

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: 27/02/2020

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 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 are clear about their roles and responsibilities. Pharmacy team members record and review some mistakes that happen and use this information and learning to help avoid future mistakes. But the pharmacy team could do more thorough and detailed investigations when errors happen so that learning opportunities are not missed. The pharmacy asks its customers and staff for their views and uses this to help improve services. It 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. The pharmacy generally maintains the records that it must keep by law.

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 atenolol and allopurinol had been separated on the dispensary shelf. There was a poster that was displayed in the dispensary that contained a notice about common 'sound alike' and 'look alike' errors.

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. Staff were in the process of signing new SOPs at the time of the inspection. 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. Previous CPPQ results were displayed in the pharmacy and were positive.

An indemnity insurance and public liability certificate from the NPA was displayed and was valid and in date until the end of October 2020.

Records of controlled drugs (CD) and patient returned CDs were seen as being kept. There were annotations that had not been signed and dated and some evidence of obliterations in the examined registers. A sample of a random CD was checked for record accuracy and was seen to be correct. CD balance checks were carried out monthly.

Date checking was carried out regularly and records were kept to demonstrate this. The pharmacy team was around 2 months behind on their date checking schedule at the time of the inspection. The fridge temperatures were recorded daily and the temperatures were between two to eight degrees Celsius. 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, emergency supply and specials records were retained and were in order.

The computers were all password protected and the screens were not visible to the public. Confidential waste was collected separately from normal waste and was shredded using a cross cut shredder. Staff were required to complete training for information governance (IG) and sign confidentiality agreements.

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. All staff had either completed or were undertaking appropriate training courses for their roles. Certificates of completed training were displayed above the medicines counter.

The pharmacy manager reported that she intends to do performance reviews annually with all staff. This would include a discussion about development opportunities. Staff would also get the opportunity to give feedback about the place that they work. The pharmacy manager reported that ad-hoc staff meetings were held to discuss any safety issues in the pharmacy and any learning from near misses or significant errors.

The pharmacy team explained that they had been utilising training packages from 'VirtualOutcomes' and staff had recently completed a package on recognising the signs of sepsis. The pharmacist had also completed the CPPE package on sepsis and reported that this had helped her become more aware of what to do if a patient presented with this condition. Staff received 30 minutes per week to complete any required training.

Staff reported that they felt comfortable to approach the pharmacy manager or superintendent pharmacist with any issues regarding service provision. The pharmacy manager explained that there were no formalised 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 protects private information and 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. The dispensary had recently been fitted with a new carpet, but pharmacy fixtures and fittings generally 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 were some baskets of assembled prescriptions that were stored on the floor which may represent a trip hazard to staff.

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 and shelves would be cleaned when date checking was carried out.

The consultation room was small and not very well soundproofed and the pharmacy team managed this by talking quietly. Patient confidential information was stored securely. The consultation room was also used to store some boxes of stock but the pharmacist reported that she intended to remove these.

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 leaflets 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. Large label printing was available for people with sight difficulties.

The pharmacy team dispensed multi-compartment compliance aids for 35 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 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, software and procedures were 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. Separate measures were in use for dispensing CDs. 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.