

Registered pharmacy inspection report

Pharmacy Name: Vantage Chemist, 57 St. Peters Court, High Street,
Chalfont St. Peter, Gerrards Cross, SL9 9QQ

Pharmacy reference: 9012091

Type of pharmacy: Community

Date of inspection: 03/01/2024

Pharmacy context

This is a community pharmacy in the centre of the village of Chalfont St Peter in Buckinghamshire. The pharmacy sells over-the-counter medicines and provides advice. It dispenses NHS and private prescriptions. The pharmacy offers a few services such as the New Medicine Service (NMS) and local deliveries. And it supplies some people's medicines inside multi-compartment compliance packs if they find it difficult to take them.

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 some risks associated with its services. At the point of inspection, the team could not locate the pharmacy's standard operating procedures (SOPs). It is therefore not possible to verify that the pharmacy has suitable processes in place to underpin its services and provide the team with guidance on internal tasks.
		1.6	Standard not met	The pharmacy has not maintained records of supplies made against private prescriptions in line with legal requirements.
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 not all met	4.3	Standard not met	Staff cannot show that they have been storing medicines requiring refrigeration at the appropriate temperatures. This compromises the safe supply of medicines and medical devices.
5. Equipment and facilities	Standards not all met	5.2	Standard not met	The CD cabinet is not secured fully in line with legal requirements. This compromises the security of these medicines.

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy does not effectively identify and manage all the risks associated with its services. The pharmacy cannot satisfactorily show that it has written instructions in place to guide its team members on how to carry out their tasks safely and effectively. Nor can it satisfactorily show that it is maintaining some of its records, in accordance with the law or best practice. But team members understand their role in protecting the welfare of vulnerable. The pharmacy has suitable insurance to protect people if things go wrong. And members of the pharmacy team deal with their mistakes responsibly. But they are not always documenting and reviewing all the necessary details. This could mean that they may be missing opportunities to spot patterns and prevent similar mistakes happening in future.

Inspector's evidence

This pharmacy had recently relocated to new premises. Overall, the pharmacy was clean and organised with capable members of staff in place. Although the team worked efficiently and effectively (see below), the size and layout of the pharmacy was smaller compared to the previous premises. This made working conditions challenging. There were also some additional concerns noted with the standards required, as described below and under the relevant principles.

The inspector attended the pharmacy mid-morning. An incorrect notice to identify the pharmacist responsible for the pharmacy's activities was on display, this was changed when highlighted. Members of the pharmacy team present at the time, confirmed that they had seen, read and signed the pharmacy's documented standard operating procedures (SOPs). Staff were also experienced and fully trained so they knew their roles and responsibilities well. However, the SOPs could not be located during the inspection. It was therefore not possible to verify their existence, that they were current or that they provided appropriate guidance for the team to complete its tasks appropriately.

There was some evidence that the pharmacy had some systems in place to identify and manage risks associated with its services. Due to the lack of space, staff described working in a particular way. Prescriptions with one or two items were prepared and stored in bags awaiting collection. Dispensing labels were generated for the rest, the prescriptions were filed, fridge items and CDs were highlighted, and most prescriptions were prepared when people arrived to collect them. People were observed to be served promptly with no excessive waiting times. Team members processed and assembled prescriptions in different areas, the responsible pharmacist (RP) worked and accuracy-checked prescriptions from a separate section in the dispensary.

The RP's process to manage incidents was suitable and in line with expectations. Staff were informed about near miss mistakes at the time they occurred, they discussed relevant details and documented the relevant information. The root cause was identified. Team members separated and highlighted medicines which had similar names or packaging as well as medicines where mistakes had been made previously such as gabapentin and pregabalin. This helped the team to minimise mistakes. However, the last recorded details were from September 23, there were gaps seen in the records where details of contributory factors had not been recorded and there was no collective, monthly or documented review of mistakes occurring.

The pharmacy's team members had been trained to protect people's confidential information and to

safeguard vulnerable people. They could recognise signs of concern and knew who to refer to in the event of a concern. The RP was trained to level three. Details about local safeguarding agencies were accessible. Confidential material was stored and disposed of appropriately. Sensitive details could not be seen from the retail space and computer systems were password protected. However, even though staff held their own functioning NHS smart cards to access electronic prescriptions, the regular pharmacist and superintendent's smart card had been left within one of the computer terminals and was being used during the inspection. He was not on the premises at the time and his password was known. This limits the pharmacy's ability to control access to people's confidential information.

A sample of registers seen for controlled drugs (CDs) were compliant with statutory requirements. On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. The pharmacy also had suitable professional indemnity insurance arrangements in place. The last recorded entries for CDs that had been returned by people and destroyed at the pharmacy, however, were from 2020 although staff stated that returned CDs had been destroyed since then. There were no up-to-date records present to verify this. There were also no records verifying that fridge temperatures had remained within the required range. Team members had not been checking fridge temperatures (see Principle 4) and no records had been kept about supplies made against private prescriptions.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Members of the pharmacy team understand their roles and responsibilities well. But the pharmacy does not provide them with many resources or ongoing training in a structured way once they have completed their mandatory training. This could affect how well they adapt to change or keep their skills and knowledge up to date.

