

Registered pharmacy inspection report

Pharmacy Name: Peasedown Pharmacy, 15 Bath Road, Peasedown
St John, BATH, Avon, BA2 8DH

Pharmacy reference: 1028534

Type of pharmacy: Community

Date of inspection: 20/11/2019

Pharmacy context

This is a community pharmacy located in the village of Peasedown St John which is located outside of the city of Bath. It serves its local population which is mostly elderly. The pharmacy opens six days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions and supplies medicines in multi-compartment medicine devices for people to use living in their own homes.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.6	Standard not met	The pharmacy does not adequately maintain all of the records it must keep by law.
		1.7	Standard not met	The pharmacy team do not manage and protect people's confidential information adequately.
		1.8	Standard not met	The pharmacy team are not clear on how to identify potential safeguarding concerns in vulnerable adults and children.
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards not all met	3.2	Standard not met	The pharmacy premises do not protect people's private information adequately.
4. Services, including medicines management	Standards not all met	4.3	Standard not met	The pharmacy does not store all of its medicines safely and in accordance with the law.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy has written procedures to help make sure the team works safely. Pharmacy team members record and review some mistakes that happen and use this information and learning to avoid future mistakes. Pharmacy team members are clear about their roles and responsibilities. The pharmacy asks its customers and staff for their views and uses this to help improve services. The pharmacy team do not manage and protect people's confidential information adequately. The pharmacy team do not always keep records maintained in accordance with the law. The pharmacy has appropriate insurance to protect people when things do go wrong. The pharmacy team are not clear on how to identify potential safeguarding concerns in vulnerable adults and children.

Inspector's evidence

Some processes were in place for identifying and managing risks. There was a near miss log held in the dispensary but no near misses had been recorded in November. The pharmacist reported that this was reviewed regularly and any learning points were analysed and discussed. There was a procedure in place to learn from dispensing errors. Dispensing errors were recorded and were subject to a root cause analysis to find out why the error had happened. These were also reported to the superintendent. Due to a recent error involving insulin, the pharmacist reported that she had coached the pharmacy team on how to differentiate between different forms of insulin.

There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches. The team used stackable containers to hold dispensed medicines to prevent the mixing up different prescriptions. Dispensing labels were also seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

Standard operating procedures (SOPs) were in place for the services provided. These were regularly reviewed and signed by staff. The pharmacy team understood what their roles and responsibilities were when questioned. There was a complaints procedure in place and staff were all clear on the processes they should follow if they received a complaint. The pharmacy carried out a Community Pharmacy Patient Questionnaire annually as part of their NHS contract. A certificate of public liability and indemnity insurance from the NPA was held and was valid and in date until the end of April 2020.

Records of controlled drugs (CD) and patient returned controlled drugs were retained. The address that a CD was received from was often not included in the records. Page margins were not always filled out on each page in the registers examined. A sample of a random CD was checked for record accuracy and the balance was correct at the time of the inspection. The CD balance was checked inconsistently and the pharmacist agreed to address this.

The responsible pharmacist (RP) record was retained but it was six days out of date at the time of the inspection. The RP notice was displayed where the public could see it clearly. There were two fridges in use and temperatures were not consistently recorded. Date checking was carried out regularly and records were kept to demonstrate this. Short dated stock was highlighted. The private prescription and emergency supply records were retained and were in order. Specials records could not be demonstrated as the pharmacy team could not locate these.

The pharmacy manager was not able to explain how staff were trained on information governance procedures. The computer screens were all facing away from the public and were password protected. Bag labels that had been attached to assembled prescriptions were observed as peeling off and this may pose the risk that labels could be transposed onto different bags. There were usernames and passwords for several pharmacy accounts that were displayed clearly in the dispensary. Staff reported that confidential waste was shredded regularly using a cross cut shredder. But there was several large baskets of confidential waste that had built up and the pharmacist reported that the shredder often did not work very well. The consultation room door had a large and transparent glass window and you could see what was happening in it from the retail area of the pharmacy (see also principle 3).

The pharmacy team were not clear if they had been trained on safeguarding children and vulnerable adults or if there was a specific policy for dealing with this in the pharmacy. Contact details for local safeguarding advice, referral and support were not available at the time of the inspection.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy staff have the appropriate skills, qualifications and training to deliver services safely and effectively. The pharmacy team members work well together. They are comfortable about providing feedback and raising concerns and are involved in improving pharmacy services.

Inspector's evidence

There was one pharmacist and three dispensing assistants present during the inspection. They were all seen to be working well together. Staffing levels were seen to be sufficient for the level of the services provided during the inspection.

