

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: 03/01/2020

Pharmacy context

This is a community pharmacy located in the small village of Evercreech near Shepton Mallet. 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 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 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. It generally 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

Processes were in place for identifying and managing risks. There was a near miss log in the main dispensary and in the multi-compartment compliance aid room and both were 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. 'Sound alike' and 'look alike' medicines such as amitriptyline and amlodipine had been separated on the dispensary shelf. 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.

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 and new ones had recently been rolled out which were being signed by staff. The healthcare team understood what their roles and responsibilities were and these were defined within the SOPs.

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 NPA was held and was valid and in date until 2nd December 2020.

Records of controlled drugs (CD) and patient returned controlled drugs were retained. Annotations to the CD register were not always signed and dated. There was some evidence of overwriting and obliterations on the CD 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 generally checked monthly.

The responsible pharmacist (RP) record was retained. The RP notice was displayed where the public could see it clearly. There was one fridge in use and temperatures were recorded electronically daily and were within the appropriate temperature range of two to eight degrees Celsius. Date checking was carried out regularly and records to demonstrate this were retained. Short dated stock was highlighted. But there was out of date stock on the dispensary shelf (see principle 4). The private prescription,

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

The pharmacy team were seen to be following the company's information governance procedures during the inspection. The computer screens were all facing away from the public and were password protected. Confidential waste was collected separate to regular waste and removed by an external company.

The pharmacy team reported that they had been trained on safeguarding children and vulnerable adults. On questioning, staff were clear about how they may identify and refer safeguarding concerns appropriately. Contact details for local safeguarding advice, referral and support were available and staff could locate these.

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 low on the day of the inspection due to staff sick absence but the team were working well together and supporting each other when required.

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 pharmacy magazines 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. The dispensing assistant also explained that he had read a CPPE package on sound alike and look alike medicines and reported that this had highlighted these types of errors in his mind.

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 met

Summary findings

The pharmacy provides a safe and appropriate environment for the provision of pharmacy services. The pharmacy team protect private information and 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. Fixtures and fittings were dated and had not been upgraded in some time.

There was a sink 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 shelves were cleaned when date checking was carried out. The consultation room was lockable and patient information was kept securely. There was a separate room for dispensing multi-compartment compliance aids and this was kept locked when not in use.

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 met

Summary findings

The pharmacy's services are accessible, effectively managed and delivered safely. The pharmacy generally obtains, stores and manages medicines safely and ensure that all of the medicines it supplies are fit for purpose. The pharmacy team take appropriate action where a medicine is not fit for purpose. The pharmacy team did not always remove expired medicines from the dispensary shelves in a timely manner which may mean that there is an increased risk of these being supplied to patients.

Inspector's evidence

Pharmacy services were detailed on posters and leaflets 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 around 100 patients for use in their own homes and for 2 local care homes. The compliance aids were dispensed in a separate room to reduce distractions to staff. One compliance aid was examined and an audit trail to demonstrate who dispensed and checked it was complete. Descriptions were 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 available for use during valproate dispensing to all female patients. The pharmacist reported that he would check that 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 and Phoenix. Specials were ordered from Colorama specials. The pharmacy team were aware of the European Falsified Medicines Directive (FMD). They explained that the pharmacy had the scanning equipment and appropriate software. The procedures to reflect the new FMD dispensing processes were in the process of being developed.

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 also available during the inspection.

The majority of medicines and medical devices were stored in an organised fashion within their original manufacturer's packaging. Small quantities of the following medicines were stored in loose strips without a container:

Flecainide 100mg tablets

Co-codamol 30mg/500mg tablets

Pharmaceutical stock was subject to date checks which were documented and up to date. The stock was then wrapped with an elastic band when it was short dated. But the following out of date medicines were found on the dispensary shelf:

Flecainide 100mg tablets that expired at the end of December 2019

Promethazine teoclate 25mg tablets that expired at the end of October 2019
Ropinirole 1mg tablets that expired at the end of December 2019
Sodium valproate 200mg gastro-resistant tablets that expired at the end of October 2019
Zuclopenthixol 2mg tablets that expired at the end of December 2019

There were two examples of liquid medicines that had short expiry dates after opening but had no date of opening on the container:

Glycopyrronium Bromide 1mg/5ml oral solution that expires 28 days after opening
Trazodone 50mg/5ml oral solution that expires 30 days after opening

The fridge was in good working order and the stock inside was stored in an orderly manner. MHRA alerts came to the team electronically through their email system. Records and audit trails to demonstrate this were kept.

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. There was one fridge used for the storage of thermolabile medicines 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. 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.