

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: 12/08/2020

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 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

The pharmacy team had taken measures to mitigate the risk of transmission of COVID-19. The superintendent pharmacist 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 not wearing face masks as they were socially distancing from each other in the pharmacy. People were encouraged to wear face masks when attending the pharmacy. 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 pharmacist 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. Different strengths of apixaban 2.5mg and 5mg tablets were separated on the dispensary shelf after previous near misses.

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 and these were reviewed regularly. 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 displayed in the dispensary and was valid and in date.

Records of controlled drugs (CD) and patient returned controlled drugs were kept. The CD balance was checked regularly. The responsible pharmacist (RP) record was retained. The RP notice was displayed and could be clearly seen by the public. There was one fridge 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.

There was a smartcard which was kept in the computer in a consultation room that was not lockable. This was removed during the inspection. 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 appropriately.

The pharmacist had completed a Centre for Pharmacy Postgraduate Education (CPPE) training package 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 readily available in the pharmacy.

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, such as pharmacy magazines, and would ask the pharmacist if they had any queries. The pharmacist explained that she had completed a Centre for Pharmacy Postgraduate Education (CPPE) package on safeguarding children and vulnerable adults which had raised her awareness of safeguarding issues. Staff received some time to complete any required training. During the COVID-19 pandemic, staff had utilised guidance resources from the PSNC and Public Health England.

Staff reported that they felt comfortable to approach the pharmacy manager or superintendent pharmacist with any issues regarding service provision. There were no formalised targets in place at 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 generally 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 plastic screen separating the retail area from the dispensary. There were specified entry and exit points in order to help people socially distance in the pharmacy.

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 when using it. 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 posters and leaflets around 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.

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 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.

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. But staff had not been trained how to utilise the FMD process and the superintendent pharmacist reported that he was working towards this. Medicines were obtained from suppliers such as AAH, Alliance and Colorama. 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. 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. But recent records to demonstrate this were not kept.

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. There was a 100ml measure that had mould in the bottom and this was removed during the inspection. The pharmacist explained that this measure had not been used in some time. Some amber medicines bottles were not capped when stored which could increase the risk of contaminants getting into the bottles. There was a counting triangle 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 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.

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.