

Registered pharmacy inspection report

Pharmacy Name: Jardines Pharmacy, 14B Market Square, Winslow, Buckingham, MK18 3AF

Pharmacy reference: 9012340

Type of pharmacy: Community

Date of inspection: 04/09/2024

Pharmacy context

This is a community pharmacy in the centre of the rural town of Winslow in Buckinghamshire. The pharmacy dispenses NHS and private prescriptions. It sells over-the-counter medicines and offers Pharmacy First. The pharmacy also supplies some people with their 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 met	N/A	N/A	N/A
2. Staff	Standards not all met	2.2	Standard not met	The pharmacy is not meeting the GPhC's 'Requirements for the education and training of pharmacy support staff' as one member of the pharmacy's current team has been working at the pharmacy for longer than three months and is undertaking tasks without being enrolled on accredited training appropriate for this.
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 suitable written procedures to help ensure that its team members work safely. Members of the pharmacy team know how to help protect the welfare of vulnerable people. And they respond appropriately when mistakes happen during the dispensing process. But the pharmacy does not always record its mistakes. So, team members may be missing opportunities to learn from them. They could also do more to control access to people's confidential information.

Inspector's evidence

This pharmacy recently relocated this year to a more central location in the town. Members of the pharmacy team understood their roles well and they knew what they could or could not do in the absence of the responsible pharmacist (RP). Staff worked in accordance with the company's set procedures. This included current documented standard operating procedures (SOPs) which provided the team with guidance on how to carry out their tasks correctly. The pharmacy's team members could safeguard the welfare of vulnerable people. They recognised signs of concern, knew who to refer to in the event of a concern and details about local safeguarding agencies were available. The RP had undertaken level two safeguarding training.

The pharmacy's team members were observed to work in set areas. This included a separate section for the pharmacist to undertake the final accuracy-check of assembled prescriptions. He could easily supervise retail transactions. The pharmacy's workspaces were clean and tidy. The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer between them. The baskets were also colour coded which helped identify 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. Medicines were also clearly organised which helped reduce the chance of selection errors occurring. However, the pharmacy premises were very compact, and the dispensary was open plan. The dispensary was not screened in any way to afford any privacy when dispensing prescriptions. This meant that distractions from people watching the team was possible. Staff described being very aware of this. This situation had been raised with the pharmacy's head office and the team had been told that screens would be put in place. This had not yet materialised.

The pharmacy had an appropriate complaints and incident management procedure where any issues raised were dealt with by the RP. Errors that occurred during the dispensing process (near miss mistakes) were also routinely identified; staff described being routinely informed about any mistakes they made, and they provided examples of suitable actions they had taken in response. However, no details were currently being recorded or formally reviewed.

The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display. However, it had been placed in a location where the details could not easily be seen by people using the pharmacy's services. The pharmacy's records were mostly compliant with relevant requirements. This included a sample of registers seen for controlled drugs (CDs) and the pharmacy's CD destruction register which held details about CDs returned by people for destruction. On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. Records about emergency supplies and the RP record in general, had also been appropriately completed. Records verifying that the temperature of the fridge had remained within the required

range, had also been suitably maintained. However, incorrect, or incomplete details about prescribers had been documented within the electronic private prescription register. This could make it harder for the pharmacy to find these details in the event of a future query and was also the same as the last inspection.

The pharmacy displayed details on how it protected people's confidential information. Staff had also been trained to do this. They separated and disposed of confidential material appropriately, took care to ensure no sensitive details could be seen from the retail space and bagged prescriptions awaiting collection were stored in a location where personal information was not visible. However, other people's NHS smart cards were being used to access electronic prescriptions. One member of staff's password was known and was being used in a computer terminal during the inspection, they were not working on the day of the inspection. This situation was also the same at the last inspection.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy has not done enough to make sure all its team members are either completing or have completed the required training. But team members support each other well. They are comfortable about providing feedback and raising concerns. And they work well together.

Inspector's evidence

During the inspection, the pharmacy team consisted of the regular RP and a full-time dispensing assistant. There were also two more part-time dispensers. Staff wore uniforms and the dispensing assistant seen on the day, was undertaking formal training. She had almost completed this. Members of the pharmacy team asked people relevant questions when they sold OTC medicines or made recommendations. Team members worked well together, supported each other and were confident to raise concerns. Staff communicated verbally and received updates through emails, via the pharmacy's head office and newsletters which were issued by the company. However, team members had not had any formal performance reviews since their employment commenced and they had not been provided with any relevant material or resources for ongoing training. In addition, at the point of inspection, one of the employed dispensing assistants had worked at the pharmacy for a year without having been trained through accredited routes nor were they undertaking appropriate accredited training in accordance with their role. This is therefore not in accordance with the GPhC's 'Requirements for the education and training of pharmacy support staff' which specifies that support staff must be enrolled on a training course as soon as practically possible and within three months of starting their role.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are professional in appearance, presented well and clean. They provide an adequate environment to deliver services from.