Inspector's evidence

Staff present during the inspection included a locum pharmacist, accuracy checking technician, dispensing assistant, and medicines counter assistant (MCA) who were all fully trained in their respective roles. Certificates to verify the latter were on display. There was also another part-time MCA and a delivery driver. The pharmacy had enough staff to manage the workload. The pharmacy team were observed to work well together. Staff knew which activities could take place in the absence of the RP and they referred appropriately. Relevant questions from established sales of medicines protocol were asked before selling medicines. The staff said that they liked working at the pharmacy and could raise concerns. As they were a small team, they communicated verbally, and their performance was monitored informally. Members of the pharmacy team described using online sources such as the Centre for Pharmacy Postgraduate Education (CPPE) for ongoing training. However, they were not provided with training material in a more structured way.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a secure and suitable environment for people to receive healthcare services from. The pharmacy has a separate space where confidential conversations and services can take place. And the premises are suitably clean.

Inspector's evidence

The pharmacy premises were new with modern fixtures and fittings. The premises were also clean, well ventilated, bright, and secure from unauthorised access. The pharmacy consisted of a longer retail space and a smaller dispensary, with minimal staff areas at the rear. The latter included a female and male WC. Space in the rear sections including the dispensary was limited. This meant that there was limited space to prepare and store medicines. The area used to prepare compliance packs was particularly small. However, benches here were kept clear of clutter and due to the organised way of working, staff made the best possible use of the space available to them. Pharmacy (P) medicines were stored behind the front counter with a barrier and a notice to help restrict access. The pharmacy's retail space had a consultation room available to provide services and private conversations. This room was of an adequate size for its intended purpose, but it was not signposted to indicate the use of this space. And it was being used to hold retail stock at the time of the inspection.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy cannot always show that it stores medicines in a safe and effective way. Although the pharmacy makes some checks to ensure that it does not supply medicines beyond their expiry date, the team has not maintained any records about this. The pharmacy cannot show that temperature sensitive medicines are stored appropriately. And they are not making many checks to help people with higher-risk medicines take their medicines safely. But the pharmacy obtains its medicines from reputable suppliers and suitably supplies people with their medicines inside multi-compartment compliance packs.

Inspector's evidence

People could easily access the pharmacy's services. The pharmacy was in a unit which faced a car park with plenty of spaces. Access into the pharmacy was from the street through a wide set of double doors and the retail space was made up of wide aisles with clear space. This meant that people with restricted mobility or those using wheelchairs could easily enter. There were two seats available for people waiting for prescriptions. Staff described providing people who were partially deaf with written details if required and details were communicated verbally to people who were visually impaired. Leaflets promoting health were on display. Team members described the regular pharmacist being extremely popular as people in the village routinely came in to see him and ask him for advice even if they did not receive their prescriptions from this pharmacy.

The pharmacy prepared and supplied people with their medicines inside compliance packs. The pharmacy ordered prescriptions on behalf of people for this service and specific records were kept for this purpose. Any queries were checked with the prescriber and the records were updated accordingly. All the medicines were de-blistered into the packs with none supplied within their outer packaging. Descriptions of the medicines inside the compliance packs were accurate. Patient information leaflets were supplied regularly. People who required local deliveries had their medicines delivered to them, and the team kept records about this service. Failed deliveries were brought back to the pharmacy and a redelivery attempted.

The pharmacy's workflow involved prescriptions being prepared in one area, the RP checked medicines for accuracy from another section. The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer between them. They were also colour-coded to highlight priority. After the staff had 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.

Staff were aware of the risks associated with valproates and explained that there had not been any prescriptions for people at risk. These medicines were stored separately. The pharmacy could provide relevant educational literature upon supply of this medicine and team members ensured that the relevant warning labels were not covered on the packaging when they placed the dispensing label on them. Doses were checked for people prescribed other common higher-risk medicines and people newly prescribed these medicines were counselled. However, people prescribed higher-risk medicines were not routinely identified, asked about relevant parameters such as blood test results or details recorded to verify that this had taken place.

The pharmacy used licensed wholesalers to obtain medicines and medical devices. Medicines returned for disposal, were accepted by staff, and stored within designated containers. This did not include sharps which were redirected accordingly. Drug alerts were received electronically and actioned appropriately. Records were kept verifying this. Staff described date-checking medicines for expiry every week and short-dated medicines were identified before being removed from stock. Although there were stickers on the shelves which indicated that stock checks had taken place in October 23, no records had been kept verifying when this process had taken place. There were no date-expired medicines or mixed batches seen. However, loose blisters were present on the shelves and a few poorly labelled containers with no details of batch numbers or expiry dates. This was discussed at the time. As mentioned in Principle 1, records to verify that the temperature of the fridges had remained within the required range had also not been maintained. There were no thermometers seen to obtain this information and staff confirmed that they had not been checking fridge temperatures since they moved to the new premises.

Principle 5 - Equipment and facilities **Standards not all met**

Summary findings

Some of the pharmacy's equipment is not secure enough to store medicines which require additional controls. But the pharmacy has an appropriate range of equipment available to provide its services. And team members keep the equipment suitably clean.

Inspector's evidence

The pharmacy team had access to reference sources and relevant equipment. This included counting triangles, standardised, conical measures and a clean sink that was used to reconstitute medicines. Hot and cold running water was available as well as hand wash. The pharmacy had its computer terminals positioned in a way and location that prevented unauthorised access. Cordless telephones were available for private conversations to take place if required. However, the CD cabinet was not secured in line with legal requirements, and it was not possible to verify whether the fridges were operating appropriately as described under Principle 4.

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.