General Pharmaceutical Council

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: 17/07/2024

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 met**

Required Action: None

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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

The pharmacy has appropriate systems in place to identify and manage the risks associated with its services. Members of the pharmacy team deal with their mistakes responsibly. But they are not always reviewing them formally. This could mean that they may be missing opportunities to spot patterns and prevent similar mistakes happening in future. Team members understand their roles well. They know how to protect the welfare of vulnerable people. And the pharmacy suitably protects people's confidential information.

Inspector's evidence

The pharmacy had systems in place to identify and manage risks associated with its services. This included an appropriate range of documented standard operating procedures (SOPs) which provided guidance to the team on the pharmacy's internal working practices. Staff had read and signed them, and they understood their roles and responsibilities. The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display.

Space in the dispensary was limited so staff took this into account when organising their work. 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 being served promptly. 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 requirements. Staff routinely recorded their near miss mistakes, they discussed relevant details and separated as well as highlighted medicines which had similar names or packaging. However, internal mistakes appeared to be reviewed informally; there was no collective or documented review of the near miss mistakes seen.

The pharmacy's team members were 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 and experienced staff were trained to level two. 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. Staff used their own NHS smart cards to access electronic prescriptions.

The pharmacy had suitable professional indemnity insurance arrangements to underpin its activities. The pharmacy's records were generally compliant with legal and best practice requirements. This included a sample of registers seen for controlled drugs (CDs), the RP record, and records of supplies made against private prescriptions. On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy's team members have the appropriate skills, qualifications, and training to deliver services safely and effectively. The pharmacy team manages the workload well. And they have access to training materials to help with ongoing training.

Inspector's evidence

Staff present during the inspection included the regular RP who was also the superintendent pharmacist, an accuracy checking technician who did not usually work in this capacity, a trainee dispensing assistant, and medicines counter assistant (MCA). The trainee dispensing assistant was undertaking accredited training to NVQ level 3 and certificates to verify the team's qualifications were on display. Staff managed the workload well and were up to date with this. Members of the pharmacy team were aware of the pharmacy's legal obligations. This included the activities which could take place in the absence of the RP, referring appropriately and they asked a suitable range of questions before selling medicines over the counter. As they were a small team, they communicated verbally, and their performance was monitored informally. Staff received updates from the RP, used trade publications and had access to training material from different organisations to help keep their knowledge current.

Principle 3 - Premises ✔ Standards met

Summary findings

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

Inspector's evidence

The pharmacy premises were new with modern fixtures and fittings. The premises were very professional in appearance, clean, well ventilated, bright, and secure from unauthorised access. The pharmacy consisted of a medium sized retail space and a smaller dispensary behind this area, 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 but an island in the centre of the dispensary had been removed since the last inspection. This left little bench space to prepare medicines, but staff made the best possible use of the space. Team members were organised, cleared deliveries from wholesalers efficiently and kept benches clear of clutter. 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 signposted and of an adequate size for its intended purpose.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services overall are effectively managed and delivered safely. People can easily access the pharmacy's services. The pharmacy sources its medicines from reputable suppliers. And team members store as well as manage medicines appropriately. But they are not always making relevant checks when people receive higher-risk medicines. This makes it difficult for them to show that people are provided with appropriate advice when these medicines are supplied.

Inspector's evidence

People with restricted mobility or using wheelchairs could enter the pharmacy through a wide set of double doors which was accessible from the street and there were wide aisles as well as clear, open space inside the retail area. Two seats were available for people waiting for prescriptions with a car park outside that had plenty of spaces. Staff provided people who were partially deaf with written details if required, they used the consultation room if needed and details were communicated verbally to people who were visually impaired. The pharmacy's opening hours were on display and there were various leaflets inside promoting health. The inspector was aware that the RP was extremely popular in the area, people routinely came in to see him and ask him for advice even if they did not receive their prescriptions from this pharmacy. The pharmacy's opening hours were on display and there were various leaflets inside promoting health.

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 and patient information leaflets were supplied regularly. The pharmacy offered a local delivery service 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. This was reinforced during the inspection.

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 date-checked medicines for expiry regularly, they kept records to help verify this and identified short-dated medicines.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

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 relevant equipment which was kept clean. This included counting triangles, standardised, conical measures, and a sink that was used to reconstitute medicines. Hot and cold running water was available as well as hand wash. The pharmacy's computer terminals were positioned in a way and location that prevented unauthorised access. Portable telephones were available for private conversations to take place away from the retail area 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.