

Registered pharmacy inspection report

Pharmacy Name: Acorn Pharmacy, 256 High Street, BERKHAMSTED,
Hertfordshire, HP4 1AQ

Pharmacy reference: 1074893

Type of pharmacy: Community

Date of inspection: 04/07/2019

Pharmacy context

This is a community pharmacy located along the main High Street in Berkhamsted, Hertfordshire. The pharmacy dispenses NHS and private prescriptions. It provides some services such as Medicines Use Reviews (MURs), the New Medicine Service (NMS) and a travel vaccination clinic. And it supplies some people with their medicines inside multi-compartment compliance aids, if they find it difficult to take their medicines on time.

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 manages most risks associated with its services appropriately. Team members record mistakes that occur during the dispensing process, they learn from these and act to prevent similar mistakes happening. But the pharmacy does not provide people with information about how they can complain. This makes it harder for people to know who to raise concerns with and could mean that the pharmacy misses opportunities to improve its services. Members of the pharmacy team understand how they can protect the welfare of vulnerable people. But the pharmacy does not always maintain all its records, in accordance with the law. This could mean that team members may not have all the information they need if problems or queries arise.

Inspector's evidence

A range of documented standard operating procedures (SOPs) were available to support the services. Staff had read and signed the SOPs. They were last reviewed in 2017, and due for review. Roles and responsibilities for the team were defined within these and staff were aware of their responsibilities and limitations. In the absence of the responsible pharmacist (RP), staff knew which activities were permissible and they knew procedure to take, if the pharmacist failed to arrive. The correct RP notice was also on display and this provided details of the pharmacist in charge of operational activities, on the day.

The pharmacy's workload was manageable, it was organised, and the team kept the work benches clear of clutter. Pharmacists and staff worked in segregated areas and staff routinely recorded details of their near misses. These were reviewed collectively, details were documented in monthly patient safety reviews to identify trends or patterns and shared with the team through briefings. Previous reports were seen.

Staff explained that they separated medicines that were similar, eye drops were moved into a drawer as they were cluttered on the shelf and they placed caution notes in front of stock as an additional visual alert. The team also ensured that stock was kept in alphabetical order and in an ordered way, to help prevent mistakes occurring.

There was no information on display to inform people about the pharmacy's complaints procedure or about how it maintained people's privacy. Incidents were handled by the pharmacists and the process was in line with the pharmacy's SOP. Documented details of previous incidents were present.

Staff could identify signs of concern to safeguard vulnerable people and they referred to the RP in the first instance. Both pharmacists were trained to level 2 via the Centre for Pharmacy Postgraduate Education (CPPE) and staff were trained to level 1. They were also trained as dementia friends and described reading relevant information. There were relevant local contact details and an SOP available as guidance.

The team segregated confidential waste before it was disposed of through the company and staff described using the consultation room for private conversations with people. Dispensed prescriptions awaiting collection were stored, some distance from the entrance to the dispensary, this meant that sensitive details were not visible from the retail area. The team was aware of the EU General Data

Protection Regulation (GDPR), they had received documented guidance information and completed training about this.

The pre-registration pharmacist's NHS Smart card was seen left within one computer terminal and they were not working on the day. Other members of the team were using their own cards to access electronic prescriptions, ensuring they routinely stored them securely overnight was discussed at the time.

Records of the maximum and minimum temperature were maintained to verify that medicines requiring cold storage, were appropriately stored. A full record of controlled drugs brought back by the public for destruction was maintained.

A sample of registers checked for controlled drugs (CDs), unlicensed medicines and records of emergency supplies, in the main, were documented in line with statutory requirements. Some records for the former were overwritten without being appropriately annotated. For CDs, balances were checked and documented every week since June but before that, details were seen recorded in March 2019. On randomly selecting CDs held in the cabinet, quantities held, matched the balances recorded within the corresponding registers.

The electronic RP record showed gaps where pharmacists had failed to record the time that their responsibility ceased. There were also some entries seen where the pre-registration pharmacist's details had been entered as the responsible pharmacist. Incorrect prescriber details, including names of prescribers and their addresses as well as incorrect types of prescribers (doctor's details instead of a dentist's for example) were seen recorded in the electronic private prescription register.

