

# Registered pharmacy inspection report

**Pharmacy Name:** Hounsell and Greene, 45 Upper Oldfield Park,  
Somerset, BATH, Avon, BA2 3HT

**Pharmacy reference:** 1087324

**Type of pharmacy:** Community

**Date of inspection:** 19/09/2019

## Pharmacy context

This is a community pharmacy located in a doctor's surgery in a residential area in Bath. It serves its local population which is mixed in age range and background. The pharmacy opens five days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions and supplies medicines in multi-compartment medicine devices 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Good practice	2.2	Good practice	The pharmacy team can access training to keep their knowledge up to date and receive protected time to complete it.
		2.4	Good practice	The pharmacy team maintain a clear and embedded culture of openness, honesty and learning.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	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. There was a poster in the dispensary warning staff to look out for medicines with similar sounding names and packaging. '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 most were subject to a root cause analysis to find out why the error had happened. These were also reported to the superintendent. There were some dispensing incidents that did not have a robust root cause analysis recorded and so some learning opportunities could be missed.

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 displayed and was valid and in date until 31st October 2019.

Records of controlled drugs (CD) and patient returned controlled drugs were retained. The address that a CD was received from was often omitted from the records. Page margins were not always filled out on each page in the CD register examined. Annotations to the CD register were not always signed and dated. 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 checked inconsistently with one check in August and the previous one being in April. There were out of date CDs that had been bagged and separated from regular CD stock but were not clearly labelled as out of date.

The responsible pharmacist (RP) record was retained. The RP notice was displayed where the public could see it clearly. There were two fridges in use and temperatures were recorded daily and were within the appropriate temperature range of two to eight degrees Celsius. Date checking was carried out regularly and a date checking matrix was displayed in the dispensary. Short dated stock was highlighted. The private prescription and specials records were retained and were in order. The emergency supply records were retained but some entries omitted the reason for the supply when the request was made by a patient.

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. There was a small number of bag labels potentially visible from the retail area of the pharmacy and the superintendent pharmacist agreed to address this. Confidential waste was regularly shredded by staff using a cross cut shredder.

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 clearly displayed in the dispensary.

## Principle 2 - Staffing ✓ Good practice

### 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, one accuracy checking technician, three dispensing assistants and two medicine counter assistants 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 was monitored and reviewed annually. In these reviews, staff performance and development would be discussed. Staff would also be given the opportunity to give feedback.

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. The pharmacist used the 'Virtual Outcomes' training platform and demonstrated that staff had been trained on a range of topics including antimicrobial resistance and safeguarding children and vulnerable adults. Staff reported that they received time to complete their training.

Staff meetings would take place on a regular basis where any significant errors, learning and business issues would be discussed with the team. The pharmacy team demonstrated that these were documented with the main points being noted for staff who did not attend the meeting.

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 was based inside a GP surgery and had a retail area toward the front and a dispensary area toward the back separated by a medicines counter to allow for the preparation of prescriptions in private. There was a sink available in the dispensary with running water to allow for hand washing and preparation of medicines. Medicines were stored on the shelves in a generic and alphabetical manner.

There was one small consultation in use. There was damage to the plaster on the wall and it was also used as a storage area and was untidy. The pharmacist was aware of these issues and intended to tidy the room to promote a professional image to patients. There was a lockable cabinet for storing patient confidential information.

The ambient temperature was suitable for the storage of medicines. 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 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 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

Access to the pharmacy was step free. There was seating for patients or customers waiting for services. There was a range of leaflets and posters available to the public about services on offer in the pharmacy. There was large label printing available for people with sight difficulties.

The pharmacy team dispensed multi-compartment compliance aids for around 200 patients for use in their own homes. The compliance aids were dispensed in a separate room behind the dispensary 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. BNF advisory warning labels were not regularly included for the medicines in the compliance aids. But the superintendent pharmacist was aware of this issue and intended to include these as soon as possible.

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 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, Sigma and Cambrian. Specials were ordered from Sterling specials. The superintendent pharmacist was aware of the European Falsified Medicines Directive (FMD). He explained that he was in the process of rolling out the scanning equipment, software and staff training.

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 not available during the inspection and the pharmacist agreed to address this.

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:

Atorvastatin 40mg tablets

Calcium carbonate 1500mg and cholecalciferol 10µg tablets (Accrete D3 tablets)

Fexofenadine 180mg tablets

Mebeverine 135mg tablets

Pharmaceutical stock was subject to date checks which were documented and up to date. The fridges were 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. But records to demonstrate this were not always complete.

## 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. 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 were two fridges used for the storage of thermolabile medicines which were 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.