

# Registered pharmacy inspection report

**Pharmacy Name:** Jade Pharmacy (Hertford), 29 Bircherley Green,  
Hertford, Hertfordshire, SG14 1BN

**Pharmacy reference:** 9012334

**Type of pharmacy:** Community

**Date of inspection:** 11/12/2024

## Pharmacy context

The pharmacy is located in a new shopping centre development in Hertford. It sells medicines over the counter. And it dispenses NHS and private prescriptions. The pharmacy supplies medicines in multi-compartment compliance packs to some people. It offers the NHS Pharmacy First service and flu and Covid vaccination services. And it offers a private travel vaccination service.

## 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 has a written set of procedures for team members to follow to help them work safely. And team members know how to protect people's personal information. The pharmacy keeps the records it needs to by law. And the team is aware of its role in protecting vulnerable people. Team members record mistakes they make and review these regularly.

### Inspector's evidence

The pharmacy had a set of printed standard operating procedures (SOPs) for team members to follow. These helped them to work safely and efficiently. They were prepared in July 2022 by the superintendent pharmacist (SI) and were due for a review in July 2024. The responsible pharmacist (RP) was not aware of any recent updates to them. The SOPs covered the core activities of the pharmacy. And team members had read and signed the SOPs.

Team members recorded near misses (mistakes identified and corrected during the dispensing process) onto paper logs. These were reviewed regularly, and a patient safety report was sent to the SI each month to give them an overview. Team members said they had not made any specific changes as a result of the near misses recorded as they had not noticed any common trends, but they generally tried to keep shelves organised. And they tried to separate similar sounding or looking medicines on the shelves. The pharmacy had not had any reported dispensing errors (mistakes that were handed out) but the RP explained the appropriate actions he would take if one was brought to his attention.

The incorrect RP notice was on display at the start of the inspection, but this was promptly changed when the inspector brought it to the attention of the RP. The RP record was completed correctly with start and finish times. The pharmacy kept records of private prescriptions electronically. And these were generally maintained as required although some records contained incorrect prescriber details. The RP said he would ensure these are completed correctly going forward. The controlled drugs (CD) registers were kept correctly. And balance checks were completed regularly. A random check of two CDs showed no discrepancy between the balance recorded in the register and the physical quantity in stock for both CDs.

The pharmacy had complaints procedure. People could give feedback over the phone or in person. But the team said they had not received any complaints. The pharmacy had valid indemnity insurance. And team members knew how to protect people's confidential information. They had signed the pharmacy's privacy policy and completed training about data protection. Confidential waste was stored separately to normal waste in the dispensary and was shredded. And sensitive information on assembled prescriptions awaiting collection was not visible to people using the pharmacy.

Pharmacy team members had completed safeguarding training. And the RP had completed level 3 safeguarding training. Team members were aware of how to identify a vulnerable person and when they might need to refer a safeguarding concern to the pharmacist. The RP could access the local safeguarding team details online if needed.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough, qualified staff to manage its workload safely and effectively. Team members work well together, and they feel comfortable about raising concerns they may have. The pharmacy does not have a structured approach to support staff training. So team members may be missing opportunities to learn and develop.

### Inspector's evidence

During the inspection, there was the RP, and two dispensing assistants present. A third dispensing assistant joined partway through the inspection. The team was observed working well together managing the workload and supporting people coming to use the pharmacy's services. The dispensing assistants had all completed accredited training relevant to their role. The pharmacy also had a trainee medicines counter assistant who was not present during the inspection. And it had a delivery driver who delivered medicines to some people in the local area.

The RP said the staffing levels were adequate to manage the workload in the pharmacy. The team did not receive training time while at work, but team members were provided with some updates by the regular RP. The pharmacy did not provide structured on-going training for team members. And so they generally completed any reading or self-learning in their own time to help keep their knowledge up to date. When asked, a dispensing assistant explained how they would safely make a sale of a pharmacy medicine and when they would refer to the pharmacist for further support. And they understood how to manage requests for medicines more liable to misuse. Team members said they did not have formal appraisals which meant learning needs for the team may be missed. The pharmacy was set some targets. The RP said he did not feel the targets affected his professional judgment. And team members explained they were comfortable about raising concerns if needed.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean and bright. And it projects a professional image for a healthcare setting. The premises are kept secure from unauthorised access. The pharmacy has a suitable consultation room so people can have a private consultation if needed.