The pharmacy's professional indemnity insurance was through the National Pharmacy Association (NPA) and due for renewal after 30 September 2019.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Members of the pharmacy team understand their roles and responsibilities. And they complete ongoing training to help keep their skills and knowledge up to date.

Inspector's evidence

The pharmacy dispensed approximately 8,000 to 9,000 prescription items every month with 100 people receiving their medicines inside multi-compartment compliance aids. The staffing profile included three medicines counter assistants (MCAs), a pharmacy student, two dispensing assistants, a pre-registration pharmacist, two pharmacists and a delivery driver. The MCAs and dispensing assistants were trained through accredited routes and some of the staff were wearing name badges. The team's certificates of qualifications obtained were not seen.

Team members were asking some relevant questions before selling medicines over the counter (OTC). They referred to the RP when unsure or when required and held a suitable amount of knowledge of OTC medicines. Staff knew which medicines had the potential for abuse, excess requests for these were monitored and if seen, subsequent sales were referred to the RP.

To assist with training needs, the team described reading available literature, online resources were seen being utilised, staff received training from drug manufacturer representatives, they were provided with updates from their company and described completing modules from CPPE. Formal appraisals for staff were held annually.

There were no formal targets set for the locum pharmacist to complete services. The RP described an expectation to achieve 400 MURs annually and explained that this was manageable because a second pharmacist was usually present, there was no pressure described to provide services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, secure and provide a professional environment for the delivery of its services.

Inspector's evidence

The pharmacy premises consisted of a spacious retail area and dispensary on the ground floor, with a small kitchenette area at the very rear and a basement where returned medicines requiring collection were stored. A signposted consultation room was available for private conversations and services. The room was of a suitable size, confidential material was stored within cabinets that could be locked but the keys for these were still within the locks. There was a sharps bin present on the table and the door to the room was kept open. Ensuring cabinets were kept locked and minimising the risk of needle-stick injury were discussed at the time.

The pharmacy was suitably lit and well ventilated, the retail space was professional in appearance and all areas were clean. Pharmacy (P) medicines were stored behind the front counter, there was gated entry into this section and staff were always within the vicinity. This helped restrict these medicines being self-selected.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy obtains medicines from reputable sources and stores them appropriately. In general, team members ensure that most of the pharmacy's services are provided safely and effectively. But they don't always identify or record information for people that receive higher-risk medicines. This makes it difficult for them to show that appropriate advice has been provided when these medicines are supplied. Team members fill compliance aids, then sometimes leave them unsealed overnight, while they wait for them to be checked. This means the medicines are not very well protected. It may also increase the risk of mistakes happening. And, the pharmacy doesn't always make relevant checks to ensure that some medicines are suitable to supply within multi-compartment compliance aids.

Inspector's evidence

Entry into the pharmacy was at street level from an automatic front door, there was some clear, open space inside the premises and wide aisles. This meant that people requiring wheelchair access could easily use the pharmacy's services. There was sofa style seating available for anyone wanting to wait for their prescription and some leaflets available about other services. Staff described using the consultation room to help communicate with people who were partially deaf and physically assisted people who were visually impaired. They could also speak Italian, Romanian, Venezuelan and Gujarati if required.

In addition to the Essential services, the pharmacy provided a travel vaccination clinic against Patient Group Directions (PGDs). This included yellow fever vaccinations, the pharmacy was registered with the National Travel Health Network and Centre (NaTHNaC) for this and the RP was accredited to provide these vaccinations. He was trained through accredited routes and described being mentored by a nurse at a local GP surgery, there was relevant equipment present including adrenaline, PGDs for these services were readily accessible, risk assessments were carried out for people and informed consent was obtained before commencing the service.

The pharmacy was healthy living accredited and one of the MCAs was the champion for this. He described counselling people on diet and exercise, making referrals and had built links with other service providers such as nutritionists in the area, so that people could be effectively signposted if required. Evidence of previous campaigns were seen. There were documented details available to signpost people to other local services and staff used their own knowledge of the area to assist with this.

