

Registered pharmacy inspection report

Pharmacy Name: Acorn Pharmacy, Unit 2, Remembrance Road,
COVENTRY, West Midlands, CV3 3DP

Pharmacy reference: 1089181

Type of pharmacy: Community

Date of inspection: 27/02/2020

Pharmacy context

This is a community pharmacy located at the end of a parade of shops in Coventry, West Midlands. The pharmacy dispenses NHS and private prescriptions. It offers Medicines Use Reviews (MURs), the New Medicine Service (NMS), seasonal flu and travel vaccinations. And it supplies multi-compartment compliance packs to people if they find it difficult to take their medicines on time.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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	Good practice	4.1	Good practice	The pharmacy has ensured that its services are easily accessible to everyone. Team members have held local events to promote health and are seeking to implement services that benefit the local community.
		4.2	Good practice	The pharmacy manages its services and delivers them in a safe and effective way. The team makes appropriate clinical checks for people. This includes people prescribed higher-risk medicines. And the pharmacy has maintained audit trails to verify the safety of its services.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy largely identifies and manages risks appropriately. It protects people's private information in a suitable manner. The pharmacy's team members record the mistakes that happen during the dispensing process. They learn from them. But as the pharmacy does not formally review or record its internal mistakes, this makes it harder for team members to spot patterns and help prevent the same things happening again. And, although the pharmacy adequately maintains most of the records that it needs to, it has missing details in a few of its records. This could mean that the team may not have enough information available if problems or queries arise in the future.

Inspector's evidence

The pharmacy's ownership had changed since the last inspection and the premises had been extensively refurbished (see Principle 3). A few people used the pharmacy's services during the inspection although the team was still busy with repeat prescriptions. The workload was being managed appropriately during the inspection. A separate section was used for assembling multi-compartment compliance packs. Staff dealt with queries and labelled walk-in prescriptions from one section, repeat prescriptions were processed from another area and the responsible pharmacist (RP) conducted the final accuracy-check from a separate space. In addition, a further accuracy check had been implemented with a separate space in the dispensary used for this stage. After assembly and the RP's final check, a third check took place where the contents of baskets were re-checked before being bagged. On hand-out, dispensed bags were also re-opened, and the contents re-checked against prescriptions by staff.

The team's near misses were routinely recorded. Staff were made aware of them at the time. They explained that look-alike and sound-alike (LASA) medicines had been identified, dividers had been placed in between them and caution notes were also placed in front of stock as an additional visual alert. When medicines were involved in mistakes, the latter also happened. However, there were no details being documented about the review process for near misses and the RP explained that this was an informal process. This limited the ability of the pharmacy to verify that trends or patterns were routinely being identified and managed.

The pharmacy held a documented complaints procedure and the pharmacist's process for handling incidents was in line with this. The RP explained that details would be checked, the situation would be investigated, the level of harm checked, the person's GP informed, and details recorded. This included reporting incidents to the National Reporting and Learning System (NRLS). According to the RP, there had been no incidents since the change of ownership. However, at the point of inspection, there was no information on display about the pharmacy's complaints procedure. This could affect how easily people raised concerns.

Staff separated confidential waste before this was shredded and details on dispensed prescriptions awaiting collection were not visible from the retail area. The pharmacy ensured confidential information was not accessible to the public. Summary Care Records had been accessed for emergency supplies and consent was obtained verbally from people for this. There was information on display to inform people about how their privacy was protected.

Staff could identify signs of concern to safeguard the welfare of vulnerable people. They provided examples of when they had needed to do this and monitored people who were vulnerable. This included assisting people when they had not been able to cope with their situation. Team members had not been formally trained on safeguarding the welfare of vulnerable people but were knowledgeable about this due to their long experience of working in the pharmacy. Concerns were reported in the first instance to the pharmacist. The RP was trained to level two via the Centre for Pharmacy Postgraduate Education (CPPE). However, there were no contact details for the local safeguarding agencies or local policy information present. This could lead to a delay in the appropriate action being taken.

There was a range of documented standard operating procedures (SOPs) to support the provision of the pharmacy's services and the RP explained that he had implemented the SOPs upon the change of ownership. The date of the review was not marked on them to verify this and the RP was advised to ensure this information was documented. The staff had read and signed the SOPs. Team members roles and responsibilities were not defined within the SOPs. However, they understood their roles, responsibilities and limitations and they knew when to refer to the pharmacist. The correct RP notice was on display and this provided people with details of the pharmacist in charge of the operational activities on the day.

The maximum and minimum temperatures for the fridges were checked every day and records were maintained to verify that temperature sensitive medicines had been stored appropriately. The pharmacy's professional indemnity insurance was through the National Pharmacy Association (NPA) and this was due for renewal after 29 February 2020. Staff kept a full record of controlled drugs (CDs) that had been returned by people and destroyed by them.

