General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Speedwell Pharmacy, 178 Bedford Road, Kempston, Bedford, Bedfordshire, MK42 8BL

Pharmacy reference: 9012337

Type of pharmacy: Community

Date of inspection: 11/10/2024

Pharmacy context

This pharmacy is located on a high street in Kempston, Bedfordshire. It dispenses NHS and private prescriptions. And it provides advice and sells medicines over the counter. The pharmacy also supplies medicines in multi-compartment compliance packs to some people. And it provides a prescription delivery service. The pharmacy offers some NHS services such as the Pharmacy First service, seasonal flu and Covid vaccinations and a private ear micro suction service.

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

Overall, the pharmacy manages its risks well. It has a set of written procedures for team members to follow to help them work safely. The pharmacy largely keeps the records it needs to by law. And people can provide feedback to the pharmacy. Team members ensure they protect people's confidential information. And they understand their role in safeguarding vulnerable people.

Inspector's evidence

The pharmacy kept a set of electronic standard operating procedures (SOPs). These were last reviewed in November 2023 by the superintendent pharmacist (SI). And they covered the activities of the pharmacy. Pharmacy team members had signed signature sheets to acknowledge they had read and understood them. And they were observed to be working safely. When asked, a team member could explain what activities they could and could not do in the absence of a responsible pharmacist (RP).

The team did not generally record near misses (mistakes picked up and rectified during the dispensing process). The RP, who was also the SI, explained that they had stopped recording these as the pharmacy dispensing system would identify any mistakes before they were handed out due to pack-scanning technology. However, she said they would start recording any mistakes where the system identified them. The team had noticed that naproxen enteric coated tablets and naproxen tablets were often getting mixed up. And so, these packs were separated on the shelves which prevented future similar mistakes happening. The pharmacy had not had any recent dispensing errors (mistakes that were handed out). But the SI explained the pharmacy had a process they would follow if needed.

The correct RP notice was displayed prominently in the pharmacy. Since a new dispensing system had been implemented, the SI understood the RP record was made electronically through the dispensing system. The SI showed the paper RP record that was kept prior to the new dispensing system being implemented. However, when the SI tried to retrieve the more recent electronic records it was discovered this functionality had not yet gone live. The SI said she would ensure the RP record was completed on paper going forward. She also explained that since the new dispensing system had been implemented, she had been the only RP that had worked in the pharmacy. The pharmacy kept its controlled drugs (CD) register electronically. And records were maintained as required by law. A check of two randomly selected CDs was completed and the balance in the register matched the physical quantity in stock. Private prescription records were kept with the correct details as required.

The pharmacy had indemnity insurance in place which covered its services. And it had a complaints procedure. There was a pharmacy practice leaflet available to people which included details about how they could complain or provide feedback. People could contact the pharmacy on the phone, via email or in person. Complaints were generally managed by the SI but could be escalated to the owner if needed. The SI explained the pharmacy had not had any recent complaints. Team members had completed some training about data protection and had signed the pharmacy's confidentiality agreement. And they managed people's confidential information appropriately. Confidential waste was kept separately from normal waste in the dispensary and then shredded. And sensitive information, on assembled prescriptions which were ready to collect, was not visible to people using the pharmacy.

Team members explained how they might identify a vulnerable person requiring additional support.

And said they would refer any concerns to the pharmacist on duty. The trainee pharmacist and SI had both completed safeguarding training. And the SI explained the positive action they took when there was a situation where they had to manage a safeguarding concern.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough, appropriately trained staff to manage its workload. It's team members work well together and deliver its services safely. And they are comfortable about providing feedback or raising any concerns they may have.

Inspector's evidence

During the inspection, the SI, a trainee pharmacist and two dispensing assistants were present. Another dispensing assistant joined part-way through the inspection. The pharmacy also had a part-time delivery driver who delivered prescriptions to people's homes. All team members had completed relevant, accredited training for their role. The SI said she felt there was sufficient staff to manage the pharmacy's workload safely. The team was observed working well together and serving people promptly in the pharmacy. And there was no backlog of work seen. The dispensing assistant, who was working on the pharmacy counter, explained how she safely managed the sale of pharmacy medicines. And she was aware of medicines more liable to misuse.

Team members generally did not receive regular, formal training time. But the SI would provide any relevant updates to the team through informal huddles or team meetings. The SI said she was planning to organise some more formal training with the local pharmaceutical committee about over-the-counter medicines. The trainee pharmacist explained he received regular training time and felt supported by the SI through his pharmacy training. He attended regular face-to-face training days and completed e-learning modules online. He had also completed training to administer flu and Covid vaccinations although was not providing them yet. Team members said there was a culture of openness in the pharmacy. And they felt comfortable about giving feedback or raising any concerns they had. They did not have formal appraisals but received informal feedback from the SI. And the team was not set performance targets.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy premises are suitable for providing healthcare services from. And they are kept secure from unauthorised access. The pharmacy has a consultation room so people can speak to a member of the pharmacy in private if needed.

