

Registered pharmacy inspection report

Pharmacy Name: Shepherds Spring Pharmacy, Cricketers Way,
ANDOVER, Hampshire, SP10 5DE

Pharmacy reference: 1091134

Type of pharmacy: Community

Date of inspection: 12/12/2019

Pharmacy context

This is a community pharmacy adjacent to a medical centre in a residential area of Andover, in Hampshire. The pharmacy dispenses NHS and private prescriptions. It sells a range of over-the-counter medicines, provides advice, collects people's prescriptions from local surgeries and supervises administration of medicines for some people.

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 generally operates in a satisfactory manner. Members of the pharmacy team understand the need to protect the welfare of vulnerable people. They generally deal with their mistakes responsibly. And, the pharmacy maintains its records in accordance with the law. But it does not always record or, formally review its mistakes. This makes it harder for team members to spot patterns and help prevent the same things happening again.

Inspector's evidence

The pharmacy was busy particularly with walk-in trade, queues of people were observed to build at times during the inspection. This was managed appropriately by the team. The workflow involved prescriptions for people who were waiting being placed by one terminal, one member of staff processed and assembled them. Another member of staff processed repeat prescriptions in batches or those that had been collected from nearby surgeries before they were dispensed by staff and accuracy-checked by the responsible pharmacist (RP) from a designated area. This meant that more than one person was involved in the process. This helped to identify errors. Once staff had assembled prescriptions, they were placed directly on one bench in the dispensary (see Principle 4) before the RP moved them to his checking area and worked at his own pace. In addition, counter staff checked items against prescriptions as an additional accuracy check when they bagged them. They were also observed marking their details at the bottom of prescriptions as an audit trail.

However, the dispensary was quite untidy and cluttered in places with piles of prescriptions, paperwork and assembled prescriptions. There was a book available to record details about near misses but very few near misses had been recorded and they were dated from 2016 to 2017. Staff stated that details were discussed with them at the time and internal mistakes did not usually happen although they could not explain why this was the case. There was also no formal review process in place to review errors. This limited the ability of the pharmacy to demonstrate that it was routinely identifying trends or patterns, minimising risks and undertaking remedial activity.

The RP handled incidents, he explained that relevant details would be checked, the process explained, an apology issued, details documented, and the situation rectified. The RP recalled a previous incident involving someone stating that they had not picked up their prescription, but it was no longer present at the pharmacy. In response, the pharmacy's internal procedures had been amended as people were now asked to write down their name on the back of prescriptions when they arrived to collect them, even if they were exempt. The pharmacy team also asked for additional identification for prescriptions for controlled drugs (CDs). However, there were no details seen recorded about this. The RP stated that no major incidents had happened and if any issues were seen, they were resolved in-house. A documented complaints process was available but there was no information on display about the pharmacy's complaints procedure. This meant that people may not have been able to raise their concerns easily.

There were a range of documented standard operating procedures (SOPs) present to support the supply of services, but they didn't always match the pharmacy's processes (for example with near misses and for some aspects of the date-checking process). They were also prepared in 2016 and marked as due for review in 2018. The RP who was also the superintendent, confirmed that the SOPs

had not been updated since then. Some members of the team had signed to confirm that they had read the SOPs, this did not include new members of the team. This could mean that they are unclear on the pharmacy's current procedures to follow. Following the inspection, evidence was received that the SOPs had been updated and reviewed. Staff understood their roles and responsibilities and knew the activities that were possible in the absence of the RP. The correct RP notice was on display and this provided details of the pharmacist in charge of operational activities on the day.

Team members could identify signs of concern to safeguard vulnerable people and provided examples of where they had done this in the past. They were trained through the RP and described attending a local event that had been held by the Local Pharmaceutical Committee (LPC). The RP was informed in the event of a concern. However, the pharmacist had been trained more than three years ago through an LPC event. This therefore required updating.