Except for the RP record, in general, most of the pharmacy's other records had been maintained in line with statutory requirements. This included records of unlicensed medicines and a sample of registers seen for CDs although a few missing headers were seen in the latter. Balances for CDs were frequently checked. On randomly selecting CDs held in the cabinets, their quantities matched the entries in the corresponding registers. Only one date had been documented in the records of supplies made against private prescriptions and it was unclear if this date referred to the date on the prescription or the date of supply. The RP record was also incomplete. The last documented entry was from 25 January 2020. Better compliance with the Regulations was discussed with the RP during the inspection.

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. The pharmacy now ensures that all its team members are undertaking appropriate training for their roles.

Inspector's evidence

At the time of the inspection, staff present included the regular pharmacist who was also the superintendent, a trained dispensing assistant and a trained medicines counter assistant (MCA) who was also working as a dispensing assistant. There was also another trained MCA who worked in the same capacity as the latter. Both the MCAs were long-standing members of staff and at the point of inspection, neither had been enrolled onto accredited training to support their dispensing activity. This situation was not in line with the GPhC's minimum training requirements. This was discussed at the time and immediately following the inspection, the pharmacist provided email confirmation that both members of staff had subsequently been enrolled onto the appropriate training.

The team was up to date with the pharmacy's workload. Staff covered each other as contingency for annual leave or absence. They had the confidence to raise any concerns that they may have had and described the RP as being easy to discuss matters with. Staff understood and were knowledgeable about their roles. Counter staff used an established sales of medicines protocol to obtain necessary information before they sold medicines over-the-counter and they checked sales with the RP as needed. Team members had access to CPPE and described reading leaflets and trade publications, taking instructions from the pharmacists as well as using online resources. Regular one-to-ones were held with team members to monitor their progress. Team meetings were held when required and staff were routinely kept informed about relevant information. The latter was conveyed verbally to them. There were no formal targets in place to complete services.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide a suitable environment to deliver its services. The pharmacy is modern, clean and professional in appearance. And it provides plenty of space for the pharmacy's activities to take place safely.

Inspector's evidence

Since the RP had taken over ownership of the pharmacy, he had extensively refurbished the premises which had become too small for the pharmacy's volume of activities. The pharmacy premises now consisted of a large retail area, a large and spacious dispensary with a large amount of unoccupied space at the very rear. The staff WCs were also located here. The pharmacy was clean, suitably bright and well ventilated. Its fixtures and fittings were modern. The pharmacy was professional in its appearance and there was plenty of space for dispensing processes to take place safely. However, some workspaces were cluttered although unnecessary items were cleared by staff during the inspection and the presence of the inspector had added to the workload. In addition, some dispensed prescriptions inside baskets had been stored directly on the floor. Although this was to one side of the dispensary, there was still a risk that medicines could be damaged or be a trip hazard. They were removed during the inspection and staff advised accordingly.

Pharmacy (P) medicines were stored behind the front counter. There was a barrier here which helped restrict unauthorised entry into the dispensary and self-selection of P medicines. Two signposted consultation rooms were available for services and for private conversations. Both had two entrances; one was from the retail space and the other led either into the dispensary or behind the medicines counter. Both rooms were kept locked with key coded entry in place. There was no confidential information stored inside either room and they were of a suitable size for their intended purpose. The premises were secure from unauthorised access.

Principle 4 - Services ✓ Good practice

Summary findings

The pharmacy provides its services in a safe and effective manner. This includes ensuring its services are easily accessible to everyone. The pharmacy's team members seek healthier outcomes for people. And they take extra care for people prescribed higher-risk medicines. This helps ensure that people can take their medicines safely. The pharmacy obtains its medicines from reputable sources. It manages and stores them appropriately.

Inspector's evidence

People could enter the pharmacy from a ramp or via steps. There was a wide door at the front and the retail area was made up of clear, open space. This meant that people with wheelchairs could easily use the pharmacy's services. Staff explained that they spoke slowly, physically assisted and checked people's understanding if they had different needs. People's representatives, pictures on phones and google translate were used for people whose first language was not English.

The pharmacy displayed information about its services and its opening times. A range of leaflets about other services were also available. There were two seats available for people waiting for prescriptions and several car parking spaces were present outside the premises. The team signposted people to other organisations from their own local knowledge of the area. The team had been focusing on providing services to the local community. Staff explained that their efforts had been mentioned at the local church. A delivery service had been recently implemented and the RP also delivered medicines on his way home, after work (see below). In addition, the team described a positive rapport with the local GP surgeries which had helped resolve issues quickly for people.

The pharmacy was Healthy Living accredited. There was a section at the front of the medicines counter where several posters were on display, but it was unclear that this area was being used to provide information about healthier living. However, the team had recently provided a blood pressure and blood glucose testing event at one of the largest social clubs in the West Midlands. The pharmacy had liaised with the British Heart Foundation and Diabetes UK who provided literature for the event. The event was advertised on a community social media site (a local Facebook page) and over 100 people had their blood pressure and blood glucose tested on the day by the RP and staff. As a result, some referrals had been required as people with borderline conditions had been seen. Photographic evidence of the event was seen, and the team described this as a great success for the pharmacy and for the service that it had provided to the local community. Staff also described running a public health campaign about oral health. They stated that the RP had successfully showed people how to brush their teeth.