Staff meetings would take place on an ad-hoc where any significant errors and learning would be discussed with the team. The staff reported that they kept their knowledge up to date by reading third party materials and would ask the pharmacist if they had any queries. The pharmacist reported that she had recently held a team meeting about different formulations of insulin because of a dispensing error. The pharmacist gave an example of having recently learnt about the Community Pharmacist Consultation Service (CPCS) which aims to relieve pressure on the wider NHS by providing patients with urgently required medicines at the pharmacy.

Staff reported that they felt comfortable to approach the superintendent pharmacist with any issues regarding service provision. There were targets in place but the pharmacy team explained that they did not feel any pressure to deliver these targets and would never compromise their professional judgement to achieve targets.

Principle 3 - Premises Standards not all met

Summary findings

The pharmacy generally provides a safe and appropriate environment for the provision of pharmacy services. The pharmacy premises does not protect people's private information adequately. The pharmacy is secure and protected from unauthorised access.

Inspector's evidence

The pharmacy had a retail area toward the front and the dispensary was separated by a medicines counter to allow for the preparation of prescriptions in private. Fixtures and fittings appeared dated. The flooring was significantly worn in the dispensary and the dispensary floor looked untidy. The pharmacist agreed to address this. There was also some water damage to ceiling tiles in the dispensary.

There was a sink available in the dispensary with hot and cold running water with hand sanitiser to allow for hand washing. Medicines were generally organised in a generic and alphabetical manner. Branded medicines were separated and organised in an alphabetical manner. Assembled bags of prescriptions were stored on the floor in the dispensary which may increase the risk of trip hazards to staff.

The pharmacy had a consultation room was not well soundproofed and the pharmacist talked quietly when using the room. The consultation room door was equipped with a large and transparent glass window and you could see what was happening in it from the retail area of the pharmacy. The ambient temperature and lighting throughout the pharmacy was appropriate for the delivery of pharmaceutical services.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy's services are accessible, generally effectively managed and delivered safely. The pharmacy obtains and manages medicines safely, but it does not always store medicines safely and in accordance with the law. The pharmacy team take appropriate action where a medicine is not fit for purpose. The pharmacy does not currently have a hazardous waste bin to dispose of hazardous waste medicines and this may increase the risk to staff and the environment.

Inspector's evidence

Access to the pharmacy was via a small step but staff were on hand to help if required. There was seating for patients or customers waiting for services. There was a range of leaflets and posters available to the public about services on offer in the pharmacy.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. Valproate patient cards were not available for use during valproate dispensing to all female patients at the time of the inspection. The pharmacist reported that she would check that the patient's prescriber had discussed the risks of exposure in pregnancy with them and they are aware of these and query if they were taking effective contraception.

The pharmacy obtained medicinal stock from suppliers such as AAH, Alliance, Shaunaks warehouse and Lexon. Specials were ordered from Lexon specials. The superintendent pharmacist was aware of the European Falsified Medicines Directive (FMD). He explained that he was in the process of rolling out the scanning equipment, software and staff training.

There were destruction kits for the destruction of controlled drugs and designed bins for storing waste medicines were available and seen as being used for the disposal of medicines returned by patients. A bin for the disposal of hazardous waste medicines was not available at the time of the inspection. But a container of chloramphenicol 0.5% minims was found in the regular doop bin rather than in the hazardous waste bin. A container of tramadol 50mg capsules was also found in the regular doop bin. Both issues were addressed during the inspection.

The majority of medicines and medical devices were stored within their original manufacturer's packaging. A container of Evra patches was identified that did not have the quantity, form, batch number or expiry date on the container. Medicines were stored on dispensary shelves and some medicines were seen to be mixed together, for example:

Different strength and forms of carbamazepine tablets

Different strengths of hydroxyzine, hydralazine and hydroxychloroquine tablets

Different strengths of procyclidine, prochlorperazine and primidone tablets

Pharmaceutical stock was subject to date checks which were documented and up to date. The fridges appeared to be in working order but temperatures were not monitored consistently each day. MHRA alerts came to the team electronically through their email system. But records to demonstrate this not kept and the pharmacist agreed to address this.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities to provide the services offered. The pharmacy uses its facilities to protect patient privacy.

Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Separate measures were in use for dispensing CDs. Amber medicines bottles were seen to be capped when stored and there was a counting triangle. Electrical equipment appeared to be in good working order and was PAT tested annually. Pharmacy equipment was seen to be stored securely from public access.

Up-to-date reference sources were available in the dispensary and included a BNF, a BNF for Children and a Drug Tariff. Internet access was also available should the staff require further information sources. The pharmacist reported that one fridge had broken over the weekend and so a new fridge had been delivered. There were two fridges used for the storage of thermolabile medicines which appeared to be in good working order.

Designed bins for storing waste medicines were available for use and there was sufficient storage for medicines. The computers were all password protected and patient information was safeguarded.

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.