There was information on display to inform people about how their privacy was maintained and in general, there was no confidential material left within public facing areas. Confidential waste was usually segregated before being shredded in the adjacent medical practice and dispensed prescriptions awaiting collection were generally stored in a location where sensitive information could not easily be seen. Counter staff stated that they normally stopped people from looking into the containers that held dispensed prescriptions awaiting collection. However, team members were observed placing dispensed prescriptions with prescriptions attached onto the front counter whilst they searched for people's prescriptions. The way in which this happened meant that people could see other people's sensitive information. A small amount of confidential waste was seen in the normal refuse bin that had not been appropriately destroyed. In addition, the consultation room contained bulky dispensed prescriptions. This meant that sensitive information on them was visible to people entering the room. Although the pharmacy did not provide many additional services, the room was still used for supervised consumption services and for holding private conversations. The former was observed during the inspection. Ensuring that the pharmacy better protected confidential information was discussed with the RP at the time. Following the inspection, he confirmed that staff had been instructed to change their practices so that confidential information was routinely protected. This included disposing of confidential waste appropriately.

Records relating to the pharmacy services were generally compliant with statutory requirements. This included most of the RP record, records of private prescriptions, unlicensed medicines and a sample of registers seen for CDs. On randomly checking CDs held in the cabinet, their quantities matched the balances that were recorded in the corresponding registers. The maximum and minimum temperatures for the fridge were checked every day and records were maintained to verify that medicines were stored appropriately here. Staff kept a full record of CDs that were returned by people and destroyed by them. The pharmacy's professional indemnity insurance arrangements were through the National Pharmacy Association (NPA) and this was due for renewal after 30 June 2020.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has adequate numbers of staff to ensure its workload is managed appropriately. Pharmacy team members understand their roles and responsibilities. They are suitably qualified.

Inspector's evidence

Staff present during the inspection included the regular pharmacist who was also the superintendent pharmacist, two trained medicines counter assistants (MCAs), three dispensing assistants, one of whom was a trained MCA and had been recently employed by the pharmacy to train as a dispensing assistant. The latter was still in her three-month probation period and had not yet been enrolled onto accredited training. The team's certificates of qualifications obtained were seen. Counter staff asked relevant questions to obtain any necessary information before selling over-the-counter (OTC) medicines and they referred to the RP appropriately. Ongoing training was through literature received at the pharmacy, staff attended evening and training courses with the RP as well as taking instructions from him. As they were a small team, they usually discussed details verbally, or could use emails and there was also a noticeboard present with some information attached. Appraisals were described as an informal process but ongoing feedback about staff progress was provided by the RP and staff felt supported by him.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are adequate for delivering healthcare services. They are clean and well maintained. But the pharmacy doesn't always keep its consultation room clear and looking professional.

Inspector's evidence

The pharmacy premises consisted of a medium sized retail area and dispensary that was located behind. There was additional shelving and storage space to one side of the dispensary which led into staff areas and another main stock room which had a doorway into the retail area. This was kept locked. The pharmacy was clean and well maintained although the dispensary was quite cluttered. This left little free space and increased the risk of mistakes happening. The pharmacist's designated work space was kept clear of clutter. The floor needed cleaning but it was raining during the inspection. Overall, the retail space was presented appropriately, the pharmacy was suitably bright and ventilated.

Pharmacy (P) medicines were stored behind the front medicines counter, there was gated access into this area and the dispensary. In addition, staff were always within the vicinity. This helped prevent these medicines from being self-selected. A sign-posted consultation room was available for services or private conversations to take place. This was of an adequate size for its intended purpose. There were two entrances into the room, one was from the dispensary and the other was from the retail space. The latter was kept locked. However, the room contained bulky items which detracted from the overall professional use of the space. There was also confidential information present as mentioned under Principle 1. The RP was advised to remove this and find another location to store these items. This was partially moved during the inspection.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy largely provides its services appropriately. Its team members are helpful and use their skills to ensure everyone can access the pharmacy's services. The pharmacy obtains its medicines from reputable sources. It generally manages and stores most of them appropriately. Team members identify some prescriptions that require extra advice. But they don't always record any information. This makes it difficult for them to show that appropriate advice has been provided when these medicines are supplied. And, the pharmacy doesn't always maintain records of the services that it provides. This could mean that it may not have enough information available if problems or queries arise in the future.

