

# Registered pharmacy inspection report

**Pharmacy Name:** Birdsfoot Lane Pharmacy, 255 Birdsfoot Lane,  
Runfold Estate, LUTON, Bedfordshire, LU3 2HX

**Pharmacy reference:** 1028845

**Type of pharmacy:** Community

**Date of inspection:** 04/09/2019

## Pharmacy context

The pharmacy is located in a parade of businesses in a residential area. It dispenses NHS and private prescriptions, sells over-the-counter medicines and provides health advice. The pharmacy dispenses medicines in multi-compartment compliance aids for people who have difficulty managing their medicines. Services include prescription collection and delivery, substance misuse, emergency hormonal contraception (EHC), aesthetic skin treatments, travel and seasonal flu vaccinations. The pharmacy has healthy living status.

## 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	4.1	Good practice	People with a variety of needs can access the pharmacy's services.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy's working practices are generally safe and effective. The pharmacy team makes sure that people have the information they need so that they can use their medicines safely. The pharmacy manages risk and keeps people's information safe. The pharmacy has written procedures to make sure the team works safely. The pharmacy generally keeps the records it needs to so that medicines are supplied safely and legally. The pharmacy team members understand how they can help to protect vulnerable people.

### Inspector's evidence

Near misses were recorded, reviewed and discussed at a weekly staff meeting. 'Lookalike, soundalike' (LASA) medicines had been separated on the dispensary shelves following near misses to reduce picking errors. For instance, amitriptyline and amlodipine and carbimazole and carbamazepine have similar sounding names and had been separated to minimise errors. Patient safety reviews (PSR) were completed.

Workflow: baskets were in use to separate prescriptions and medicines during the dispensing process. Labels were generated by the pharmacist who checked interactions as they appeared. Medicines were picked from reading the prescription. There were separate dispensing and checking areas. The pharmacist performed the final check of all prescriptions prior to completing the dispensing audit trail to identify who dispensed and checked medicines. There was a procedure for dealing with outstanding medication. The original prescription was retained, and an owing slip was issued to the patient. For 'manufacturer cannot supply' items the patient was asked how urgently they required the medication and the doctor was contacted to arrange an alternative if necessary.

Multi-compartment compliance aids were prepared in a separate area for a number of patients and nursing or care homes on a rolling basis to manage workload. Some nursing or care homes were moving towards original packs instead of compliance aids. The pharmacy did not manage prescription re-ordering on behalf of patients. On receipt, prescriptions were checked for changes (such as following discharge from hospital) and checked with the doctor. The pharmacy liaised with the prescriber when a new patient was identified who would manage taking their medicines more effectively via a compliance aid. Medicines administration record (MAR) charts were supplied to nursing and care homes. A pharmacist visited the patient to check their requirements and their understanding of using the compliance aid correctly. Patient notes and information relating to compliance aids was recorded on the patient medication record (PMR).

Labelling included a description to identify individual medicines and patient information leaflets were supplied with each set of compliance aids. High-risk medicines such as alendronate and sodium valproate were supplied separately from the compliance aid. The dates of CD prescriptions were managed to ensure supply within 28-day validity of the prescription. Levothyroxine and lansoprazole were supplied in compartments positioned to ensure being taken before other medication or food.

The practice leaflet was on display and included details of how to comment or complain. The annual patient questionnaire had been conducted and had resulted in positive feedback. The standard operating procedures (SOPs) were due for review Feb 2020. The complaints procedure was reviewed

and updated to deal with complaints including online complaints following a recent incident. The dispenser who also served at the medicines counter said she would not give out a prescription or sell a P medicine if the pharmacist were not on the premises. Hydrocortisone cream would not be sold for use on the face.

To protect patients receiving services, there was professional indemnity insurance in place provided by the NPA expiring 30 Nov 2019. The responsible pharmacist notice was on display and the responsible pharmacist log was completed. Records for private prescriptions were generally complete although avoiding the use of labels to record information was discussed. Some special records required completion of prescriber details. Records for administration of aesthetics were maintained on line. Following a face to face consultation the superintendent pharmacist (SI), a pharmacist independent prescriber (PIP), issued a prescription for the aesthetic products and posted it to one of two pharmacies. The items were dispensed and sent back to this pharmacy for administration. During the consultation, patient consent and suitability for the treatment was recorded. Treatment was refused if the patient was diabetic, taking certain medication, allergic to Botox or had an infection. History of previous treatment was recorded. Photographs before and after treatment were included in the records.

