

Registered pharmacy inspection report

Pharmacy Name: Rank Chemists, 138 Leagrave Road, LUTON,
Bedfordshire, LU4 8HX

Pharmacy reference: 1028872

Type of pharmacy: Community

Date of inspection: 28/08/2019

Pharmacy context

The pharmacy is located in a parade of businesses near 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 stop smoking.

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 manages risk and keeps people's information safe. The pharmacy has written procedures which tell staff how to complete tasks effectively. The pharmacy generally keeps the records it needs to so that medicines are supplied safely and legally. It has appropriate insurance to protect people if things do go wrong. The pharmacy team members understand their role in protecting vulnerable people.

Inspector's evidence

Near misses were recorded and reviewed. A staff member explained that following a near miss, medicines were separated such as amoxicillin capsules where both strengths had similar packaging.

Workflow: a legal check was completed on receipt of the prescription. Baskets were in use to separate prescriptions and medicines during the dispensing process. Labels were generated, and medicines were picked from reading the prescription. The pharmacist performed the final check of all prescriptions prior to completing the dispensing audit trail to identify who dispensed and checked medicines. Interactions between medicines were shown to the pharmacist when labels were generated. New medicines were highlighted so the pharmacist could provide counselling. 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 domiciliary patients on a rolling basis. Patients generally ordered their own prescriptions. 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 on preparing compliance aids including the standard operating procedure (SOP). Some patient information sheets required updating following alteration due to changes in medication. Labelling included a description to identify individual medicines and patient information leaflets (PILs) were supplied with each set of compliance aids.

Staff said that high-risk medicines such as alendronate and CDs were not currently supplied in compliance aids. There was a discussion about managing dates of controlled drug (CDs) prescriptions to ensure supply of a CD within the 28-day validity of the prescription. Supply of other high-risk medicines such as sodium valproate or valproic acid was discussed. The manufacturer was contacted following the visit regarding stability of a medicine when de-blistered to supply in a compliance aid.

There was a folder of SOPs which included procedures for responsible pharmacist (RP), complaints and managing CDs. SOPs were updated and reviewed by the superintendent pharmacist (SI). Training records had not been signed by all staff. The SI later confirmed that staff were completing training in SOPs. The RP matrix was completed but details of the most recent CD accountable officer required updating. The delivery SOP was amended to reflect the current delivery arrangements. 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. The practice leaflet was on display and included details of how to comment or complain. The

annual community pharmacy patient questionnaires were on the medicines counter to distribute to members of the public.

To protect patients receiving services, there was professional indemnity insurance in place provided by NPA expiring Oct 2019. The responsible pharmacist notice was on display and the responsible pharmacist log was completed. Records for private prescriptions, emergency and 'specials' supplies were generally complete.

The CD registers were mostly complete and the balance of CDs was usually audited weekly. A random check of the actual stock of two strengths of modified release morphine preparations reconciled with the recorded balance in the CD registers. Footnotes correcting entries were not always signed and dated. Invoice number, name and partial address of supplier were recorded for receipt of CDs. Patient returned CDs were recorded in the destruction register for patient returned CDs.

Staff had signed confidentiality agreements and were aware of procedures regarding General Data Protection Regulation (GDPR). The Data Security and Protection toolkit was in the process of being completed. There was a shredder to deal with confidential waste paper and a cordless phone to enable a private conversation. Staff generally used their own NHS cards. The pharmacy computer was password protected and backed up regularly. There was a mini poster regarding 'Your data matters to the NHS' and Information Commissioners Office (ICO) registration certificate displayed.

The SI had undertaken level 2 accredited safeguarding training and dementia friends training. There was a discussion about ensuring there was a procedure and there were up-to-date contact details to report safeguarding concerns.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy team has enough staff to manage the workload within the pharmacy. The team members are currently undertaking training for the jobs they do, and this should be completed by the extended timeframe. They are comfortable about providing feedback to the pharmacist and are involved in improving the pharmacy's services.

Inspector's evidence

Staff comprised: one full-time pharmacist; two full-time trainee dispensing assistants, one part-time dispensing assistant and three part-time trainee medicines counter assistants. The pharmacy team members were enrolled on accredited training programmes appropriate to their roles within the pharmacy, but these needed to be completed within a stated timeframe which had been extended. Staff were provided Counter Intelligence Plus booklets which contained product information. The SI had provided in-house training on children's oral health and encouraged staff to promote oral hygiene. There were staff meetings every two to three months and topics for discussion included dealing with gabapentin and pregabalin prescriptions after 1 April 2019. The superintendent pharmacist (SI) explained that he was undertaking training in line with the Pharmacy Quality Scheme (PQS) such as reducing lookalike and soundalike 'LASA' errors training.

