

Registered pharmacy inspection report

Pharmacy Name: Touchwood Pharmacy, 47 Coniston Road, Leighton Buzzard, Bedfordshire, LU7 2PJ

Pharmacy reference: 9010585

Type of pharmacy: Community

Date of inspection: 20/06/2023

Pharmacy context

This NHS community pharmacy is on a row of shops in a residential area of the town. The pharmacy is part of a chain of pharmacies and it opens six days a week. It sells medicines over the counter and it dispenses people's prescriptions. It also delivers medicines to people who have difficulty in leaving their homes. The pharmacy supplies medicines in multi-compartment compliance packs (compliance packs) to some people who need help managing their medicines. It delivers the Community Pharmacist Consultation Service (CPCS) to help people who have a minor illness or need an urgent supply of a medicine and the discharge medicines service (DMS) for those leaving hospital. And people can get their COVID-19, flu and travel vaccinations at the pharmacy. It is taking part in the NHS blood pressure monitoring service too.

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 identifies and manages the risks associated with its services to help provide them safely. It records and reviews any mistakes that happen during the dispensing process. It uses this information to help make its services safer and reduce any future risk. It protects people's personal information well and team members understand their role in protecting vulnerable people.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) available. SOPs were regularly reviewed and updated by the head office team. Any changes or updates were highlighted, and team members were also made aware of these. Team members were allocated SOPs depending on their job roles.

The pharmacy recorded dispensing mistakes which were identified before the medicine was handed out (near misses) and those where the medicine was handed to a person (dispensing errors). Near misses were logged electronically. The electronic system then had the ability to analyse the data from the near misses and show trends and patterns and these were discussed with the team. Head office had issued all branches with a list of medicines which sounded alike. Warning labels were used on the shelves to highlight picking errors made in the past. Dispensing errors were investigated and reported on the intranet to head office.

The correct responsible notice (RP) notice was displayed. The team members were aware of the tasks that could and could not be carried out in the absence of the RP. The pharmacy had current professional indemnity insurance. The pharmacy had a complaints procedure, and it displayed a notice informing people about the procedure. Complaints were dealt with by the pharmacy manager. Where the matter could not be resolved in store it was referred to head office.

Records about private prescription, emergency supplies, unlicensed medicines dispensed, controlled drug (CD) registers and RP records were generally well maintained. Some prescriber details in private prescription records were not accurate, the team said they would ensure they were accurate going forward. CD registers were kept electronically, the stock of an item chosen at random agreed with the recorded balance in the CD.

Assembled prescriptions were stored behind the counter and people's private information was not visible to others using the pharmacy. The pharmacy had an information governance policy available. Relevant team members who accessed NHS systems had smartcards. Confidential waste was kept in a designated container and collected by a contractor for secure destruction. All team members had also completed online training about confidentiality.

Team members had completed safeguarding training. Details were available for the local safeguarding boards. The company also had a safeguarding officer at head office who team members could contact.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members for the services it provides. And the pharmacy supports its team members by providing them with some ongoing training to help keep their knowledge and skills up to date. They do the right training for their roles. And they work effectively together and are supportive of one another.

Inspector's evidence

At the time of the inspection, the pharmacy team comprised of a pharmacist, who worked five days a week, supported by a regular locum who worked on Saturdays. There were three dispensers present. There was also a member of the team on maternity leave, and two delivery drivers who worked alternate weeks. Team members worked well together and communicated effectively to ensure that tasks were prioritised, and the workload was well managed. Team members counselled people about the use of over-the-counter medicines and asked appropriate questions before recommending treatment.

The staff said that they were able to make suggestions about how the pharmacy was run. Recently they had suggested changing where some medicines were stored and this had reduced picking errors. Individual performance and development were monitored by the pharmacy manager. There had been no appraisals, but the team present had all been in post for less than a year. Team members were given on-the-spot feedback. Team members had personal access to a training site which helped them keep up to date. Team members said there was a monthly module to complete, and they were set deadlines by when certain modules needed to be completed.