Patient group directions (PGDs) and service level agreements for supply of EHC and supervised consumption were in date. Other travel vaccination PGDs were due to expire and be renewed at the time of the visit. The pharmacist confirmed that the travel PGDs had been renewed following the visit.

The CD and methadone registers were complete and the balance of CDs was audited regularly. A random check of actual stock of two strengths of MST reconciled with the recorded balance in the CD registers. Invoice number, name but not address of the supplier were recorded for receipt of CDs. FP10MDA prescriptions were endorsed at the time of supply. Patient returned CDs were recorded in the destruction register for patient returned CDs.

There were records of supplies of controlled drugs to a local hospice. Some supplies were for stock and not on a named patient basis and may require a wholesale distribution authorisation (WDA) and appropriate Home Office licences. Guidance was given to the pharmacist to refer to the relevant MHRA guidance when considering whether there is a need to apply for the necessary licences (MHRA/HO) to supply stock medicines which may be by way of wholesale to other legal entities. Guidance was given to the pharmacist to check the supplies of CDs were supported by the required documentation.

Staff had signed confidentiality agreements and were aware of procedures regarding General Data Protection Regulation (GDPR). A privacy notice was displayed. The Data Security and Protection toolkit had been completed. There was a shredder to deal with confidential waste paper and a cordless phone to enable a private conversation. Staff used their own NHS cards. The pharmacy computer was password protected and backed up regularly. There was a safeguarding SOP. Staff had undertaken safeguarding and dementia friends training and the pharmacists were accredited at level 2 in safeguarding training. Fraser guidelines were applied when supplying EHC via PGD to people aged 13 and over.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload. The pharmacy team works effectively together and are supported in keeping their knowledge up to date. They are comfortable about providing feedback to the pharmacist and are involved in improving the pharmacy's services.

### Inspector's evidence

Staff comprised: two full-time pharmacists, one part-time pharmacist, four full-time dispensers, two part-time dispensers, two full-time medicines counter assistants (MCA)s and two part-time MCAs. There were two part-time and one full-time delivery persons.

Staff were provided with training and topics included sun protection, complaints, oral hygiene and healthy living training. Certificates of accredited training were displayed. Staff had completed children's oral health training and risk management. The organisation of the dispensary had been risk assessed to improve health and safety.

The pharmacist (PIP) training to administer aesthetics was through Dermamedical who provide training to healthcare professionals. Continuing professional development was undertaken by attending annual conferences and master classes provided by Allergan whose products were administered. Flu vaccination and training to administer yellow fever vaccine were current. Two pharmacists had undertaken training to provide the new HIV testing service.

There was not a formal system of appraisal but the SI was on the premises all the time and could monitor staff performance. Staff felt able to provide feedback and had suggested retail items to stock and cholesterol testing which the SI said would be dependent on demand. There was a whistleblowing policy. Targets and incentives were not set.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are generally clean, secure and suitable for the provision of its services. The consultation room is used frequently, and people can have a conversation or treatments in private. The pharmacy prevents people accessing the premises when it is closed.

### Inspector's evidence

The premises were generally clean and tidy. There was a seating area where people could sit down. Lavatory facilities were clean and handwashing equipment was provided. The dispensary sink required treatment to remove limescale. The consultation room was locked when not in use and was tidy, clean and had handwashing/cleansing facilities. The consultation room protected patient privacy. There were lockable cabinets to secure documentation and equipment. There was sufficient lighting and air conditioning.

## Principle 4 - Services ✓ Standards met

### Summary findings

People with a variety of needs can access the pharmacy's services. The pharmacy's working practices are generally safe and effective. The pharmacy gets its medicines from reputable sources to protect people from harm. The pharmacy team takes the right action if any medicines or devices need to be returned to the suppliers. The pharmacy's team members are helpful and give advice to people about where they can get other support. They also make sure that people have all the information they need so that they can use their medicines safely. The pharmacy team makes sure that medicines are stored securely at the correct temperature so that medicines supplied are safe and effective.

