

Registered pharmacy inspection report

Pharmacy Name: Combe Down Pharmacy, 87 Bradford Road, Combe Down, BATH, Avon, BA2 5BP

Pharmacy reference: 1028533

Type of pharmacy: Community

Date of inspection: 15/08/2019

Pharmacy context

This is a community pharmacy located on a parade of shops in the Combe Down area of Bath. It serves its local population which is mixed in age range and background. The pharmacy opens six days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions, provides drug misuse services and supplies medicines in multi-compartment compliance aids for people to use living in their own homes.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.7	Standard not met	The pharmacy team does not destroy patient confidential information securely.
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards not all met	3.2	Standard not met	The consultation room has windows which are transparent. Smartcards are accessible from the retail area of the pharmacy.
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 not all met

Summary findings

The pharmacy has written procedures to help make sure the team works safely. The pharmacy asks its customers and staff for their views and uses this to help improve services. But it does not adequately protect people's confidential information. The pharmacy generally maintains the records that it must keep by law. However, some records were not always completed correctly which could mean that the pharmacy is not able to show exactly what has happened if any problems arise. 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 has appropriate insurance to protect people when things do go wrong.

Inspector's evidence

Processes were in place for identifying and managing risks. Near misses were regularly recorded and these were displayed in the dispensary. The pharmacy manager reported that these were generally reviewed monthly. Subsequently, a team briefing would be held to communicate any learning from these errors. The pharmacist demonstrated that 'sound alike' and 'look alike' medicines such as amitriptyline and amlodipine had been marked and separated on the dispensary shelf.

There was a procedure for dealing with dispensing errors detailed in the standard operating procedures (SOPs). The pharmacist demonstrated that previous dispensing errors had been recorded but not all had been subject to a robust root cause analysis to find out why the error had happened. The pharmacist agreed to address this. Dispensing errors were also reported to the superintendent pharmacist.

There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches. 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 all the dispensary tasks. SOPs had been reviewed within the last two years. On questioning, the members of staff were all able to explain their roles and responsibilities.

A complaints procedure was in place and the staff were all aware of the complaints procedure. The pharmacy carried out a Community Pharmacy Patient Questionnaire (CPPQ) annually as part of their NHS contract.

An indemnity insurance and public liability certificate from the NPA was displayed and was valid and in date until the end of October 2019.

Records of controlled drugs (CD) and patient returned CDs were seen as being kept. A sample of a random CD was checked for record accuracy and was seen to be correct. The address that a CD was received from was not always included in the records. CD balance checks were generally carried out monthly. Patient-returned and out-of-date CDs were separated from regular CD stock and labelled appropriately.

Date checking was carried out regularly and records were kept to demonstrate this. The fridge temperatures were generally recorded daily. On examination of the records, there were some temperatures that had been recorded below zero degrees Celsius and this had been reported to the pharmacy head office.

A responsible pharmacist (RP) record was kept electronically and the responsible pharmacist notice was displayed in pharmacy where patients could see it. The RP record often omitted the time that the RP ceased responsibility.

The private prescription records were retained and were in order. Some emergency supplies had been recorded but the pharmacist admitted that some had been omitted recently and agreed to address this. The specials records were retained and were in order.

An information governance policy was in place and staff had been trained on the General Data Protection Regulation. The computer screens were all facing away from the public and access to patient confidential records was password protected. A smartcard was left in the consultation room during the inspection.

Staff explained that they were aware what signs to look out for that may indicate safeguarding issues in children and vulnerable adults. Contact details were available for safeguarding referrals, advice and support.

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 and one dispensing assistant present during the inspection. They were seen to be working well together. Certificates of completed training were displayed above the medicines counter.

The pharmacy manager reported that ad-hoc staff meetings to discuss any safety issues in the pharmacy and any learning from near misses or significant errors.

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 reported that staff had been utilising training packages from 'VirtualOutcomes' and had recently completed a package on anti-microbial resistance. Staff also reported having recently completed a training package on children's oral health. Staff received time to complete required training.

Staff reported that they felt comfortable to approach the pharmacy manager or superintendent pharmacist with any issues regarding service provision. There were targets in place in the pharmacy but the team explained that they did not feel any pressure to deliver these targets and that they would never compromise their professional judgement.

Principle 3 - Premises Standards not all met

Summary findings

The pharmacy provides a safe and appropriate environment for the provision of pharmacy services. But the pharmacy team do not adequately protect people's confidentiality. The pharmacy is secure and protected from unauthorised access.

Inspector's evidence

The pharmacy had a retail area toward the front and a dispensary area toward the back. Pharmacy fixtures and fittings appeared dated and had not been upgraded in some time. The dispensary area was separated from the retail area by a counter to allow for the preparation of prescriptions in private.

There was a sink available in the dispensary with hot and cold running water with hand sanitiser to allow for hand washing. Medicines were generally organised in a generic and alphabetical manner.

The consultation room was not very well soundproofed and the pharmacy team managed this by talking quietly. The consultation room had two transparent window panes which meant that patient confidentiality could not always be maintained. The consultation room was not lockable and a smartcard was left inside during the inspection.

The ambient temperature and lighting throughout the pharmacy was appropriate for the delivery of pharmaceutical services.

Principle 4 - Services ✓ Standards met

Summary findings

Pharmacy services are accessible, effectively managed and safely delivered, pharmaceutical stock is appropriately obtained, stored and supplied. Where a medicinal product is not fit for purpose, the team take appropriate action.

Inspector's evidence

Pharmacy services were detailed on posters around the pharmacy. Access to the pharmacy was step free. There was space for the movement of a wheelchair or pushchair in the pharmacy and seating for patients and customers who were waiting.

The pharmacy team dispensed multi-compartment compliance aids for 41 patients in their own homes. Audit trails were kept to indicate where each compliance aid was in the dispensing process. One compliance aid was examined and an audit trail to demonstrate who dispensed and checked the compliance aid was complete. Descriptions were routinely provided for the medicines contained within the compliance aids. Audit trails were kept to record who dispensed and checked 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 she 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.

There were destruction kits available for the destruction of controlled drugs and designated bins for storing waste medicines were available and being used for the disposal of medicines returned by patients. A hazardous medicines waste bin was also available for use. Waste collection was regular and the team explained they would contact the contractors if they required more frequent waste collection.

The pharmacy was European Falsified Medicines Directive (FMD) compliant. The relevant equipment and software was in place. Medicines were obtained from suppliers such as AAH, Trident and Alliance. Specials were obtained via suppliers such as Quantum specials.

Medicines and medical devices were stored within their original manufacturer's packaging. Pharmaceutical stock was subject to date checks which were documented and up to date. Short-dated products were appropriately marked. The fridge was in good working order and the stock inside was stored in an orderly manner.

MHRA drug alerts and recalls came to the pharmacy electronically and the pharmacy manager explained that these were actioned appropriately. Records and audit trails were kept to demonstrate this.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services offered. These are used in a way that helps protect patient confidentiality and dignity.

Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Measures were seen to be clean. Amber medicines bottles were seen to be capped when stored and there were counting triangles available for use. 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 online and this access included the BNF, the BNF for Children and the Drug Tariff. Internet access was available should the staff require further information sources. There was one fridge which was in good working order and the maximum and minimum temperatures were recorded daily. Designated 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.