

Registered pharmacy inspection report

Pharmacy Name: Warden Hill Chemist, 170 Barton Road, Warden Hill, LUTON, Bedfordshire, LU3 2BE

Pharmacy reference: 1028848

Type of pharmacy: Community

Date of inspection: 27/06/2019

Pharmacy context

The pharmacy is located in a small 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, and seasonal flu vaccination.

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
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'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 team does not always provide people with a detailed description of each medicine when they are packed together in multi-compartment compliance aids. So patients and carers may not always be able to identify which medicines are which. The pharmacy has written instructions which tell staff how to complete asks safely. But it does not review these regularly so they may not always reflect current best practice. The pharmacy team members do not always record their mistakes and who made them. So they may be missing opportunities to learn and prevent the same errors happening again. The pharmacy keeps people's information safely. The pharmacy asks its customers for their views. The pharmacy generally keeps the records it needs to so that medicines are supplied safely and legally. The pharmacy team members understand their role in protecting vulnerable people.

Inspector's evidence

There was a near miss record book to record near misses and incidents but near miss records were not seen. The near miss standard operating procedure stated near misses were to be recorded on the near miss log which the pharmacist found during the visit. The pharmacist said 'Look alike, sound alike' (LASA) medicines had been separated on the dispensary shelves to reduce picking errors. LASA medicines included escitalopram and enalapril, amitriptyline and atenolol and lorazepam and loperazolam.

Workflow: baskets were in use to separate prescriptions and medicines during the dispensing process. Labels were generated and medicines were picked from reading the prescription or scanning the bar code on the prescription. The pharmacist performed the final check of all prescriptions. The dispensing audit trail to identify who dispensed and checked medicines was only partly completed in a random sample of prescriptions examined. Interactions were checked by the pharmacist. 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 for a number of patients according to a matrix. The pharmacy managed prescription re-order on behalf of patients. The pharmacy liaised with the prescriber when a new patient was identified who would manage taking their medicines more effectively via a compliance aid. There was a folder of information and each patient had their own polythene sleeve which contained a card with a visual plan of where to position tablets or capsules in the compliance aid. Some cards were dated 2015 and required re-writing because the information had been corrected on multiple occasions in some cases.

Labelling did not include a description to identify individual medicines but patient information leaflets (PILs) were supplied with each set of compliance aids. High-risk medicines such as controlled drugs

were generally supplied separately from the compliance aid. The dates of controlled drug prescriptions were managed to ensure supply within 28 day validity of the prescription. Alendronate, levothyroxine and lansoprazole were supplied separately unless the compliance aid had an additional fifth compartment positioned to ensure it was taken before other medication or food. The patient or carer were aware of special instructions when taking these medicines.

The practice leaflet was on display and included details of how to comment or complain. The annual patient questionnaire was submitted on a tablet at the medicines counter which members of the public could use. The medicines counter assistant explained that she would not give out a prescription or sell a P medicine if the pharmacist was not on the premises. If asked for hydrocortisone cream to apply to the face, she said she would refer to the pharmacist.

The standard operating procedures were on a memory stick and viewed on the pharmacy computer during the visit. It was not clear when some procedures were prepared, who prepared the procedures when they were effective from and due for review. There was a complaints procedure. Responsible pharmacist procedures available had a preparation date of August 2014 but review dates were not seen. There were training records which referred to staff having completed training in procedures including responsible pharmacist, data protection and the General Data Protection Regulation (GDPR).

To protect patients receiving services, there was professional indemnity insurance in place provided by NPA expiring 31 Aug 2019. The responsible pharmacist notice was on display and the responsible pharmacist log was completed although the responsible pharmacist did not always sign out at the end of the session.

The CD registers were generally complete and the balance of CDs was audited every two months. A random check of actual stock of two strengths of a CD did not reconcile with the recorded balance in the CD registers but discrepancies were investigated and corrected. Invoice details for receipt of controlled drugs included name and invoice number but no address. Patient returned CDs were recorded in the destruction register for patient returned CDs.

Specials records were complete. Private prescription records did not include all the required information such as full patient and prescriber details. No prescriptions issued by the 'thegpservice' online were seen. To access the service, the patient could record details on the tablet at the counter and complete the consultation in the consultation room. A private prescription would be issued electronically and printed and was also available on the website.

The main pharmacy computer screen was password protected and not visible to unauthorised people. There was no privacy notice displayed. There was a shredder to deal with confidential waste paper and a cordless phone to enable a private conversation. Staff training records referred to training completed in data protection and the General Data Protection Regulation (GDPR). The GDPR workbook was seen on the main computer in the dispensary. Staff had undertaken dementia friends training and the pharmacist was accredited at level 2 in safeguarding training.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team manages the workload within the pharmacy and works well together. The team members are supported in keeping their knowledge up to date. They are comfortable about providing feedback to the pharmacist.

