

Registered pharmacy inspection report

Pharmacy Name: Biscot Pharmacy, 157A Biscot Road, LUTON,
Bedfordshire, LU3 1AW

Pharmacy reference: 1110108

Type of pharmacy: Community

Date of inspection: 02/06/2021

Pharmacy context

The pharmacy is in a parade of businesses near a doctor's surgery in a residential area of Luton. 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 supply of emergency hormonal contraception (EHC), travel vaccinations and medicines, prescription collection and delivery, substance misuse and seasonal flu vaccination. Enforcement action has been taken against this pharmacy, which remains in force at the time of this inspection, and there are restrictions on the provision of some services. The enforcement action taken allows the pharmacy to continue providing other services, which are not affected by the restrictions imposed. This was a follow -up inspection which took place during the COVID-19 pandemic. All aspects of the pharmacy were not inspected.

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. It has adequate written procedures which tell team members how to manage risks and work safely. The pharmacy's team members mostly keep the records they need to so they can show the pharmacy is providing safe services. They have introduced new ways of working to help protect people against COVID-19 infection. The pharmacy's team members understand their role in protecting vulnerable people. And they keep people's private information safe.

Inspector's evidence

The pharmacy team had systems in place to minimise risk when providing the pharmacy's services. The pharmacy's team members recorded near misses when they identified mistakes made during the dispensing process. These mistakes were reviewed so they could learn and take actions to avoid making the same mistakes again. They described separating 'lookalike and soundalike' (LASA) medicines such as amitriptyline and amlodipine and different strengths of prednisolone to avoid picking errors when dispensing a prescription. An annual patient safety report was compiled and included analysis of near miss reports. The dispensary stock was arranged so 'fast moving' medicines, which were most frequently dispensed, were more easily accessible than medicines which were prescribed and dispensed less often. Baskets were used to separate prescriptions and medicines during the dispensing process.

The pharmacy's premises had been risk assessed and action taken to protect people from COVID-19 infection. The pharmacy displayed posters reminding people to be socially distanced and that only two people should enter the pharmacy at a time. Screens had been fitted at the medicines counter and the floor was marked so people knew where to stand. There were chairs positioned so that people who required a seat were socially distanced from each other. Team members explained the cleaning routine and spraying the pharmacy's surfaces with Dettol spray. They had personal protective equipment (PPE) and there was hand sanitiser for people to apply. They were aware of the need to report COVID-19 cases contracted in the workplace to the relevant authorities. They were not sure if the staff vaccination questionnaire had been completed. The pharmacy team was tested weekly, or if unwell, with lateral flow tests.

There was a set of recently reviewed standard operating procedures (SOPs) which included controlled drug (CD) and responsible pharmacist (RP) procedures. Team members were required to train in SOPs relevant to their roles and responsibilities which were recorded in the SOPs. There was an SOP for selling medicines over the counter. Members of the pharmacy team described how they would deal with requests to purchase medicines liable to abuse and misuse. They followed a sales protocol and depending on the responses, the sale may be refused, or advice may be given that the medicine was recommended for three days treatment only. And they knew when to refer to the pharmacist for guidance. They maintained a record of refused sales and the reasons such as frequent repeated requests for the same medicine by the same person but there were a few gaps, so some records were not complete. Team members said they had noticed a reduction in calls to the pharmacy regarding

purchasing Phenergan and codeine preparations. They said they did not sell any codeine linctus preparations. There were no codeine linctus preparations seen to have been received from any wholesalers in a random check of their invoices.

The pharmacy had a complaints procedure and members of the public could place written feedback and comments in a 'Comments and feedback' posting box on the wall in the public area of the pharmacy. To protect people using its services, the pharmacy had professional indemnity insurance in place provided by Numark and expiring in Jan 2022. The RP notice was on display and the RP record was completed. The CD registers and methadone registers were mostly complete. Headers at the top of each page stated all the required CD information, footnotes were signed and dated. Supplier's details only included part of their address. A random check of the actual stock of two strengths of MST reconciled with the recorded amount in the CD registers. There was evidence that the balance of CDs and methadone was audited although not always as frequently as stated in the SOP. Blue CD prescriptions were endorsed at the time of supply of medication. Patient-returned CDs were recorded in the destruction register for patient-returned CDs. Private prescription records had all the required information and the apprentice explained what information he would record on the certificate of conformity when specials were received by the pharmacy. A patient group direction (PGD) was seen to be in date.