Inspector's evidence

The front entrance was at street level and the retail space consisted of clear, open space and wide aisles. This helped people with wheelchairs to easily use the pharmacy's services. The pharmacy's opening hours were listed on the front door, there were four seats available for people waiting for prescriptions and some car parking spaces available outside. One member of staff could use sign language to communicate with people who were deaf or partially deaf, staff physically assisted people who were visually impaired or provided details verbally. They broke down sentences or used written details for people whose first language was not English.

The pharmacy provided a substance misuse service which included supervised consumption. People were referred to the pharmacy after the local Drug and Alcohol service team (Inclusion) contacted the pharmacy, identities of people were checked, the pharmacist verbally discussed details with them and three-way agreements were put in place between users of the service and the pharmacy.

The pharmacy team did not use baskets to hold each prescription and associated medicines. Instead they placed them directly onto one workspace and assembled prescriptions in batches. Some space was left between them. Dispensed prescriptions awaiting collection were attached to bags. Staff could identify fridge items from stickers and through their own knowledge. Prescriptions for CDs (Schedules 2 to 3) were assembled when people arrived to collect them and the date including their CD status was clearly highlighted. Schedule 4 CDs were not identified using any means, but uncollected medicines were checked and removed every month. The pharmacy provided a prescription collection service, where they collected prescriptions on behalf of people from their local surgery once they had been ordered by the person themselves. However, there were no audit trails being kept verifying this process.

Staff were aware of risks associated with valproate, they stated that no prescriptions for people at risk had been seen for this medicine and there was educational literature available that could be provided to people upon supply. The pharmacist routinely counselled people who had been recently prescribed higher-risk medicines, he reinforced details about doses and ensured people understood the importance of taking folic acid on a separate day with methotrexate but did not ask about blood test results. This included asking about the International Normalised Ratio (INR) for people prescribed warfarin. There were also no details documented about this.

The pharmacy used licensed wholesalers to obtain medicines and medical devices. This included Alliance Healthcare, AAH and Colorama. The team was aware of the process involved with the

European Falsified Medicines Directive (FMD). The pharmacy was registered with SecurMed, relevant equipment was present, and staff were complying where possible with the decommissioning process.

Medicines were generally stored in an organised manner, staff described date-checking medicines for expiry recently and when it had been possible. However, there was no schedule in place to help verify this process. This limited the ability of the pharmacy to demonstrate that this had routinely been taking place. The team had drawn up lists of stock that was due to expire in the following six months, but short-dated medicines were not physically identified using any means. There were no date-expired medicines seen or mixed batches. Staff were advised to incorporate date-checks of medicines into their accuracy-checking procedure and during the dispensing process. CDs were generally stored under safe custody. The key to the cabinet was maintained in a manner that prevented unauthorised access during the day. Medicines were stored evenly and appropriately within the pharmacy fridge. Drug alerts were received by email. The team checked for stock and acted as necessary. However, staff only kept records of the safety alert for a limited period before deleting them from the email system. They were advised to retain an audit trail for future queries and to help verify that the pharmacy had an appropriate process in place to manage affected batches of medicines.

Once accepted, the team usually stored returned medicines requiring disposal within appropriate receptacles. However, at the inspection, a mound of returned medicines was seen stored in a haphazard manner and in one corner of the dispensary. One bag of these medicines was also starting to spill into the pharmacy's stock. Staff stated that they would usually manage this better but due to the busy Christmas rush, they had got behind. This was discussed with the RP at the time, he also explained that this section was usually kept clearer and had only happened during his recent annual leave. There was no list available for the team to identify hazardous and cytotoxic medicines. People bringing back sharps for disposal were referred to the local council and CDs returned for destruction were brought to the attention of the RP. Relevant details were noted.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. Its equipment is generally kept clean.

Inspector's evidence

The pharmacy held current versions of reference sources and necessary equipment. This included counting triangles, an appropriate fridge, a legally compliant CD cabinet and a range of standardised conical measures for liquid medicines. There were also designated measures for methadone. Counting triangles could have been cleaner. Computer terminals were positioned in a way that prevented unauthorised access and the team used cordless phones. This meant that conversations could take place in private if required. The dispensary sink used to reconstitute medicines was relatively clean. There was hot and cold running water available as well as hand wash present. Staff used their own NHS smart cards to access electronic prescriptions and stored them appropriately overnight.

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.