confirming that the MCA had now been enrolled on a course and the trainee dispenser would be supported to progress with their training. The RP said that they were well supported by the superintendent pharmacist and would not hesitate to raise any concerns about the way the pharmacy operated.

Team members were kept busy throughout the inspection. They were managing the workload adequately. There were some targets set for team members for services but the RP said that they didn't think their professional judgement or patient safety would be compromised because of targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are safe and adequately maintained. And they are kept secure. People visiting the pharmacy can have a conversation with a team member in private if required. But the current condition of the consultation room detracts from the image presented to people visiting the pharmacy.

Inspector's evidence

The pharmacy's front fascia and its public facing areas were in a good state of repair. The retail area was limited in space and there was some seating available for people waiting for services. The dispensary had enough space to undertake dispensing activities safely. 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. The pharmacy could be secured against unauthorised access.

A basic consultation room was available for services and for people to have a private conversation if needed. However, the room was not signposted and it doubled-up as a staff room. It had canteen equipment such as a microwave and an electric kettle. This detracted from its professional image. During the inspection, the company's pharmacy services manager arrived to see how the branch was getting on with services. The inspector discussed the state of the consultation room with this manager and was given an undertaking that additional shelves would be added to create more space.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy gets its medicines from licensed wholesalers and it supplies these safely to people. People with different needs can access its services. Team members understand how to respond to concerns about medicines and medical devices that may not be fit for purpose. However, they do not keep records about the action they have taken in response to these so it may be harder for the pharmacy to show that these have always been dealt with appropriately.

Inspector's evidence

The entrance to the pharmacy 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.

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.

Team members were aware of the guidance for supplying valproate-containing medicines and the requirement to supply these in their original container. 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 always receive the appropriate counselling and care.

The pharmacy obtained its medicines from reputable sources and pharmacy-only medicines were restricted from self-selection. All CDs requiring safe custody 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. 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 to highlight the expiry date. Some stock medicines were checked at random during the inspection and no date-expired medicines were found amongst in-date stock. Medicines returned for disposal were stored in designated containers. However, these were stored in the water closet (WC). This could be a health and safety issue and increases the chances of diversion.

The pharmacy received safety alerts and recalls about medicines from its head office. The RP could explain how these were dealt with. But the pharmacy did not keep records about previously actioned alerts. This could make it difficult for the pharmacy to show that it had responded to relevant alerts and recalls appropriately and in a timely manner

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. Several measures were reserved specifically for measuring certain liquids to minimise the chances of cross-contamination. Equipment for counting loose tablets and capsules was available and it was clean. Medicine bottles were capped. All electrical equipment including the medicine fridge appeared to be 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 have phone calls in private if required.

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.