The trained dispensing assistant was responsible for providing the pharmacy's smoking cessation service. She had been trained through the National Centre for Smoking Cessation and Training (NCSCT). A few people were currently signed up to the service and some successful quits had been seen. This member of staff was enthusiastic about this service and described enjoying meeting, assisting and communicating with people. The pharmacy had also held a campaign where props (such as affected lungs with tar) had been obtained from a local smoking cessation service. The pharmacy was due to promote nicotine replacement therapy as there was a high proportion of smoking related disease in the area, according to staff.

In addition, the pharmacy had recently implemented a travel vaccination service. The pharmacy was registered with the National Travel Health Network and Centre (NaTHNaC) to administer yellow fever vaccinations and the regular pharmacist was accredited to vaccinate people requiring this and other travel vaccinations. The patient group directions (PGDs) to authorise this were readily accessible and had been signed by the RP. The RP had created specific risk assessments for the service. Before people were vaccinated, the RP explained that he asked them to bring in records about their previous vaccinations from their GP which assisted him when the assessment for their suitability was conducted. The RP also actively encouraged people to share details about the vaccination with their GP and their consent was obtained. Equipment to safely provide the service was present and this included adrenaline in the event of a severe reaction to the vaccines. The pharmacist worked to define procedures and used the consultation room to carry out these services.

The team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer from happening. They were colour coded which helped identify priority. Dispensing audit trails were being used by team members to identify their involvement in the various processes. This was through a facility on generated labels. Prescriptions were attached to dispensed prescriptions. Fridge items and CDs (Schedules 2 to 3) were identified or made up at the time when people came to collect them. Counter staff knew how long prescriptions for CDs were valid for and they could identify Schedule 4 CDs.

People prescribed higher-risk medicines were routinely identified, relevant parameters checked, and details seen documented to verify this. This included asking people prescribed warfarin about the International Normalised Ratio (INR) level. The pharmacy held relevant booklets to provide to people prescribed higher-risk medicines and this included supplying appropriate information for people prescribed mycophenolate. The pharmacy had also completed an audit for people prescribed lithium; the team had found that people receiving this medicine were being monitored appropriately. Staff were aware of the risks associated with valproates and there was educational literature available to provide to people if required. An audit had been completed to identify if people at risk had been supplied this medicine and they had been counselled accordingly.

Medicines were supplied to people within compliance packs after the person's suitability for them was assessed by the RP. The pharmacy ordered prescriptions on behalf of people and details on them were cross-referenced against individual records to help identify any changes or missing items. They were checked with the prescriber and audit trails were maintained to verify this. The team had also created lists to help identify when compliance packs were due. All medicines were de-blistered into the compliance packs with none left within their outer packaging. Patient information leaflets (PILs) were routinely supplied, descriptions of the medicines within the compliance packs were provided and the compliance packs were not left unsealed overnight. Mid-cycle changes involved new compliance packs being supplied.

The pharmacy had recently implemented a delivery service, and it kept records to help verify this process. CDs and fridge items were identified, and people's signatures were obtained when they were in receipt of their medicines. Failed deliveries were brought back to the pharmacy with notes left to inform people about the attempt made. Medicines were not left unattended.

The pharmacy obtained its medicines and medical devices from licensed wholesalers. This included DE Midlands, AAH, Alliance Healthcare, Colorama, Bestway and OTC Direct. Unlicensed medicines were obtained through DE Midlands. The team was aware about the processes involved for the EU Falsified Medicines Directive (FMD). The pharmacy was registered with SecurMed, there was relevant

equipment present and the pharmacy was complying with the decommissioning process where possible.

The pharmacy's medicines were stored in an ordered manner. Staff explained that medicines were date-checked for expiry every three weeks and during the assembly process. A matrix was in place to verify that regular checks had been taking place. Short-dated medicines were identified, and liquid medicines were marked with the date upon which they were opened. There were no date-expired medicines or mixed batches of medicines seen. Medicines were stored appropriately in the fridges. CDs were stored in accordance with legislation. Drug alerts were received by email. The process involved checking for stock and acting as necessary. An audit trail was present to verify the process.

Medicines brought back by people for disposal were stored within designated containers. This included separate containers for hazardous or cytotoxic medicines and although staff stated that they could identify these medicines, there was no list available to assist them. Sharps that were returned for disposal were accepted provided they were in sealed bins. Returned CDs were brought to the attention of the RP, they were segregated in the CD cabinet prior to destruction and relevant details were noted.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities it needs to provide its services safely. Its equipment helps to protect the privacy of people.

Inspector's evidence

The pharmacy was equipped with the necessary equipment and facilities it needed to provide its services. This included current versions of reference sources, counting triangles, medical fridges with a separate one used to store vaccines, a legally compliant CD cabinet and clean, crown-stamped conical measures for liquid medicines. The dispensary sink for reconstituting medicines was clean. There was hand wash here as well as hot and cold running water available. Cordless phones were available to hold telephone conversations in private. Computer terminals were positioned in a way that prevented unauthorised access. A shredder was available to dispose of confidential waste and staff took their NHS smartcards home overnight. The blood pressure machine and the monitor for the smoking cessation service was described as having been replaced recently.

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.