### Inspector's evidence

There was wheelchair access and large font labels could be printed to assist visually impaired patients. Staff could converse in Gujarati, Bengali, Hindi and Swahili to assist patients whose first language was not English. Large font labels could be printed to assist visually impaired patients. People were signposted to other local services including the doctor. A new HIV testing service was due to be introduced. People accessing the EHC service were to be offered HIV test which meant providing a blood sample. After applying the buffer solution and drying the sample, comparison with a control strip would detect relevant antibodies present. Advice would be given to attend sexual health clinic in the event of a positive test.

Medicines and medical devices were delivered outside the pharmacy. The delivery persons were aware of confidentiality procedures and recording a delivery audit trail. The pharmacist visited the nursing and care homes to monitor the service. Audits of medicines storage and administration were conducted. Palliative care service was provided although not out of hours.

The pharmacists were aware of the procedure for supply of sodium valproate to people in the at-risk group and information on the pregnancy prevention programme (PPP) would be explained. During input of a prescription for sodium valproate, the pharmacy computer flagged up a warning to provide counselling including PPP to people in the at-risk group. The pharmacists explained the procedure for supply of isotretinoin to people in the at-risk group. The prescriber would be contacted regarding prescriptions for more than 30 days' supply of CD. There was a discussion about increasing the information recorded as an intervention on the PMR of checks that medicines were safe for people to take and showing appropriate counselling was provided to protect patient safety.

Prescriptions were highlighted to indicate that the pharmacist should provide counselling on high risk medicines. For schedule 4 CDs the date was highlighted so the CD was supplied within the 28-day validity of the prescription. When supplying warfarin people were asked to produce their record of INR along with blood test due dates. Advice was given about side effects of bruising and bleeding. Advice was given about over-the-counter medicines and diet containing green vegetables and cranberries which could affect INR. People taking methotrexate were reminded about the weekly dose in 2.5mg tablets and when to take folic acid. People were advised to seek medical advice if they developed an unexplained fever. There were lithium warning cards to give to people prescribed lithium.

The pharmacy had healthy living status and there were health campaigns to raise public awareness of blood pressure, flu vaccination and oral health. Audits were conducted including for referral for

prescription of a proton pump inhibitor for gastric protection while taking a non-steroidal anti-inflammatory drug (NSAID), both phases of the sodium valproate audit and use of asthma inhalers.

Medicines and medical devices were obtained from Alliance, AAH, Phoenix, Sigma and Colorama. Floor areas were mostly clear, and stock was stored on the dispensary shelves. Stock was date checked on a rolling weekly basis and recorded. There was an annual stocktake. No date-expired medicines were found in a random check. Liquid medicines were marked with the date of opening and medicines were generally stored in original manufacturer's packaging. There were a small number of loose strips of tablets and capsules. There was a discussion about storing medicines in original manufacturer's packaging to ensure stability of the medication and so the pharmacy could identify stock affected by drug alerts or date checks. Cold chain items were stored in two medical fridges. Uncollected prescriptions were cleared from retrieval every three months. Waste medicines were stored separate from other stock. Falsified medicines directive (FMD) hardware and software had been installed but was not operational at the time of the visit. A record of responses to drug alerts and recalls was maintained on a matrix.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs for the services it offers. The pharmacy keeps people's private information safe.

### Inspector's evidence

Current reference sources included BNF and Drug Tariff. There was a range of stamped glass measures to measure liquids including separate marked measures for methadone. Measures required treatment to remove limescale. There were two medical fridges. For one fridge minimum and maximum temperatures were monitored daily and found to be within range two to eight Celsius. The second fridge monitor showed an overall temperature of five Celsius but not minimum and maximum. Guidance was given that to ensure minimum and maximum temperatures were monitored to guarantee the integrity of cold chain items. The CD cabinets were fixed with bolts.

Stop smoking equipment was supplied and maintained by Live Well Luton. The blood pressure monitor was in date. The sharps bin for aesthetics and vaccination sharps disposal was securely stored during closing hours and collected for disposal by the contractor monthly. An in-date adrenalin injector device was available in the event of anaphylaxis. There was a discussion about obtaining an additional device in case one device failed. There was a large, comfortable dentist-type seat for people undergoing treatment. There was a shredder to deal with confidential waste paper and a cordless phone to enable a private conversation. Staff used their own NHS cards. The pharmacy computer was password protected and backed up regularly.

### 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.