

# Registered pharmacy inspection report

**Pharmacy Name:** Evercare Pharmacy, 13 Market Street, COLNE, Lancashire, BB8 0LJ

**Pharmacy reference:** 1109447

**Type of pharmacy:** Community

**Date of inspection:** 22/03/2022

## Pharmacy context

This is a community pharmacy in the centre of the village of Colne, Lancashire. The pharmacy sells over-the-counter medicines and dispenses NHS and private prescriptions. It delivers medicines for some people to their homes. And it dispenses medicines to some people in multi-compartment compliance packs. The inspection was completed during the COVID-19 pandemic.

## 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	1.2	Good practice	The pharmacy is good at reviewing near miss errors made during the dispensing process. And it uses the reviews to improve patient safety and the quality of its services.
<b>2. Staff</b>	Standards met	2.4	Good practice	The pharmacy has an open and honest culture to discussing and sharing mistakes. It is good at supporting new team members to settle into their roles and it encourages team members to develop their skills through a comprehensive appraisal process.
<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 mostly identifies and manages risks with its services. Team members record and report details of any mistakes they make while dispensing. And the pharmacy is good at reviewing the records to look for patterns and trends. It makes changes to the way the team works to improve patient safety. The pharmacy maintains the records it needs to by law and correctly secures people's private information.

### Inspector's evidence

The pharmacy was inspected during the COVID-19 pandemic. It had several procedures in place to help manage the risks and to help prevent the spread of coronavirus. These included notices reminding people visiting the pharmacy to wear a face covering. There were markings on the floor of the retail area which encouraged people to socially distance. There was a plastic screen placed at the retail counter. It acted as a barrier between pharmacy team members and people visiting the pharmacy. The pharmacy had hand sanitiser located in several areas around the retail area and the dispensary to promote good hand hygiene. There was a notice on the entrance door informing people of a limit of two people permitted in the retail area at any one time. During the inspection, team members were not wearing a face covering. The inspector discussed the implications of this.

The pharmacy had a set of electronic standard operating procedures (SOPs). These provided information to help team members carry out various tasks, including dispensing and the management of controlled drugs (CDs). Each SOP was reviewed at least every two years, so the content was up to date. Each team members had electronically signed a document which showed they had read and understood the SOPs that were relevant to their roles. Team members knew what tasks they could and could not do in the absence of a responsible pharmacist. Each week the team completed a professional standards audit. This audit required a team member to fill in a form asking various questions to ensure the pharmacy was correctly operating. Some examples of questions were, 'is the consultation room free from clutter and is all confidential information in the room stored securely?', 'is the fridge temperature recorded daily?' and 'are patient returned and out-of-date CDs clearly segregated?'. Each week a different team member completed the audit. The superintendent pharmacist (SI) explained this helped the team share the responsibility of the tasks and raised awareness of the tasks that needed completing to ensure the safe and effective running of the pharmacy.

The responsible pharmacist (RP) spotted near miss errors made by team members during the dispensing process. They informed the dispenser of the error and asked them to rectify the mistake. Once they had rectified the mistake, team members scanned a QR code using their smartphones. This opened a near miss reporting form which team members completed. They were required to record detail of the near miss error such as the type of error, the time the error happened and any reasons why the error might have happened. Team members explained they felt it important they completed the forms for their own errors and didn't leave it to the pharmacist as this helped them take responsibility for their mistakes. They also ensured they completed the forms in as much detail as possible. Each month the near miss errors were analysed. This produced a series of pie charts and graphs which helped the SI identify any trends or patterns. For example, if a team member was making significantly more mistakes than others. The team explained how they felt it was important to openly discuss their errors so they could learn from each other without the fear of blame. The team listed

several actions to be completed following the analysis to help it improve. For example, to ensure that benches where the team dispensed were kept free of clutter. The pharmacy used the same electronic reporting system to report dispensing errors that had reached people.