The team used baskets to hold prescriptions and medicines to prevent any inadvertent transfer. Colour co-ordinated baskets identified priority. Staff involvement in processes was apparent through a dispensing audit trail that was used. This was through a facility on generated labels.

Staff were aware of risks associated with valproate and there was literature available to provide to patients at risk, upon supply of this medicine. Prescriptions for people prescribed high-risk medicines were not marked in any way that would enable pharmacist intervention or relevant checks to be made. There were no details recorded to verify whether any checks had been made, this included information about the International Normalised Ratio (INR) level for people prescribed warfarin.

Dispensed medicines awaiting collection were stored with prescriptions attached. The team could identify fridge items and CDs (schedules 2 and 3) as this information was marked onto the prescription. Clear bags were used to hold dispensed fridge items and schedule 2 CDs, this assisted as an additional check to ensure that the right medicine was being supplied, when they were handed out to people by the team. Uncollected medicines were removed every month. Schedule 4 CDs were not identified, and some members of the team could not easily identify these or their 28 day prescription expiry.

The initial setup for multi-compartment compliance aids involved the person's GP initiating and assessing suitability for them. Prescriptions were ordered by the pharmacy for most people and cross-checked when received, against people's individual records. If changes were identified, staff confirmed them with the prescriber and documented details on records. Descriptions of medicines within compliance aids were provided. All medicines were de-blistered into compliance aids with none left within their outer packaging. Patient information leaflets (PILs) were supplied routinely. Mid-cycle changes were dependent on the prescriber's instructions, this could involve retrieving the old compliance aids, amending, re-checking and re-supplying or providing new compliance aids. Compliance aids were occasionally left unsealed overnight.

The pharmacy delivered medicines to people's homes and maintained records to verify this. CDs and fridge items were highlighted and checked prior to delivery. Failed deliveries were brought back to the branch with notes left to inform people about the attempt made and medicines were not left unattended. People were called to rearrange delivery and the driver ticked against records once people were in receipt of their medicines. Signatures from people were obtained when delivering CDs.

The pharmacy used a buying group that sourced medicines and medical devices from licensed wholesalers such as Alliance Healthcare and AAH. Colorama was used to obtain unlicensed medicines. Staff were aware of the process involved with the European Falsified Medicines Directive (FMD). The pharmacy was registered with SecurMed, there was relevant equipment present but this was not yet functioning at the point of inspection. Staff described watching a video to provide them with guidance on the process.

Medicines were stored in an organised manner. There were no date-expired medicines present or mixed batches and short-dated medicines were identified using stickers. A date checking schedule was in place, medicines were date-checked for expiry every three months. Liquid medicines with short stability, were marked with the date that they were opened. In general, CDs were stored under safe custody. Keys to the cabinet were maintained during the day in a manner that prevented unauthorised access. Medicines were stored evenly and appropriately within the medical fridge. Drug alerts were received by email, stock was checked, and action taken as necessary. An audit trail was available to verify this process.

The pharmacy used appropriate containers to hold medicines brought back by people for disposal. These were collected in line with its contractual arrangements. There was a list for the team to identify hazardous and cytotoxic medicines. People bringing back sharps to be disposed of, were referred to the nearest council who could accept them. Returned CDs were brought to the attention of the RP, details were entered into the CD returns register, they were segregated and stored in the CD cabinet prior to destruction.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely.

Inspector's evidence

The pharmacy was equipped with a range of current reference sources. The team had access to a range of equipment to provide pharmacy services. This included counting triangles and a range of clean, crown stamped, conical measures for liquid medicines. The dispensary sink used to reconstitute medicines was clean there was hot and cold running water available with antibacterial hand wash present.

The blood pressure machine was described as recently replaced. The CD cabinet was secured in line with statutory requirements. Medicines requiring cold storage were stored at appropriate temperatures within a medical fridge. Computer terminals in the dispensary were positioned in a manner that prevented unauthorised access. There were cordless phones to enable staff to provide private conversations away from the retail space if needed. In addition to the company disposing of confidential waste, a shredder was also present.

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.