

Registered pharmacy inspection report

Pharmacy Name: Tuda Pharmacy, Luton Road, Toddington,
DUNSTABLE, Bedfordshire, LU5 6DE

Pharmacy reference: 1124045

Type of pharmacy: Community

Date of inspection: 13/05/2019

Pharmacy context

The pharmacy is on the same site as the doctors' surgery, across the car park from it. It is a purpose-built building with automatic opening doors and a ramp to access. The team provides NHS and private dispensing services along with multi-compartment compliance aids for people who need them and services to drug and alcohol team users. The pharmacy offers a home delivery service, a smoking cessation service and flu vaccinations in season.

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

Members of the pharmacy team are clear about their roles and responsibilities. They work to professional standards and identify and manage risks effectively. The pharmacy occasionally logs any mistakes it makes during the dispensing process. It tries to learn from these to avoid problems being repeated. The pharmacy generally keeps its records up to date and these show that it is providing safe services. It manages and protects information well and it tells people how their private information will be used. The team members also understand how they can help to protect the welfare of vulnerable people.

Inspector's evidence

The pharmacy had written procedures to tell the staff how they should undertake the work in the pharmacy. The procedures were reviewed regularly and had been signed by the staff. They were generally followed. There were some old procedures on the shelves as well as the current ones, and this could cause confusion if the staff referred to the older versions.

The written procedures said the team should log any mistakes in the process in order to learn from them. But they had not logged any in the last few months. The team said they had meant to do so, but had forgotten. The pharmacy's lack of near miss recording may hinder the ability of them to identify risks in the dispensing process, establish any patterns or trends and coaching needs, and adopt appropriate remedial actions to minimise future risks.

The pharmacy conspicuously displayed the responsible pharmacist notice and the record required by law was up to date and filled in correctly. The pharmacy team members were aware of their roles and they were observed asking the pharmacist for advice, when people asked questions which they did not know the answer to. The pharmacy sought the view of people on the service provided by the pharmacy in an annual survey. The recent report had shown a very positive response. The team were working together to try to improve the customer service provided.

The pharmacy had professional services insurances in place. The pharmacy team recorded private prescriptions and emergency supplies in a book. The controlled drugs registers were up to date and both were legally compliant. They were checked every month to ensure that there were no missing entries and that the stock levels were as expected. Fridge temperatures were recorded but only the current temperature of one fridge and the minimum and current temperature of the other. Both fridges were showing temperatures within the accepted limits. Deliveries were recorded by the team and signatures were obtained where possible to provide an audit trail showing that medicines had been delivered safely to the right people.

The pharmacy had confidential waste shredded by a commercial waste contractor on a monthly basis. This had been put in place following the recent changes to the law. There were sealed bins with a post-hole for disposal in the toilet and the consultation room, as well as a temporary storage space in the dispensary. The staff were seen only to use their own NHS Smartcards to access the electronic prescriptions. PIN numbers were kept confidential. There was no confidential material in the

consultation room, it was only stored in the dispensary, where it could not be accessed by unauthorised people. There was a notice displayed letting people know about their rights regarding confidential information held by the pharmacy. But this was set quite a distance behind the counter, and so was hard to read. The staff were questioned about confidentiality and they were able to explain how they kept information private.

The registrants had all undertaken the appropriate safeguarding training for their roles and the staff had had sufficient training on the subject so that they knew when to refer to the pharmacist. There were local contact details, kept in a file in the dispensary, for the safeguarding boards.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough qualified staff to provide safe services. Its staffing rotas ensure that it has effective staff communication.

Inspector's evidence

The pharmacy team consisted of the owner who was the accredited checking technician (ACT), a full-time dispenser, who was off on the day of the inspection, another part-time dispenser, a full-time and two part-time counter assistants, and a delivery driver. The superintendent pharmacist worked as the responsible pharmacist four days a week, allowing her to have some management time as well. On her days off there were other regular pharmacists ensuring that there was good continuity for patients.

