

Registered pharmacy inspection report

Pharmacy Name: A.H. Hale Ltd., The Bathwick Pharmacy, 8 Argyle Street, Laura Place, BATH, Avon, BA2 4BQ

Pharmacy reference: 1028531

Type of pharmacy: Community

Date of inspection: 13/11/2019

Pharmacy context

This is a community pharmacy located in an affluent area in the centre of Bath. It serves its local population which is varied and includes tourists. The pharmacy opens six 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
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 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 held in the dispensary which was used by staff to record near miss incidents regularly. The pharmacy team reported that this was reviewed regularly and any learning points were analysed and discussed. The pharmacist was in the process of completing CPPE training on 'sound alike' and 'look alike' medicines. 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 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 these were regularly reviewed. The pharmacy 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 Pharmacy Guard was held and was valid and in date until 3rd June 2020.

Records of controlled drugs (CD) and patient returned controlled drugs were retained. 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 and the pharmacist agreed to address this.

The responsible pharmacist (RP) record was retained. But the time that the pharmacist ceased responsibility was often omitted. The RP notice was displayed where the public could see it clearly. There was one fridge 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 records were kept to demonstrate this. Short dated stock was highlighted. The private prescription records were kept but some entries omitted the prescriber's details. The emergency supply and specials records were retained and were in order.

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. 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 not available at the time of the inspection and the pharmacist agreed to address this.

Principle 2 - Staffing ✓ Standards met

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 dispensing assistant and one medicine counter assistant 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 meetings would take place on an ad-hoc where any significant errors and learning would be discussed with the team. 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. A dispensing assistant reported that he had recently been learning about different formulations of eye drops from a pharmaceutical representative who had visited the pharmacy.

Staff reported that they felt comfortable to approach the superintendent pharmacist with any issues regarding service provision. The superintendent pharmacist reported that there were no targets in place at 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 in a Grade 2* listed building. There was a sink available in the dispensary with hot and cold running water with hand sanitiser to allow for hand washing. Medicines were organised in a generic and alphabetical manner.

The pharmacy did not have a consultation room but the pharmacist reported that he would wait until the pharmacy was quiet and use the corner of the room if patients wanted a private conversation. The ambient temperature and lighting throughout the pharmacy was appropriate for the delivery of pharmaceutical 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.

Inspector's evidence

Access to the pharmacy was via a small step but staff were on hand to help if required. 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.

The pharmacy team dispensed multi-compartment compliance aids for around 55 patients per week for use in their own homes. These were usually dispensed in a back room 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.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. Valproate patient cards were available for use during valproate dispensing to all female patients. The pharmacist reported that he would check 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 DE 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 also available.

Medicines and medical devices were stored in an organised fashion within their original manufacturer's packaging. 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. Records to demonstrate this were complete and contained audit trails.

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 was one fridge used for the storage of thermolabile medicines which was 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.