Staff performance was monitored and documented through annual appraisal. Staff were able to provide feedback to improve services such as stock lines for the public area of the pharmacy. There was a whistleblowing policy. Staff said targets and incentives were not set in a way that affected patient safety and wellbeing.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, secure and suitable for the provision of its services. There is a consultation room where people can have a private conversation with the pharmacist and pharmacy staff.

Inspector's evidence

The pharmacy was very clean and tidy and well presented. The dispensary was raised above the level of the public area and medicines counter giving the pharmacist an overview of activity in the public area. The dispensary including the dispensary sink was clean and benches were clear of clutter. The lavatory area was clean and hygienic and hand washing equipment was provided. The consultation room was located to one side of the medicines counter and was neat and clean. Patient privacy was protected, and health related leaflets were displayed. There was sufficient ventilation and lighting.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are generally safe and effective. It gets its medicines from reputable sources. And the pharmacist 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 a small step at the entrance, but staff went to the door if necessary to assist people with mobility issues. Large font labels could be printed to assist visually impaired patients. Staff could converse in Gujarati, Urdu, Bengali, Hindi and Punjabi to assist patients whose first language was not English.

Patients were signposted to other local services including the doctors, out of hours service at the local hospital, walk-in centre and other local pharmacies. Interventions were recorded on the patient medication record (PMR). The pharmacist was aware of the procedure for supply of sodium valproate to people in the at-risk group and recording the intervention on the PMR. There was a folder containing information to give to people regarding the pregnancy prevention programme (PPP). There was a poster explaining the procedure for supply of isotretinoin to people in the at-risk group and recording of the intervention. Prescriptions for schedule 3 and 4 CDs were highlighted to ensure CDs were not supplied after the 28-day validity period and CD prescriptions for more than 30 days' supply of CD were queried with the prescriber as good practice and the intervention recorded on the patient medication record (PMR).

'Post-it' notes were attached to prescriptions to prompt counselling by the pharmacist to people with prescriptions for high-risk and new medicines. When supplying warfarin people were asked for their record of INR which was recorded on the PMR. The dose of the warfarin was explained. Advice was given about side effects of bruising and bleeding. Advice was given about over-the-counter medicines including herbal medicines and diet containing green vegetables which could affect INR. Patients taking methotrexate were reminded of the weekly dose and taking folic acid on a different day. Advice was given regarding gastric side effects and to visit the doctor if sore throat or fever developed.

Audits were conducted regarding owing medicines and the SI was planning high-risk medicines audits and the annual near miss audit. There were health related leaflets on display including 'Caring for someone with dementia' and NHS reducing antibiotic resistance. Staff had previously completed children's oral health training and displayed the oral health promotional material to encourage children to clean their teeth and visit the dentist.

Medicines and medical devices were delivered outside the pharmacy by a staff member. The procedure had been updated and amended from the previous SOP following the visit. Three bag labels were printed. One was attached to the bagged prescription, one to a drop sheet and one was signed by the patient and attached to the drop sheet forming a delivery audit trail.

Medicines and medical devices were obtained from Alliance, Sigma, AAH and DE South. Floor areas were mostly clear, and stock was stored on the dispensary shelves. Stock was date checked, recorded and retained in a new folder. 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 was a discussion about ensuring medicines were stored in original manufacturer's packaging, so the pharmacy could identify stock affected by drug alerts or date checks.

Cold chain items were stored in the medical fridge. Uncollected prescriptions were cleared from retrieval regularly and there were only prescriptions with recent dates on the shelves. Waste medicines were stored separate from other stock. There was a large quantity of stored waste medicines which required removal by the contractor. Falsified medicines directive (FMD) hardware and software was not operational at the time of the visit. Drug alerts and recalls were actioned, and a record was maintained in a new folder. The most recent alert at the time of the visit related to Zantac which had been actioned and affected stock returned to the wholesale dealers.

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's equipment keeps people's private information safe.

Inspector's evidence

Current reference sources included BNF and Drug Tariff. The dispensary sink was clean and there were clean standard glass measures to measure liquids. There were two medical fridges in use during the visit. The fridge in the storeroom was used to store prescriptions awaiting collection and the dispensary fridge was used to store cold chain stock. The fridge in the storeroom showed an overall temperature within two to eight Celsius but the daily minimum and maximum temperatures were not recorded. Minimum and maximum temperatures were monitored daily and found to be within range two to eight Celsius in the dispensary fridge. The SI confirmed that cold chain items had been amalgamated in one fridge in the dispensary following the visit. The CD cabinet was fixed with bolts. There was a shredder to deal with confidential waste paper and a cordless phone to enable a private conversation. Staff generally 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.