The staff knew their limitations and were able to describe situations when they would refer to the pharmacist. The counter assistant was observed to ask appropriate questions of a customer before selling medicines to them and was also seen to ask the pharmacist for advice when needed. The staff could discuss suggestions for the running of the pharmacy with the superintendent pharmacist and owner, who both worked in the pharmacy regularly.

The team members were provided with pharmacy magazines and other training material and were encouraged to read them and do the assessments contained in them. There was no formalised training programme. There were no targets set by the owner for the pharmacist.

Principle 3 - Premises ✓ Standards met

Summary findings

The premises are clean and provide a safe, secure and professional environment for patients to receive healthcare.

Inspector's evidence

The purpose-built premises were clean and tidy and bright. The consultation room was accessible from the shop area and the dispensary. It was clean and bright and of a suitable size for the services provided. The door to the shop was kept locked to restrict unauthorised access.

The dispensary was laid out so that there were separate areas for dispensing walk-in prescriptions, repeats and multi-compartment compliance aids, pharmacist checking and ACT checking. This meant that tasks were well organised. The stock room gave access to the toilet and was also used as the kitchen. There was an office for the owner.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are safe and effective and it gets its medicines from reputable sources. Pharmacy team members are helpful and give advice to people about where they can get other support if needed. The pharmacy team does not flag prescriptions for schedule 4 controlled drugs so there is some risk these could be supplied to patients after the expiry date of the prescription. And it could do more to make sure that people who receive higher-risk medicines get all the information they need to take their medicines safely.

Inspector's evidence

Pharmacy services were advertised in the window of the shop. Access to the pharmacy was via a ramp or steps from the car park. The automatic door meant that people who were less able could access the pharmacy without help.

The pharmacy used a dispensing audit trail to identify who had dispensed and checked each item. The use of baskets helped to ensure that prescription items were kept together and were easy to move from one area of the dispensary to another. Prescriptions for people who were waiting were put into red baskets to highlight this fact. The ACT only checked prescriptions which the pharmacist had already clinically screened and which were dispensed by other staff. There was an audit trail to show which prescriptions had been clinically screened.

Some people were supplied their medicines in multi-compartment compliance aids. These compliance aids were labelled with the information the person needed to take the medicines in the correct way. The compliance aids also had tablet descriptions to identify the individual medicines. There was a list of compliance aids due to be dispensed each week, so that if the dispenser who regularly did the compliance aids was off the rest of the team knew what needed to be done. Each person had a record showing where their medicines were to be put into the compliance aids and whether or not there was a prescription for that supply.

People taking warfarin, lithium or methotrexate, who brought their own prescriptions into the pharmacy or had their prescription on repeat, were not always asked about any recent blood tests or their current dose. So the pharmacy could not show that it was monitoring these people in accordance with good practice. People in the at-risk group who were receiving prescriptions for valproate were not routinely counselled about pregnancy prevention. There were no warning cards or alert labels available for use, if needed.

The pharmacy got its medicines from licensed wholesalers, stored them on dispensary shelves in a tidy way and did regular date checking. There were 'use first' stickers on the shelves and boxes to indicate items which were short dated. Current fridge temperatures were recorded, but not the maximum and minimum which would show if storage had been outside the accepted range. The controlled drugs were stored appropriately, and regular checks were done of the running balances. Drug alerts were received, actioned and filed appropriately to ensure that recalled medicines did not find their way to people who

used the pharmacy.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the right equipment for its services.

Inspector's evidence

The pharmacy had access to up-to-date reference sources. This meant that people could receive information which reflected current practice. There were various sizes of glass, stamped measures with separate ones labelled for CD use, reducing the risk of cross contamination. The pharmacy had a separate triangle marked for use with methotrexate tablets ensuring that dust from them did not cross contaminate other tablets.

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.