

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: 30/09/2020

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 and supplies medicines in multi-compartment medicine devices for people to use living in their own homes.

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 has written procedures to help make sure the team works safely. Pharmacy team members record and review 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. It manages and protects people's confidential information and it tells people how their private information will be used. The pharmacy has appropriate insurance to protect people when things do go wrong.

Inspector's evidence

The pharmacy team had taken measures to mitigate the risk of transmission of COVID-19. Staff reported that the pharmacy manager had completed risk assessments of the impact of COVID-19 on the pharmacy premises and the individual pharmacy staff members. The pharmacy suspended some of its face-to-face services during the peak of the pandemic. Staff were generally wearing face masks or visors as it was not possible to socially distance from each other in the dispensary. People were encouraged to wear face masks when attending the pharmacy. Access to the pharmacy was restricted to two people at any one time. Processes were in place for identifying and managing risks. There was a near miss log in the main dispensary which was seen to be used to record near miss incidents regularly. The pharmacy team reported that this was reviewed regularly and any learning points were analysed and discussed. The pharmacist had completed training on 'sound alike' and 'look alike' medicines. Quinine and quetiapine had been separated on the dispensary shelf, for example.

There was a procedure in place to learn from dispensing errors. Dispensing errors were recorded and reported to the superintendent pharmacist. The pharmacy would investigate errors so that they could learn from these and reduce the risk of these occurring in the future.

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. But this were overdue for review as of January 2020. 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 usually carried out a Community Pharmacy Patient Questionnaire annually to gather people's feedback as part of their NHS contract. A certificate of public liability and indemnity insurance was displayed in the dispensary and was valid and in date until April 2021.

Records of controlled drugs (CD) and patient returned controlled drugs were kept. The CD balance was checked monthly. The responsible pharmacist (RP) record was retained. The RP notice was displayed and could be clearly seen by the public. There were two fridges in use and temperatures were recorded daily and were within the appropriate temperature range of two to eight degrees Celsius. Date checking was completed regularly and records were kept to demonstrate this. The private prescription,

emergency supply and specials records were kept and were in order.

The pharmacy team understood their responsibilities around protecting people's private information. The computer screens in the dispensary were all facing away from the public and were password protected. Confidential waste was collected separate to normal waste and disposed of by Shaunak's head office.

There was a safeguarding children and vulnerable adults policy in place in the pharmacy. On questioning, staff were clear about how they may identify potential safeguarding concerns. But staff could not readily locate contact details for local safeguarding advice, referral and support.

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 provisionally registered pharmacist, three dispensing assistants and one medicines counter assistant 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. E-mails were sent from the head office to make the staff aware of important updates. The staff reported that they kept their knowledge up to date by reading third party materials, such as pharmacy magazines, and would ask the pharmacist if they had any queries. The pharmacy team recently completed a training session on a new patient medical record system. A dispensing assistant said that this had helped the team become more efficient at labelling medicines for patients.

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 met

Summary findings

The pharmacy provides a safe and appropriate environment for the provision of pharmacy services. The pharmacy team protect people's private information and 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. Pharmacy fixtures and fittings appeared dated and had not been upgraded in some time. The pharmacy had been adapted to mitigate the risk of COVID 19 transmission. There was a plastic screen separating the retail area from the dispensary. Doors were kept open to allow adequate ventilation of the premises. Cleaning was carried out by staff on a regular basis using appropriate sanitiser.

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. Some medicinal stock was stored in boxes 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 had a frosted glass window and patient privacy was protected. The ambient temperature and lighting throughout the pharmacy was appropriate for the delivery of pharmaceutical services.

Principle 4 - Services ✓ Standards met

Summary findings

Pharmacy services are accessible, effectively managed and safely delivered, pharmaceutical stock is appropriately obtained, stored and supplied. Where a medicinal product is not fit for purpose, the team take appropriate action.

Inspector's evidence

Pharmacy services were detailed in posters and leaflets around the pharmacy. Access to the pharmacy was via a small step but staff were available to assist if needed. There was space for the movement of a wheelchair or pushchair in the pharmacy and some seating for patients and customers who were waiting.

The pharmacy delivery service had come under additional demand due to people who were self-isolating. The delivery drivers were dropping assembled bags of prescriptions at people's doorstep and witnessing them take it from a distance.

The pharmacy team dispensed multi-compartment compliance packs for 150 patients in their own homes. Audit trails were kept to indicate where each compliance aid was in the dispensing process. One compliance aid was examined and an audit trail to demonstrate who dispensed and checked the compliance aid was complete. Descriptions were routinely provided for the medicines contained within the compliance aids. Patient information leaflets (PILs) were regularly supplied.

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 and the pharmacist agreed to address this. The pharmacist reported that he 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.

There were destruction kits available for the destruction of controlled drugs and designated bins for storing waste medicines were available and being used for the disposal of medicines returned by patients. A hazardous medicines waste bin was available for use. But estradiol 10mcg pessaries were found in the regular waste bin rather than the hazardous waste bin. This was corrected during the inspection. Waste collection was regular and the team explained they would contact the contractors if they required more frequent waste collection.

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. The pharmacy obtained medicinal stock from suppliers such as AAH, Alliance, Shaunak's warehouse and Lexon. Specials were obtained via suppliers such as AAH specials.

Medicines and medical devices were stored within their original manufacturer's packaging. Pharmaceutical stock was subject to date checks which were documented and up to date. Short-dated products were appropriately marked. A bottle of gabapentin 50mg/ml was found on the dispensary shelf that had expired at the end of August 2020. The fridges were in good working order and the stock inside was stored in an orderly manner. MHRA drug alerts and recalls came to the pharmacy

electronically and the pharmacy team explained that these were actioned appropriately. Records were kept to demonstrate 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. The pharmacy team had access to sufficient personal protective equipment to mitigate the risk of transmission of COVID 19.

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. 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.