The pharmacy displayed a privacy notice in the public area of the pharmacy. The pharmacy was registered with the Information Commissioner's Office (ICO) and the certificate expired in July 2021. Confidential wastepaper was collected for shredding. Staff were generally using their own NHS cards although the RP's card was locked. During the visit, another member of the team who was authorised to, unlocked the card. The pharmacy team members had signed confidentiality agreements. A student from a local school was doing 'work experience' at the pharmacy for a week and had been briefed on keeping private information in the pharmacy safe. Team members had undertaken safeguarding training and the RP was accredited at level 2 in Centre for Postgraduate Pharmacist Education (CPPE) safeguarding.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough suitably trained staff to safely provide its services. The pharmacy's team members work well together to manage the workload and are comfortable about providing feedback to the pharmacist.

Inspector's evidence

The pharmacy team comprised: two full-time pharmacists, three part-time pharmacists, one full-time dispenser, one full-time medicines counter assistant (MCA), two part-time MCAs, one full-time apprentice and two part-time delivery drivers. On the day of the visit, the RP, the dispenser and the apprentice were present along with the work experience person.

The RP had undertaken CPPE training in the discharge medicines service (DMS) and community pharmacist consultation service (CPCS). There were SOPs in place for these services. The apprentice was enrolled on a training course with 'Skills4pharmacy' and attended a weekly class on the App during protected learning time. The pharmacy team members worked well together. The RP monitored the sales of medicines and advice given over the counter. Members of the public were verbally reminded that only two people were permitted in the pharmacy. There were no formal appraisals in place to monitor staff performance. But the team was in constant contact with the superintendent pharmacist (SI) and with each other on a WhatsApp group. They could contact the SI and provide feedback on services and there was a whistleblowing policy so they could raise concerns. There were no targets or incentives in place at the time of the visit.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are generally safe, secure and suitable for the provision of pharmacy services. Team members have introduced additional measures to help protect people from COVID-19 infection. The pharmacy prevents people accessing its premises when it is closed so that it keeps its medicines and people's information safe.

Inspector's evidence

The pharmacy medicines counter was on the right-hand side of the retail area. The dispensary was on the same level towards the back of the pharmacy and the RP had a clear view of the public area and medicines counter. There were staff kitchen and lavatory facilities with handwashing equipment. There was an area where excess medicines stock was stored. The dispensary work surfaces, and shelving were cluttered in places although the dispensing and checking areas were tidier. The consultation room was at the back of the retail area and people could have a private conversation with the pharmacist. The consultation room was not locked when not in use and provided additional seating for members of the public.

The pharmacy team had taken steps to protect people from COVID-19 infection. They had PPE and hand sanitiser to apply. There was room to be socially distanced while working in the dispensary. The pharmacy displayed posters to remind members of the public that only two people should enter the pharmacy at a time. Screens had been fitted at the medicines counter and the floor was marked so people knew where to stand. There were chairs positioned so that people who required a seat were socially distanced from each other. The pharmacy's surfaces were cleaned regularly with Dettol spray. There was air conditioning and sufficient lighting.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy opens early and stays open later than usual. So people with different needs can easily access the pharmacy's services. It gets its medicines from reputable sources to protect people from harm. Pharmacy team members generally make sure that medicines are stored securely at the correct temperature so that medicines are safe to use. And they make sure people have all the information they need to use their medicines safely. Team members know what to do if any medicines or devices need to be returned to the suppliers, but they do not always keep a record to show they took the right steps to protect patient safety.

Inspector's evidence

The pharmacy had level access to members of the public through double doors. And the MCA went to the entrance to help people if necessary. Members of the pharmacy team could converse in Urdu, Bengali, Hindi and Polish to help people whose first language was not English. If the pharmacy could not help, people were signposted to other local services such as nearby pharmacies or the private doctor's practice.

At this pharmacy, people could access some medicines via PGD and these included EHC, salbutamol inhalers, travel clinic medicines and vaccinations and seasonal flu vaccination. Other medication could be obtained with a private prescription provided by Medicspot, the pharmacy online prescribing service using doctors registered with the General Medical Council. This UK based service was registered with the Care Quality Commission. People could complete a consultation in the consultation room via the Medicspot laptop, using available equipment to monitor values such as blood pressure, blood oxygen levels and body temperature. The RP said that the pharmacy received referrals via the CPCS for minor ailments treatment and emergency supplies of medicines. Clients who accessed the substance misuse service were either supervised when consuming their CD instalments or supplied with their instalments for them to take away. Lateral flow tests to test for COVID infection were available to take away via the Pharmacy Collect Service.

