General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Acorn Pharmacy, 138 Dallow Road, LUTON, Bedfordshire, LU1 1NE

Pharmacy reference: 1085861

Type of pharmacy: Community

Date of inspection: 26/04/2023

Pharmacy context

The pharmacy is in a mainly residential area of Luton. It dispenses NHS and private prescriptions and provides health advice. Services provided by the pharmacy include delivery, supervised consumption, Community Pharmacist Consultation Service (CPCS), delivery, discharge medicines service (DMS), new medicines service (NMS), blood pressure case-finding, travel vaccinations, seasonal flu and COVID-19 vaccination services. The pharmacy supplies medicines in multi-compartment compliance aids for people who have difficulty managing their medicines.

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	1.1	Good practice	The pharmacy identifies and manages risk well so its services are safe and effective.
2. Staff	Standards met	2.2	Good practice	The pharmacy's team members are supported keeping their knowledge up to date with ongoing training.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.2	Good practice	The pharmacy team manages its services effectively so they are provided safely to the people who use the pharmacy.
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 safe and effective. The pharmacy team members follow suitable written procedures, which are reviewed regularly to make sure they are up to date and reflect current practice. Members of the pharmacy team make sure people have the information they need to help them use their medicines safely. They keep the records they need to by law. The pharmacy team understands how to protect people's private information. And its members know how to raise a concern to safeguard vulnerable people.

Inspector's evidence

The pharmacy had systems to review dispensing errors and near misses. The responsible pharmacist (RP) described a 'no-blame' culture where members of the pharmacy team logged their mistakes. They discussed them to learn from them and agree actions to reduce the chances of the same or similar mistakes happening again. For instance, pharmacy team members followed a procedure to check people's details and help avoid handing out medicines to someone with a similar name and address. The RP explained that medicines involved in incidents, or were similar in some way, such as rosuvastatin and rivaroxaban, were generally separated or highlighted in the dispensary. And the RP completed a monthly and annual patient safety review to audit incidents and near misses. Incidents were reported on the NHS 'learning from patient safety events (LFPSE) service.'

Members of the pharmacy team responsible for making up people's prescriptions used baskets to separate each person's medication and to help them prioritise their workload. They referred to prescriptions when labelling and picking products. The team members initialled the dispensing labels to show who dispensed and checked medicines and assembled prescriptions were not handed out until they were checked by a pharmacist. Interactions between medicines prescribed for the same person were checked by the pharmacist and interventions were recorded on the patient medication record (PMR).

The pharmacy had standard operating procedures (SOPs) for most of the services it provided. And these were reviewed annually. Members of the pharmacy team were required to read and sign the SOPs relevant to their roles to show they understood them and would follow them. Team members knew what they could and could not do, what they were responsible for and when they might ask for help. Their roles and responsibilities were described in the SOPs. A team member explained that they would not hand out prescriptions or sell medicines if a pharmacist was not present. They would refer repeated requests for the same or similar products, such as medicines liable to misuse to a pharmacist.

The pharmacy had a complaints procedure, and it conducted a community pharmacy patient survey to obtain people's feedback which it used to monitor its services. The team members conducted audits in line with the pharmacy quality scheme (PQS) on supply of medicines such as antibiotics and anti-coagulants. And they had completed the national clinical audit on sodium valproate to help reduce the potential harm caused by taking a valproate during pregnancy.

The pharmacy had risk-assessed the impact of COVID-19 upon its services and the people who used it.

Screens had been fitted at the medicines counter and members of the pharmacy team wore face masks and used hand sanitising gel to help reduce infection. The RP updated risk assessments to manage changes in the pharmacy. The RP displayed a poster 'assessing sepsis' at the medicines counter with signs and symptoms of sepsis so team members could alert him if people presented with similar symptoms and were at risk of sepsis.

The pharmacy displayed a notice that told people who the RP was, and it kept a record to show which pharmacist was the RP and when. The pharmacy had appropriate insurance arrangements in place, including professional indemnity, for the services it provided. It maintained a controlled drug (CD) register and checked the stock levels recorded in the CD register regularly. A random check of the actual stock of a CD matched the recorded amount in the register. The pharmacy kept records for the supplies of the unlicensed medicinal medicines it made. The pharmacy recorded the private prescriptions it supplied. And these generally were in order.

The pharmacy was registered with the Information Commissioner's Office. It displayed a notice that told people how their personal information was gathered, used and shared by the pharmacy and its team. The pharmacy team tried to make sure people's personal information could not be seen by other people and was disposed of securely. And access to the pharmacy's computer system was password protected and team members were using their own NHS smart card. The pharmacy had a safeguarding SOP. And the RP had completed a level 3 safeguarding training course. Members of the pharmacy team had completed online safeguarding training and they knew what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy team works well together to manage the workload. Team members are well supported in undertaking ongoing training to keep their knowledge and skills up to date. They are comfortable about providing feedback about services to the pharmacist and they know how to raise concerns.

Inspector's evidence

The pharmacy team consisted of the superintendent pharmacist (the RP), a part-time pharmacist who provided double cover, a full-time dispensing assistant, two part-time dispensing assistants, a part-time medicines counter assistant and a full-time delivery driver who had also completed NVQ2 and safeguarding training. Members of the pharmacy team were undertaking accuracy checking dispenser (ACD) training. A registered nurse acted as a vaccinator for the COVID-19 service on a voluntary basis. The pharmacy relied upon its team to cover absences. Team members studied training topics via elearning for healthcare during protected learning time. Training included COVID-19 vaccination, fire safety, antibiotics and weight management.