The pharmacy had a documented procedure for handling complaints or feedback from people. It was clearly displayed via a notice in the retail area. Most people verbally provided feedback. The SI generally handled any complaints. The pharmacy kept records of any positive and negative feedback. The pharmacy had up-to-date professional indemnity insurance. The responsible pharmacist (RP) notice displayed the name and registration number of the RP on duty. Entries in the RP record mostly complied with legal requirements. But there were some incomplete entries. The pharmacy kept up-to-date and accurate records of supplies against private prescriptions and emergency supplies of medicines. It kept CD registers and records of CDs returned by people to the pharmacy. To make sure they were accurate, each week the pharmacy audited CD registers against physical stock.

The team held records containing personal identifiable information in areas of the pharmacy that only team members could access. The team placed confidential waste into a separate bag to avoid a mix up with general waste. The waste was periodically destroyed by a third-party contractor. Team members understood the importance of securing people's private information and they had all completed information governance training when they started working at the pharmacy. All team members had completed internal training on safeguarding vulnerable adults and children. And the SI had completed safeguarding training via the Centre for Pharmacy Postgraduate Education. The pharmacy had a file which contained blank forms for the team to complete if they had any safeguarding concerns that needed reporting. And it contained information on how to follow the correct process and the contact details of the local safeguarding leads. Team members gave examples of some situations that would raise their concerns about vulnerable adults and children.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy's team members have the necessary qualifications and skills to provide the pharmacy's services. They manage the workload well and support each other as they work. The pharmacy is good at supporting new team members to settle into their roles and it encourages team members to develop their skills through a comprehensive appraisal process. The team feels comfortable raising concerns, giving feedback and suggesting improvements to provide a more effective and safe service.

### Inspector's evidence

At the time of the inspection, the SI was the RP. One full-time pharmacy assistant and two full-time trainee pharmacy assistants supported the RP during the inspection. Team members who were not present during the inspection included a full-time qualified pharmacy assistant, a part-time delivery driver and two regular locum pharmacists. Throughout the inspection, the team was working well, and it was not seen dispensing prescriptions under any significant time pressures. The dispensary was very well organised with clear benches. Team members demonstrated a good rapport with many people who visited the pharmacy and were seen appropriately helping them manage their healthcare needs.

The pharmacy supported its team members in keeping their knowledge and skills up to date. It did this by providing team members with an online learning portal through a third-party provider. The portal contained various healthcare related modules that team members completed. Some modules were mandatory for the team to complete. And team members had protected training time to complete them. The pharmacy had a six-monthly appraisal process for its team members. Team members also completed 'How am I Doing?' forms. These forms were designed to help team members understand how they performed in their roles, so they could improve and discuss any professional goals they had. For example, a team member wanted to progress to become a qualified accuracy checking technician (ACT). Another team member felt they needed to improve their knowledge of conjunctivitis, so they could be better at helping people with the condition. Team members completed forms at their own request and the SI asked team members each week if they felt they wanted to complete one. Team members felt the process was particularly important with new team members. The pharmacy also encouraged experienced team members to mentor others who needed support. For example, recently a team member was 'buddied up' with another team member to help them understand how to manage the process of dispensing medicines in multi-compartment compliance packs. New team members were enrolled onto a structured induction programme for the first three months of their employment. The programme was designed to help prepare the team members to work in the pharmacy. Team members assessed their own performance and discussed this with the SI after six and 12 weeks of employment. The SI showed an example of a team member's induction report. The team member had support to help them dispense accurately when the pharmacy was busy. The team member felt they were progressing well in their role and was grateful for the support provided by the pharmacy.

Team members attended regular meetings to support them in raising professional concerns and giving feedback to each other on how they could improve the pharmacy's service. The meetings were usually held weekly and each time they were chaired by a different team member. Team members explained this helped them be open and honest in raising concerns and giving feedback. They also felt the

meetings were less critical and more relaxed when chaired by each other. The pharmacy had a whistleblowing policy so the team members could anonymously raise and escalate a concern.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy keeps its premises clean, secure, and well maintained. It has a suitable, sound-proofed room where people can have private conversations with the pharmacy's team members.

### Inspector's evidence

The pharmacy was clean, well maintained, and professional in appearance. Throughout the inspection, the pharmacy had tidy and well organised benches. The pharmacy had clear floor space that was clear from obstruction. There were two clean and well organised stock rooms. There was an office and a staff kitchen area.