Inspector's evidence

Staff comprised: two regular part-time pharmacists, one full-time trainee dispenser already accredited as medicines counter assistant and one full-time trainee medicines counter assistant. There was a full-time delivery person. Staff were enrolled on Scientia Skills training programmes and mostly studied at home. Staff had their own training profile and accessed training topics via Alphega training tablet. There were one or two topics per month which had included pain and hay fever. Staff explained that they read information on the online doctor tablet at the medicines counter and had read about men's health and women's health. There was also a Counter Intelligence Plus book which included product information.

Staff were unsure if they would have an appraisal to monitor performance. Staff said they were free to feedback suggestions to improve services and were aware of the whistleblowing policy. Targets and incentives were set but staff did not believe patient safety and wellbeing was adversely affected.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean, secure and suitable for the provision of its services.

Inspector's evidence

The pharmacy had been refitted recently and was generally clean. The dispensary sink required treatment to remove a small quantity of lime scale. There was a cushioned seating area at the window sill of the front window. Lavatory facilities were clean and handwashing equipment was provided.

The consultation room was not locked when not in use but patient privacy was protected. The consultation room was cluttered with stock. There were lockable cabinets to store documents and equipment. There was sufficient lighting and air conditioning.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are generally safe and effective, and it gets its medicines from reputable sources. But it does not always record the date of opening on liquid medicines or always store medicines in their original packaging. This could affect stability of the medicines and may mean the pharmacy cannot be sure that medicines are safe to use. The pharmacy does not keep records of the checks it makes in response to safety recalls. So it may not be able to show that it has taken the right steps to keep people safe in the event of a future query. 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 not wheelchair access, but staff went to the door to assist members of the public with mobility issues. There was a low positioned doorbell, but it was not working at the time of the visit. Large font labels could be printed to assist visually impaired patients. Staff could converse in Polish, Romanian and Gujarati to assist patients whose first language was not English. Patients were signposted to other local services including the local walk-in centre. There were health information posters provided by Live Well Luton on display including suicide risk.

Although examples were not available, the pharmacist explained the procedure for supplying isotretinoin to a patient in the at-risk group and the intervention to be recorded on the patient medication record. Prescriptions for more than 30 days supply of a controlled drug would be checked with the prescriber and an intervention recorded. Patients were counselled on how best to take their medicines and patients taking warfarin would be asked if they had a yellow book to check the dose and INR. The blood test dates were recorded on the repeat prescription form. Advice would be given about purchasing over-the-counter medicines, diet and alcohol all of which could affect INR. Side effects of bruising and bleeding were explained. Patients taking methotrexate were reminded of the weekly dose and taking folic acid on a different day. Ensuring counselling was provided to delivery patients was discussed.

Audits had been conducted. An audit was completed for referral for prescription of proton pump inhibitor for gastric protection when taking non-steroidal anti-inflammatory drugs (NSAID). The audit regarding sodium valproate had not identified any people in the at-risk group but the pharmacist had a folder of information to give out to people who met the criteria when supplying sodium valproate and was aware of recording the intervention on the patient medication record. Flu vaccinations and audit results were reported on PharmOutcomes.

Medicines and medical devices were delivered outside the pharmacy and a drop sheet was prepared daily. The written procedure was not seen during the visit. The patient signed to accept the delivery but on a separate page per delivery which protected patient privacy. There was a separate delivery book for

controlled drugs.

At the time of the visit, a Falsified Medicines Directive function showed on the pharmacy computer but was not initiated yet. Medicines and medical devices were obtained from Alliance, AAH, Sigma and Waymade. Floor areas were clear, and stock was neatly stored on the dispensary shelves. Stock was date-checked, and no date-expired medicines were found in a random search. Liquid medicines were not always marked with a date of opening. Medicines were generally stored in original manufacturer's packaging.

Labelling included a batch number and expiry date but not when the capsules had been removed from original packaging. Cold chain items were stored in the medical fridge. Controlled drug stickers were attached to prescriptions for controlled drugs (schedule 2, 3 and 4) and the date circled on the prescription to ensure controlled drugs were not given out after 28 days. Prescriptions awaiting collection were stored on shelving in the dispensary.

Drug alerts were received and stock was checked. If necessary, the pharmacist contacted patients regarding recalls. A record of actions was not maintained.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely.

Inspector's evidence

Current reference sources included BNF and Drug Tariff. The blood pressure monitor was new at the time of the refit and the pharmacist said she would check manufacturer's handbook for information on re-calibration. The medical fridge was in good working order. Minimum and maximum temperatures were monitored daily and found to be within range, 2 to 8 degrees Celsius. The CD cabinet was fixed with bolts. There was a 100ml British standard glass measure to measure liquids including a spare measure in case of breakage.

The main pharmacy computer screen was password protected and not visible to unauthorised people. The consultation room protected patient privacy. There was no privacy notice displayed. There was a shredder to deal with confidential waste paper and a cordless phone to enable a private conversation. Staff training records referred to training completed in data protection and the General Data Protection Regulation (GDPR). The GDPR workbook was seen on the main computer in the dispensary.

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.