Team members worked well together. So, people were served quickly, and their prescriptions were processed safely. The RP supervised and oversaw the supply of medicines and advice given by the pharmacy team. The pharmacy had an over-the-counter (OTC) sales and self-care SOP which its team followed, and it described the questions the team members needed to ask people when making OTC recommendations. And when they should refer requests to the RP. They were comfortable about making suggestions on how to improve the pharmacy and its services. They knew who they should raise a concern with if they had one. And their feedback had led to obtaining more baskets for dispensing. The team had also suggested increasing the team members work pattern to deal with increasing workload.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy’s premises are clean, secure and suitable for the provision of healthcare. The pharmacy protects people’s private information and keeps its medicines safe when it is closed.

Inspector's evidence

The registered pharmacy’s premises were bright and secure. And steps were taken to make sure the pharmacy and its team did not get too hot. The pharmacy had a retail area, a medicines counter, a dispensary and a signposted consultation room where people could have a private conversation with a team member. The dispensary was well organised and had different areas of workbench and storage available. The pharmacy team cleaned the pharmacy in line with a protocol. The pharmacy had two phone lines to be able to deal with phone faults and still be able to offer support and services.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy's services are easily accessible to people with different needs and its working practices are safe and effective. It gets its medicines from reputable sources and stores them securely at the right temperature to make sure they are fit for purpose and safe to use. The pharmacy team knows what to do when medicines have to be returned to the suppliers. Members of the team give suitable advice to people about where they can get other support. They make sure that people have all the information they need so that they can use their medicines safely.

Inspector's evidence

The pharmacy did not have an automated door, but it was slow to shut. And its entrance was level with the outside pavement. This made it easier for people who found it difficult to climb stairs or who used a wheelchair, to enter the building. But the pharmacy team tried to make sure these people could use the pharmacy services. The pharmacy had a notice that told people when it was open. And other notices in its window told people about some of the other services the pharmacy offered. The pharmacy had seating for people who wanted to wait. Members of the pharmacy team were helpful and printed large font labels to help make them easier to read. They could speak Gujarati, Bengali, Urdu, Punjabi, Pahari and Pashto to help people whose first language was not English. They signposted people to another provider if a service was not available at the pharmacy. For instance, the local drug and alcohol abuse service, urgent care and walk-in centre. People could access 'ANI' safe space at the pharmacy.

The pharmacy provided a delivery service to people who could not attend its premises in person. And it kept an audit trail for the deliveries it made to show that the right medicine was delivered to the right person. The RP described how the pharmacy would keep on providing emergency services following a systems failure. Members of the team would handwrite dispensing labels and the pharmacy had cold packs which maintained temperatures for 24 hours for medicines requiring storage between two and eight degrees Celsius. The pharmacy team members cleared uncollected prescriptions from retrieval every two months and texted people to check if they still required their medicines.

The pharmacy provided the COVID-19 services current programme for COVID-19 vaccination. The Sanofi and Pfizer vaccines were administered via national protocol (NP) to people of 75 years or over and immunocompromised people of 16 years and over. The RP completed the consent, clinical assessment and counselling and maintained appropriate records of each vaccination. The vaccines were stored in the medical fridge in colour-coded baskets until needed and then prepared as appropriate. People could attend on an appointment basis or walk-in. The vaccine preparation time was marked on the vial to make sure the vaccines were used within the correct timeframe. The associated equipment required to provide the service was located in the consultation room and included a sharps bin and adrenaline kit to treat anaphylaxis. The RP had risk- assessed the service and completed a business continuity plan. Training and documentation such as the SOP had been provided by the Bedfordshire, Luton and Milton Keynes Clinical Commissioning Group. The pharmacy's insurance had been updated to provide the service.

The pharmacy used a disposable pack for people who received their medicines in compliance aids. The pharmacy team checked whether a medicine was suitable to be re-packaged. It provided a brief description of each medicine contained within the compliance aids and patient information leaflets. So, people had the information they needed to make sure they took their medicines safely. Members of the pharmacy team marked some prescriptions to highlight when a pharmacist needed to speak to the person about the medication they were collecting or if other items needed to be added. A member of the team explained what counselling and checks were made when supplying people warfarin. They were aware of the valproate pregnancy prevention programme. And they knew that girls or women in the at-risk group who were prescribed a valproate needed to be counselled on its contraindications. The pharmacy had the valproate educational materials it needed. The pharmacy received referrals via PharmOutcomes for the community pharmacist consultation scheme (CPCS) to help people by treating minor ailments.

The pharmacy used recognised wholesalers to obtain its pharmaceutical stock. It kept most of its medicines and medical devices within their original manufacturer’s packaging. And the dispensary was tidy. The pharmacy team checked and recorded the expiry dates of medicines a few times a year. The pharmacy stored its stock, which needed to be refrigerated, between two and eight degrees Celsius. And it stored its CDs securely in line with safe custody requirements. The pharmacy kept unwanted medicines separate from stock in one of its pharmaceutical waste bins. The pharmacy had a procedure for dealing with alerts and recalls about medicines and medical devices. And the RP described the actions they took and demonstrated what records they kept when the pharmacy received a concern about a product.

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

The pharmacy had hand sanitisers for people to use if they wanted to. And it had the personal protective equipment its team members needed. The pharmacy had glass measures for use with liquids, and some were used only with certain liquids. Members of the pharmacy team had access to up-to-date reference sources for information and guidance. The pharmacy had a fridge to store pharmaceutical stock requiring refrigeration. And its team regularly checked the maximum and minimum temperatures of the fridge. The pharmacy had suitable equipment to provide services such as blood pressure monitor, oximeter, disposable gloves, glucometer and sharps bins. The pharmacy team collected and disposed of confidential waste appropriately. The pharmacy restricted access to its computers and patient medication record system. And only authorised team members could use them when they put in their password. The pharmacy positioned its computer screens so they could only be seen by a member of the pharmacy team. And its team members used their NHS smartcards.

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.