

Registered pharmacy inspection report

Pharmacy Name: Evercreech Pharmacy, Victoria Square, Evercreech, SHEPTON MALLET, Somerset, BA4 6JP

Pharmacy reference: 1036337

Type of pharmacy: Community

Date of inspection: 17/06/2019

Pharmacy context

This is a community pharmacy located in the town of Shepton Mallet in Somerset. 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 compliance aids 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	1.7	Standard not met	The pharmacy does not manage information to protect the privacy of its patients.
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 the privacy of people who receive pharmacy services.
4. Services, including medicines management	Standards not all met	4.3	Standard not met	The pharmacy does not store medicines securely.
5. Equipment and facilities	Standards not all met	5.3	Standard not met	The pharmacy does not use its facilities in a way that protects the privacy of people who receive pharmacy services.

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 mistakes that happen. But dispensing errors are not always subject to a detailed root cause analysis which means that some learning could be missed. 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. But it does not manage and protect people's confidential information adequately. The pharmacy has appropriate insurance to protect people when things do go wrong.

Inspector's evidence

Some processes were in place for identifying and managing risks. Some near misses were recorded and demonstrated to the inspector. But it was not always clear what was a near miss and what was a dispensing error. There was only limited root cause analysis carried out for dispensing errors and the pharmacist agreed to address this. The pharmacist reported that he reviewed errors regularly and communicated any learning to the pharmacy team.

There was a procedure for dealing with dispensing errors detailed in the standard operating procedures (SOPs). Staff demonstrated that dispensing errors were recorded electronically and included an investigation as to why the error had occurred. Dispensing errors were also reported to the superintendent pharmacist.

There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches. 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 all the dispensary tasks. SOPs were generally reviewed every two years. On questioning, the members of staff were all able to explain their roles and responsibilities.

A complaints procedure was in place and the staff were all aware of the complaints procedure. The pharmacy carried out a Community Pharmacy Patient Questionnaire (CPPQ) annually as part of their NHS contract and previous feedback was displayed and was positive.

An indemnity insurance and public liability certificate from NPA was displayed and was valid and in date until the end of December 2019. Records of controlled drugs (CD) and patient returned CDs were seen as being kept. The address that a CD was received from was often omitted from the examined records. A sample of a random CD was checked for record accuracy and was seen to be correct. CD balance checks were carried out infrequently and the pharmacist agreed to address this.

Date checking was carried out regularly and but records were not kept to demonstrate this. The pharmacist agreed to address this. The fridge temperatures were recorded daily and were always in the 2 to 8 degrees Celsius range.

An electronic responsible pharmacist (RP) record was retained and the responsible pharmacist notice

was displayed in pharmacy where patients could see it. The RP record often omitted the time that the RP had signed out. The private prescription, emergency supply and specials records were retained and were in order.

Staff understood their responsibilities around information governance and data protection. Staff signed confidentiality agreements. Confidential waste was separated and disposed of appropriately. The computer screens were all facing away from the public and access to patient confidential records was password protected.

Staff explained that they were aware what signs to look out for that may indicate safeguarding issues in children and vulnerable adults. Contact details were not immediately available for safeguarding referrals, advice and support. The pharmacist agreed to address this.

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 one dispensing 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 performance reviews took place twice a year and development opportunities as well as any feedback the staff may have about the place that they work was discussed. Staff meetings would take place on an ad-hoc basis 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. Recently, the dispensing assistant reported that he had updated his knowledge around the European Falsified Medicines Directive (FMD) in preparation for its implementation in the pharmacy.

Staff reported that they felt comfortable to approach the superintendent pharmacist with any issues regarding service provision. There were no formalised targets in place in the pharmacy.

Principle 3 - Premises Standards not all met

Summary findings

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

Inspector's evidence

The pharmacy retail area towards the front and a dispensary area toward the back which was separated from the retail area by a medicines counter to allow for the preparation of prescriptions in private.

There were sinks available in the dispensary with hot and cold running water with sanitiser to allow for hand washing. Medicines were stored on the shelves in a generic and alphabetical manner and these were being rearranged during the inspection.

The ambient temperature was suitable for the storage of medicines and the lighting throughout the store was appropriate for the delivery of pharmacy services.

Principle 4 - Services Standards not all met

Summary findings

Pharmacy services are accessible, effectively managed and safely delivered, pharmaceutical stock is appropriately obtained and supplied. But pharmaceutical stock is not stored securely and is potentially accessible to the public. Where a medicinal product is not fit for purpose, the team take appropriate action. But records to demonstrate this were not always completed correctly which could mean that the pharmacy is not able to show exactly what has happened if any problems arise.

Inspector's evidence

Pharmacy services were detailed on posters around the pharmacy. Access to the pharmacy was via small step. There was space for the movement of a wheelchair or pushchair in the pharmacy and seating for patients and customers who were waiting.

The pharmacy team dispensed multi-compartment compliance aids for 90 patients receiving care in their own homes and for four care 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 incomplete. Descriptions were routinely provided for the medicines contained within the compliance aids. Patient information leaflets were not regularly supplied and the pharmacist agreed to address this.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. However, valproate patient cards were not available for use during valproate dispensing to all patients who may become pregnant 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 also available for use. Waste collection was regular and the team explained they would contact the contractors if they required more frequent waste collection.

The pharmacy was in the process of complying with the European Falsified Medicines Directive (FMD). The relevant equipment was in place and the pharmacy was currently exploring options with regards to the software. Medicines were obtained from suppliers such as AAH, Alliance, Colorama, Trident and Phoenix. Specials were obtained via suppliers such as the Colorama 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. The fridge was 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 pharmacist explained that these were actioned appropriately. However, records and audit trails were not regularly kept to demonstrate this.

Principle 5 - Equipment and facilities **Standards not all met**

Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services offered. But these were not always used in a way that helps protect patient confidentiality and dignity.

Inspector's evidence

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

Up-to-date reference sources were available in the dispensary and the consultation room 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 was one fridge in use which was in good working order and the maximum and minimum temperatures were recorded daily and were seen to always be within the correct range. Designated bins for storing waste medicines were available for use and there was sufficient storage for medicines. The computers were all password protected.

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.