The pharmacy had ample space to store its medicines. There was a private, signposted and sound-proofed consultation room available for people to have private conversations with team members. The room contained two seats and was large enough for two people to appropriately socially distance from each other when in use.

The pharmacy had separate sinks available for hand washing and for the preparation of medicines. There was a toilet, with a sink which provided hot and cold running water and other facilities for hand washing. Throughout the inspection, the temperature was comfortable. Lighting was bright throughout the premises.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy makes its services accessible to people. And manages its services well to help people look after their health. The pharmacy correctly sources and manages its medicines. And it completes regular checks of its medicines to make sure they are in date.

### Inspector's evidence

People had level access into the pharmacy. The pharmacy advertised its services and opening hours in the main window. There were seats available in the retail area for people to use while they waited for their prescriptions to be dispensed. The pharmacy provided large print labels to people with a visual impairment. Team members had access to the internet which they used to signpost people requiring services that the pharmacy did not offer. Team members signed the dispensing labels to keep an audit trail of which team member had dispensed and completed a final check of the medicines. They used dispensing baskets to hold prescriptions and medicines together which reduced the risk of them being mixed up. The pharmacy had a process to provide owing slips to people on occasions when the pharmacy could not supply the full quantity prescribed. People received one slip and one was kept with the original prescription for reference when dispensing and checking the remaining quantity. But it didn't always follow this process. The pharmacy kept a record of the delivery of medicines to people. Due to the pandemic, the delivery driver didn't ask people to sign for receipt of their medication. The driver left the medicines on the person's doorstep before moving away and waiting to watch them pick up the medicines. Team members were aware of the Pregnancy Prevention Programme for people in the at-risk group who were prescribed valproate, and of the associated risks. They demonstrated the advice they would give in a hypothetical situation. People who were dispensed warfarin were asked if they were aware of the need to have regular blood tests and if they knew their international normalized ratio (INR). Team members kept records of INR levels if they felt it was necessary to do so.

The pharmacy supplied medicines in multi-compartment compliance packs to several people living in their own homes and some people living in care homes. The team dispensed the packs in a first-floor room. This helped team members dispense the packs away from the retail area to reduce the risk of distractions. The packs were provided either weekly or every four weeks. To help the team manage the workload evenly, the team divided the dispensing of the packs across a four-week cycle. Team members used master sheets which contained a list of the person's current medication and dose times. Team members checked prescriptions against the master sheets before the dispensing process started to make sure they were accurate. Team members discussed any queries with the relevant prescriber. They recorded details of any changes such as dosage increases or decreases on the person's master sheet. The pharmacy supplied the packs with patient information leaflets and descriptions of the medicines to help people identify them. For example, 'orange, round, tablet'.

The pharmacy stored pharmacy (P) medicines behind the pharmacy counter. The pharmacy followed a process to check the expiry dates of its medicines every three months. Team members signed a sheet to show which medicines they had checked and when. So, an audit trail was in place. No out-of-date medicines were found after a random check of around 20 randomly selected medicines. Team members attached stickers to medicines to highlight them if they were expiring in the next three months. They recorded the date of opening on medicines that had a short shelf life. The pharmacy had medical waste bins, sharps bins and CD denaturing kits available to support the team in managing pharmaceutical



waste. It used two medical grade fridges to store medicines that needed cold storage. The team kept daily records of the fridge's minimum and maximum temperature ranges. And a sample seen were within the correct ranges. The pharmacy received regular alerts about medicines and medical devices. For example, if a manufacture had issued a recall of a medicine. It kept records of any action taken.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment it needs to provide its services. And it uses its equipment appropriately to protect people's confidentiality.

### Inspector's evidence

Team members had access to up-to-date reference sources. The pharmacy used a range of CE quality marked measuring cylinders. It stored dispensed medicines in a way that prevented members of the public seeing people's confidential information. It suitably positioned computer screens to ensure people couldn't see any confidential information. The computers were password protected to prevent any unauthorised access. The pharmacy had cordless phones, so that team members could have conversations with people in private. Team members had access to personal protective equipment including face masks and gloves.

### 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.