Inspector's evidence

The pharmacy premises consisted of a small retail space, a pharmacy counter, and a dispensary. There was a stock room to the rear of the dispensary. And there was a consultation room. Staff facilities included a WC and a kitchen area. The premises were well maintained and kept clean by team members. A cleaning rota ensured all areas of the pharmacy were cleaned regularly.

Pharmacy medicines were kept behind the counter and a barrier was used to restrict access to the dispensary. The dispensary had enough space for the workload of the pharmacy. Fixtures and fittings were appropriate for storing medicines. And the lighting and temperature were kept at an adequate level for working and storing medicines. There was a clean sink in the kitchen area of the pharmacy which was used for preparing liquid medicines.

The consultation room was spacious and professional in appearance. It was sufficiently private so people could have a conversation in the room without being overheard. And no confidential information was visible in the room.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy makes its services accessible to people with different needs. And it provides its services safely. Team members ensure the medicines they supply to people are safe to use. They obtain medicines from licensed suppliers and store them appropriately. Team members do not always highlight higher-risk medicines so they may miss opportunities to provide additional information to people receiving these medicines.

Inspector's evidence

The pharmacy displayed information about its services in the front window. It had step-free access from the high street. And there was sufficient space for people with wheelchairs or mobility issues to enter the pharmacy. There was a practice leaflet available for people which provided additional information about the services the pharmacy offered. Seating was available for people who wanted to wait. The SI explained large font labels were provided to some people who needed them. And it had an induction loop available although the SI said this hadn't been needed. The pharmacy provided a delivery service on Mondays and Thursdays for people who could not get to the pharmacy. The delivery driver kept a record of deliveries made. Failed deliveries were brought back to the pharmacy and a note left for people to contact the pharmacy.

At the time of the inspection, the SI was providing flu and Covid vaccinations. The pharmacy was offering both appointments and a walk-in service. The service was busy but well managed. And team members were seen to be working well together to manage the workflow. Signed patient group directions (PGDs) were available for both these services. The pharmacy also provided the NHS Pharmacy First service and the necessary signed PGDs were available for this too. The SI offered a private ear micro suction service and had completed the necessary training to provide the service safely. Consent forms and consultations for this service were completed appropriately and were recorded onto the Tympa health platform.

Prescriptions were generally prepared as they were received into the pharmacy. Team members used baskets when dispensing to separate prescriptions. This helped reduce the chances of different people's medicines being mixed up. The dispensing system kept an audit trail of who had dispensed the prescription, so signatures were not seen on labels of assembled medicines. The pharmacy supplied multi-compartment compliance packs to some people. Prepared packs contained the required labelling information. And drug descriptions were included to help people identify their medicines. The SI explained that packs were only sealed after they were checked, but that this was done soon after they were prepared. And patient leaflets were provided with each month's supply. The prescriptions for these packs were managed by the SI. They were ordered two weeks before they were due to be delivered which provided the team enough time to resolve any queries.

The pharmacy obtained its stock from licensed wholesalers and stored them appropriately. Two fridges were used to store medicines requiring cold storage. Fridge temperature records showed that the fridges were kept within the required range of two and eight degrees Celsius. The pharmacy kept records of when date-checking took place. Short-dated stock was marked with 'use first' stickers. A random check of medicines on the shelves found no date-expired stock mixed with in-date stock. The pharmacy stored waste medicines in designated bins in the stockroom awaiting collection for safe

disposal. The pharmacy received drug alerts and recalls via NHS mail. These were printed and filed once any relevant action had been taken.

The pharmacy highlighted prescriptions containing fridge items or CDs. But it did not always highlight prescriptions for higher-risk medicines such as warfarin or lithium. This meant there was a chance that people taking these medicines did not always receive additional advice about them. The SI said she would speak with the pharmacy team to start highlighting these prescriptions going forward. The trainee pharmacist was asked if he was aware about the guidance on supplying medicines containing valproate. He explained that these medicines were only dispensed in their original packs and safety information was provided to people taking these medicines.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely. It maintains its equipment appropriately and uses it in a way which protects people's personal information.

Inspector's evidence

The pharmacy had calibrated, glass measures in a range of sizes to measure liquid medicines. And it had tablet and capsule counters. All this equipment was kept clean.

Team members could access any online resources they needed via the computers in the pharmacy. Computers were password protected to prevent unauthorised access. Team members had their own log in details for the pharmacy's dispensing system. This helped maintain an audit trail to show which team member had completed what dispensing activity. Computer terminals were positioned so that people using the pharmacy could not see any sensitive information on them. The pharmacy had two fridges which had enough space to store medicines requiring cold storage. And the CD cupboard was secured. The pharmacy had a cordless phone so phone calls could be taken in private if needed. And all electrical equipment was in good working order.

The pharmacy had a new blood pressure monitor. And it also had a Tympa health otoscope which it used for both the NHS Pharmacy First service and the private ear wax removal service.

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.