The pharmacy team held monthly meetings. Team members felt able to feedback concerns and suggestions.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, secure and provide an appropriate environment to deliver its services. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy premises were modern, bright, clean, and organised. The dispensary was of adequate size; there was workspace which was generally clutter-free and clean. Workbenches were also allocated for certain tasks. A sink was available for preparing medicines.

A consultation room was available. The room allowed a conversation at a normal level of volume to take place inside without being overheard. It was clean and tidy. The premises were kept secure from unauthorised access. The room temperature and lighting were adequate for the provision of pharmacy services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy generally provides its services safely. It obtains its medicines from reputable sources, and it manages them appropriately so that they are safe for people to use. It takes the right action in response to safety alerts so that people get medicines and medical devices that are safe to use.

Inspector's evidence

There was level access to the pharmacy from the pavement and services were advertised in the window and on a website which allowed people to book appointments for vaccinations. But people could not purchase medicines through the pharmacy's website. Team members used the internet to find details about other local services to help people.

The pharmacy had an established workflow. Colour-coded baskets were used as part of the dispensing process to separate prescriptions. Dispensed and checked-by boxes on dispensing labels were initialled by members of the team to create an audit trail for the dispensing and checking processes. The pharmacy had delivery drivers and delivery records were kept. If a person was not home, a note was left by the driver and the medicines were returned to the pharmacy.

Warning stickers were attached to some of the prescriptions by the RP during the checking process. Stickers were used if a person needed to be counselled by a pharmacist or if there was a fridge line or CD dispensed. However, their use was not consistent, and some prescriptions which should have had applicable stickers on did not.

The RP and team members were aware of the guidance for dispensing sodium valproate. Where possible, sodium valproate was dispensed in its original packaging. Placement of the dispensing label on the container so as not to obscure important information was discussed with the team. The pharmacy did not often dispense warfarin, methotrexate or lithium. Additional checks were carried out when people collected medicines which required ongoing monitoring, when the prescription was appropriately stickered.

Some people's medicines were supplied in multi-compartment compliance packs. To help organise and manage the service, people were allocated to different weeks. Team members contacted the surgery with any queries if the GP had not informed them about prescription changes. Clinical checks were completed in store by the pharmacist. Most packs were prepared by a robot, offsite. Prepared packs were sent back to the pharmacy in sealed clear bags. Assembled packs were labelled with product descriptions and mandatory warnings. Where available a photograph of the medication was included. A reference to the patient information leaflets (PILs) available online was given but none were supplied, meaning that people could not easily access the information provided by the manufacturer about their medicines. The staff said that they would look into how this could be managed in the future. A few of the packs were supplied from the pharmacy.

Medicines were obtained from licensed wholesalers. Fridge temperatures were monitored daily and recorded; the records showed these were within the required range for storing temperature-sensitive medicines. CDs were held securely. Expiry date checks were carried out by one of the dispensers. Short-dated stock was highlighted with a sticker. There were no date-expired medicines found on the shelves checked. Out-of-date and other waste medicines were separated from stock and then collected by licensed waste collectors.

Drug recalls were received, and the team printed these and checked against stock. If the affected batches were found these were quarantined and action was taken following instructions received from head office.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. And it keeps them clean. The team uses its facilities and equipment to keep people's private information safe.

Inspector's evidence

There were various sizes of glass, crown-stamped measures, with separate ones labelled for specific use, reducing the risk of cross-contamination. Equipment was mainly clean and ready for use. A separate tablet-counting triangle was used for cytotoxic medicines to avoid contamination. One fridge of adequate size was available. Up-to-date reference sources were available including access to the internet. The pharmacy's computers were password protected and screens faced away from people using the pharmacy. Electrical equipment was regularly tested. Stickers were affixed to various electronic equipment and displayed the next date of testing.

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.