Workflow: baskets were used to separate prescriptions and medicines during the dispensing process. The RP performed the clinical and final check of all prescriptions. The dispensing audit trail was completed to identify who dispensed and checked medicines. Interactions between two medicines for the same person were shown to the RP. The pharmacy had a procedure for dealing with outstanding medicines. The original prescription was retained, and an owing slip was issued to the patient.

Medicines were delivered outside the pharmacy by two delivery persons. There was patient consent and the deliveries were contactless to reduce the risk of COVID infection. Payment was taken over the phone where possible. The pharmacy printed extra labels which they used to create a delivery record for the drivers.

Multi-compartment compliance aids (compliance aids) were prepared in the dispensary for a number of people. Changes in medicines were communicated to the pharmacy team via the DMS if the person had been in hospital. The RP spoke to the patient about the new medicine and informed the doctor's

surgery of the outcome. The RP checked prescriptions for changes in medication and the pharmacy computer system alerted staff to changes in the prescription. Patients re-ordered their own prescriptions. The pharmacy only managed prescription re-ordering on behalf of a very small number of vulnerable patients. High-risk medicines such as sodium valproate and alendronate were generally supplied separately from the compliance aid. The date on CD prescriptions was managed to ensure supply of CDs within the 28-day period when the prescription was valid. Although there were no compliance aids awaiting collection at the time of the visit, the pharmacy team explained that labelling included a description so the patient or carer could identify individual medicines. Patient information leaflets were supplied with each set of compliance aids so the patient had the most up- to-date information on their medicines.

The RP described the procedure for supplying sodium valproate to people in the child-bearing potential at-risk group. The pharmacy's computer system produced an alert when dispensing labels were being generated. Information on the pregnancy prevention programme (PPP) would be explained. There was information to give to people in this at- risk group. The pharmacist explained the procedure for supply of isotretinoin to people in the at-risk group including evidence of a negative pregnancy test and the date after which the prescription was no longer valid. The prescriber would be contacted regarding prescriptions for more than 30 days' supply of a CD. People taking warfarin were asked for their INR. Advice was given about vitamin K containing foods and using over-the- counter medicines such as miconazole which may affect INR. People who took methotrexate were reminded of the weekly dose and asked if they understood the dose and which day, they should take folic acid tablets. The patient should seek medical attention if they develop unexplained fever. Ensuring interventions such as counselling and therapeutic checks such as INR, blood test or pregnancy test results were recorded on the patient medication record (PMR) was discussed. An intervention would show steps taken by the RP to protect patient safety and optimise treatment.

Medicines and medical devices were obtained from Alliance, Phoenix, AAH, Doncaster and Colorama. Floor areas were mostly clear, and stock was stored on the dispensary shelves. No date-expired medicines were found in a random check in the dispensary. Liquid medicines were marked with a date of opening. Medicines were generally stored in manufacturer's original packaging although there was a small number of containers with mixed batches of medicines or de-blistered tablets in containers with hand-written labels. Not storing medicines in original packaging may affect stability or mean that affected stock cannot be identified in response to a drug alert or recall. Cold chain items were stored in two medical fridges. Waste medicines were stored separate from other stock. Drug alerts were received by email and stock was checked for affected batches, but a record of actions taken was not maintained. Being able to show the right steps were taken to keep people safe was discussed.

Prescriptions awaiting collection were in the retrieval system. The team attached stickers to identify prescriptions containing high-risk medicines or medicines requiring special storage such as fridge items or CDs. Uncollected prescriptions were cleared after three to four months and the patient was contacted.

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 uses its equipment appropriately to keep people's private information safe.

Inspector's evidence

The pharmacy had marked stamped measures to measure liquid medicines including methadone. Cold chain medicines were stored in two medical fridges. The apprentice demonstrated the thermometers in both fridges and the minimum and maximum temperatures were seen to be between two and eight Celsius for each fridge. Medicspot maintained the equipment they supplied for people to use during the consultation. Confidential wastepaper was collected for shredding. Staff were generally using their own NHS cards. The RP's card was unlocked during the visit.

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.