General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Acorn Pharmacy, 95 Locks Hill, FROME, Somerset, BA11 1NG

Pharmacy reference: 1073973

Type of pharmacy: Community

Date of inspection: 13/08/2019

Pharmacy context

This is a community pharmacy located in a residential area in Frome, Somerset. It serves its local population which is mostly elderly. The pharmacy opens five days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions, provides drug misuse services 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	1.1	Standard not met	The pharmacy does not identify and manage risk well. There are no procedures in place to learn from mistakes.
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 not all met**

Summary findings

The pharmacy has some written procedures to help make sure the team works safely. But the pharmacy team members do not sufficiently 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

Insufficient processes were in place for identifying and managing risks. Near misses had not been recorded for many months. There was no procedure in place for dealing with dispensing errors. The superintendent pharmacist could not demonstrate that any dispensing errors had been recorded at the time of the inspection.

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. But there was no clear process in place for reporting and learning from dispensing errors. 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.

An indemnity insurance and public liability certificate from NPA was displayed and was valid and in date until the end of April 2020. Records of controlled drugs (CD) and patient returned CDs were seen as being kept. A sample of a random CD was checked for record accuracy and was seen to be correct. CD balance checks were carried out inconsistently and infrequently for CDs that were not used often. Patient-returned and out-of-date CDs were separated from regular CD stock but were not always labelled appropriately.

Date checking was carried out regularly and records were kept to demonstrate 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 kept. The RP notice was displayed in pharmacy where patients could see it. The RP notice was initially displaying the wrong pharmacist at the start of the inspection but this was promptly corrected by the pharmacist.

The private prescription records were retained and were in order. The emergency supply records were not demonstrated as pharmacy staff were unfamiliar with a new patient medical record system they were using. The pharmacy manager agreed to address this. The specials records were retained but some entries omitted the prescriber's details.

Staff were aware of their responsibilities around data protection and information governance. Confidential waste was separated and disposed of by an external company. The computer screens were

all facing away from the public and access to patient confidential records was password protected. All confidential information and patient sensitive information was filed away in the pharmacy.

Staff explained that they were aware what signs to look out for that may indicate safeguarding issues in children and vulnerable adults. Staff could not readily local contact details 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 two dispensing assistants present during the inspection. They were all seen to be working well together. The pharmacy manager reported that staff meetings would take place on an ad-hoc to discuss any business updates or significant errors. She also explained that as the pharmacy team was very small, they were always communicating with each other.

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. A trainee dispensing assistant reported that he had recently learnt about the counselling points for the over the counter sale of codeine containing products. He explained that he would use a structured set of questions to ascertain whether the sale was appropriate and then counsel the patient as to the correct dosage and potential side effects. Staff received time to complete any required training.

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

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 had a retail area toward the front and a dispensary area toward the back. Pharmacy fixtures and fittings appeared dated and had not been upgraded in some time. The dispensary area was separated from the retail area by a counter to allow for the preparation of prescriptions in private.

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. The consultation room was not very well soundproofed and the pharmacy team managed this by talking quietly. Patient confidential information was stored securely. 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. But the pharmacy team members do not always remove expired medicines from the dispensary shelf in a timely manner which may increase the risk that these are dispensed to patients. 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

Pharmacy services were detailed in a practice leaflet available in the pharmacy. Access to the pharmacy was step free. There was space for the movement of a wheelchair or pushchair in the pharmacy and seating for patients and customers who were waiting. Large print labels were available for patients with sight difficulties.

The pharmacy team dispensed multi-compartment compliance aids for 110 patients in their own homes and for two local 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 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 she 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.

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 not available for use during the inspection. Waste collection was regular and the team explained they would contact the contractors if they required more frequent waste collection.

The pharmacy was European Falsified Medicines Directive (FMD) compliant. The relevant equipment and software was in place. Medicines were obtained from suppliers such as Day Lewis warehouse, AAH, Phoenix and Alliance. Specials were obtained via suppliers such as Alliance 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. But the following liquid medicines were stored on the dispensary shelf and were out of date:
Sodium feredetate (Sytron) oral solution expired as of 3 August 2019
Trazodone 50mg/5ml oral solution expired as of 12 June 2019.

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 pharmacy manager explained that these

were actioned appropriately. Records and audit trails were kept to demonstrate this.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services offered. These are 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 were counting triangles 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 from public access.

Up-to-date reference sources were available online and this access included the BNF, the BNF for Children and the Drug Tariff. Internet access was available should the staff require further information sources. There was one fridge which was in good working order and the maximum and minimum temperatures were recorded daily and were seen to be within 2 to 8 degrees Celsius. Designated 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.