Inspector's evidence

The pharmacy premises were professional in appearance and presented well. The pharmacy was clean and bright. However, the pharmacy is in a listed building, the size and layout of which presented some challenges. The premises consisted of a very small, compact retail area and dispensary behind the front counter. The staff WC was to one side, as well as a cellar below stairs. The dispensary had just about enough bench space to ensure dispensing activity could be carried out safely. Staff confirmed that the space available was adequate for them. As stated under Principle 1, the dispensary was open plan, and although there was a sign next to the entrance into the dispensary stating, 'staff only', there was no barrier preventing people from coming into this area. Staff confirmed that people who used the pharmacy's services did inadvertently walk into the dispensary before they realised that this was somewhere that they should not be. At the point of inspection, the pharmacy was suitably ventilated as the front door was open and there were fans that had been provided. The team also monitored the ambient temperature.

A consultation room was available for private conversations and services. However, the room was not signposted to indicate that a room for this purpose was available. In addition, due to the size of the premises, there was a risk that conversations in the consultation room could be overheard. However, staff stated that the RP was softly spoken, and they had not heard any details when they were working.

There were some ongoing issues with mould in the cellar which were being managed by the company who owned the pharmacy in conjunction with Environmental Health. The cellar consisted of three sections, one section contained lockers for the staff and was full of boxes of sundries. The second section was used by team members for breaks and the third section, furthest away from the stairs, opened into a somewhat larger area. This section contained several boxes of prescription-only medicines (see Principle 4) and a dehumidifier. At the point of inspection, the air in this section and the section where staff took their breaks was close with no ventilation down here.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are provided safely and efficiently. Members of the pharmacy team help people with diverse needs to easily access the pharmacy's services. The pharmacy obtains its medicines from reputable sources, and it manages them appropriately. And team members routinely identify people who receive higher-risk medicines. But they do not always record any relevant information. This makes it difficult for them to show that people are provided with appropriate advice when these medicines are supplied.

Inspector's evidence

The pharmacy's opening hours were on display. The pharmacy was in a unit which faced a car park with a few spaces and there was seating available for up to three people if they wanted to wait for prescriptions. Access into the pharmacy was from the street, from a slight ramp at street level and the retail space was made up of clear space. This meant that people with restricted mobility or those using wheelchairs could easily enter. Staff described providing people who were partially deaf with written details if required, they physically assisted and communicated details verbally to people who were visually impaired. The team could also print labels with a larger-sized font if this was required.

The pharmacy supplied some people's medicines inside multi-compartment compliance packs after they had been identified as having difficulty in managing their medicines. 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. Descriptions of the medicines inside the packs and patient information leaflets were routinely provided. All medicines were removed from their packaging before being placed inside the compliance packs.

Staff were aware of the additional guidance when dispensing sodium valproate and the associated Pregnancy Prevention Programme (PPP). They ensured these medicines were dispensed in the original manufacturer's packs, that relevant warning details on the packaging of these medicines were not covered when they placed the dispensing label on them and had identified people in the at-risk group who had been supplied sodium valproate. Team members routinely identified people prescribed medicines which required ongoing monitoring. They asked details about relevant parameters, such as blood test results for people prescribed these medicines, and routinely supplied the appropriate warning leaflets and cards. However, no information about this was recorded.

The pharmacy obtained its medicines and medical devices from licensed wholesalers. The team routinely checked medicines for expiry, identified short-dated medicines and kept records of when this had taken place. There were no date-expired medicines seen. Dispensed medicines requiring refrigeration and CDs were stored within clear bags. This helped to easily identify the contents upon hand-out. Medicines returned for disposal, were accepted by staff, and stored within designated containers. People who brought sharps back for disposal were redirected accordingly. Drug alerts were received electronically. Staff explained the action the pharmacy took in response and relevant records were kept verifying this.

Due to the constraints with the size of the premises, several boxes of medicines were being stored in the cellar. Staff said that when the settings on the dehumidifier was reduced, packs of medicines stored

here were damp. Given the condition of the cellar and ongoing potential issues, assessing the suitability of whether medicines should continue to be stored here is required and consideration given to storing them elsewhere.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has an appropriate range of equipment available to provide its services. And it keeps its equipment sufficiently clean.

Inspector's evidence

The pharmacy team had access to current reference sources, they could use standardised conical measures to measure liquid medicines and they had the necessary equipment for counting tablets and capsules. The pharmacy had hot and cold running water available although the dispensary sink for reconstituting medicines was cracked in two places. The pharmacy's computer terminals were password protected. The pharmacy had portable telephones so that private conversations could take place away from being overheard and confidential waste was suitably disposed of. Staff had lockers to store personal belongings.

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.