### Inspector's evidence

The pharmacy premises consisted of a small retail space with a pharmacy counter. And the dispensary was located to the side. There was office space upstairs which was used to store pharmacy consumables and a small amount of excess stock. The pharmacy was relatively small but there was sufficient space for the team to manage its workload. The pharmacy was bright and provided a suitable environment to provide healthcare services. It was kept clean, and fixtures and fittings were in a good state of repair. Medicines were stored in an organised way on the shelves. And pharmacy only medicines were kept behind the pharmacy counter. The dispensary had a central workbench for dispensing and checking. And there was a clean sink with hot and cold running water. The temperature and lighting were kept at an adequate level for working and storing medicines. The pharmacy was kept secure from unauthorised access. Staff facilities were located on the first floor. They consisted of a small kitchen area and a clean WC with handwashing facilities. Team members kept the premises clean.

The pharmacy had a suitably private consultation room. And it was an adequate size to provide healthcare services. Conversations could not be heard from outside the room. And no confidential information was visible in the room.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy makes its services accessible to people. And it provides its services and medicines safely. The pharmacy obtains medicines from licensed wholesalers and stores them appropriately. Team members action drug alerts and recalls ensuring the medicines they supply are suitable for use. The pharmacy highlights prescriptions for higher-risk medicines so people taking these medicines receive advice to help them take their medicines safely.

### Inspector's evidence

The pharmacy had step-free access from the pavement via a manual door. Team members were observed helping people to enter the pharmacy if needed. The pharmacy displayed information about its services on a visual display unit. The retail area was small but there was sufficient space for those with mobility issues to enter the pharmacy. And there was seating available for people who wanted to wait. The pharmacy had the facility to print large font labels for people if required. The pharmacy offered a prescription delivery service four days a week. Deliveries were recorded onto the system and could be tracked. And deliveries containing CDs were signed for. Failed deliveries were brought back to the pharmacy and another delivery re-arranged.

Team members used baskets to separate medicines for different people to help prevent them getting mixed up. Prescriptions were generally prepared when they were received from the surgery. There was no backlog of work observed. The pharmacy would highlight prescription bag labels to show which month they had been dispensed in. This helped the team manage which prescriptions needed to be removed if they remained uncollected. And helped ensure medicines which may be no longer suitable for people were not handed out. Dispensing labels on assembled prescriptions were seen to contain the initials of the dispenser and checker to maintain a clear audit trail. The pharmacy supplied medicines to some people in multi-compartment compliance packs. The pharmacy would request prescriptions for these from the surgery a week before they were required. Labels on prepared packs were seen to contain the required information. And drug descriptions were included to help people identify their medicines. Patient information leaflets were provided each month. Any changes to people's medicines were noted on the patient record and the team would contact the surgery with any queries. A dispensing assistant explained packs were generally prepared in the afternoons to minimise distractions.

The pharmacy provided the NHS Pharmacy First service and NHS flu and Covid vaccinations. The pharmacy had the necessary signed patient group directions (PGDs) to provide the services safely. The pharmacy also provided a private travel vaccination service and had the relevant signed PGDs for this. Consultation records for the travel vaccination service were kept appropriately.

The pharmacy obtained its medicines from licensed wholesalers and stored them appropriately. Team members carried out regular date checking and any stock that was due to expire was removed. Records were kept showing which sections had been date checked. A random check of stock on the shelves showed no expired stock amongst in-date stock. Medicines requiring cold storage were kept in two fridges. The fridge temperatures were recorded daily and were seen to be maintained within the required range. Waste medicines were stored away from the dispensary in designated bins, awaiting collection for safe disposal.

The pharmacy used stickers to highlight prescriptions for higher-risk medicines, fridge lines and CDs. This helped identify people who might need additional counselling about taking their medicines safely. CD stickers highlighted the expiry dates of prescriptions to help ensure medicines were not handed out after prescriptions had expired. Team members were aware of the guidance about the safe supply of medicines containing valproate. They explained people were provided with additional safety information leaflets and that the medicines were supplied in their original packs. The pharmacy received drug alerts and recalls via the pharmacy's shared email. These were printed and kept in a folder once relevant action had been taken.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services safely. They use the equipment in a way which maintains people's privacy.

### Inspector's evidence

Pharmacy team members had access to the internet to access any online resources they needed. Computers were password protected to prevent unauthorised access. And monitors were positioned in a way so that sensitive information on the screens could not be seen by people using the pharmacy. The pharmacy had a cordless phone so calls could be taken privately if needed. All electrical equipment had been safety tested in June 2024.

The pharmacy had a range of calibrated, glass measures. There were separate measures for dispensing methadone which were clearly marked. And tablet counting triangles were available. All equipment was kept clean. The pharmacy had two fridges for storing medicines requiring cold storage which provided sufficient space for the stock the pharmacy held. The CD cupboards were secured.

The pharmacy had the appropriate equipment for providing the Pharmacy First service, such as an otoscope and tongue depressors. And it had a new blood pressure monitor.

### 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.