

Registered pharmacy inspection report

Pharmacy Name: Pulteney Pharmacy, 35 Great Pulteney Street,
BATH, Avon, BA2 4BY

Pharmacy reference: 1028545

Type of pharmacy: Community

Date of inspection: 29/08/2019

Pharmacy context

This is a community pharmacy located below a GP surgery in a residential area in the centre of Bath. It serves its local population which is mostly elderly and affluent. The pharmacy opens 5 days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions, provides vaccination services and supplies medicines in multi-compartment medicine devices 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	1.1	Standard not met	The pharmacy team do not investigate and learn from their mistakes thoroughly and effectively.
2. Staff	Standards not all met	2.1	Standard not met	The pharmacy team do not have enough staff to provide pharmacy services effectively.
		2.5	Standard not met	The pharmacy team raise concerns about pharmacy services but do not feel that these are listen to and acted on.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards not all met	4.2	Standard not met	The pharmacy team do not regularly provide patient information leaflets and warning labels on medicines contained with multi-compartment compliance aids.
		4.4	Standard not met	The pharmacy team are not clear on the steps to take when a medicine is not fit for purpose.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy has some written procedures to help make sure the team works safely. But it is not clear that staff understand these and they are not always followed. Pharmacy team members record some mistakes that happen. But it is not clear that mistakes are analysed and investigated thoroughly and communicated to the pharmacy team which could mean that opportunities for learning are missed. Pharmacy team members are clear about their roles and responsibilities. The pharmacy asks its customers and staff for their views and uses this to improve services. It generally manages and protect people's confidential information well and it tells people how their private information will be used. The pharmacy generally maintains all the records that it must keep by law. However, some details were missing from its records. This means the pharmacy may not have a complete audit trail or be able to show exactly what has happened if any problems arise.

Inspector's evidence

Some processes were in place for identifying and managing risks. The pharmacist demonstrated that some near misses had been recorded and these were kept in the dispensary. But it was not clear that these were reviewed and discussed with staff and staff could not demonstrate any learning from these. Staff reported that they were very busy and so errors did not often get discussed.

There was a procedure for dealing with dispensing errors detailed in the standard operating procedures (SOPs). There was evidence that dispensing errors had been recorded but some records were handwritten and illegible. In addition, there was no detailed investigation and root cause analysis to find out why an error may have happened. Dispensing errors were reported to the superintendent pharmacist. The superintendent pharmacist reported that staffing pressured had meant that governance procedures had been neglected (see also principle 2).

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. But staff had not signed the SOPs. In answer to scenarios posed, the members of staff were all able to explain their roles and responsibilities.

The locum pharmacist reported that she was not aware of a complaints procedure in the pharmacy. The locum pharmacist explained how she would deal with a complaint and would signpost the complainant to the superintendent if necessary. 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 Medical Indemnity Advisory Bureau was held 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. The address that a CD was received from was often omitted from the examined records. A sample of a random CD was checked for record accuracy and was seen to be correct. A CD balance check had not been carried out

for over a year despite the SOPs specifying that a balance check would be carried out monthly. Patient returned CDs were often not separated from regular CD stock and labelled appropriately.

Date checking records were not kept. The fridge temperatures were recorded daily. Some records showed that the fridge temperature had fluctuated outside of the two to eight degrees Celsius range but the reasons for this were not clear and the pharmacist was unable to report whether this had been investigated. The pharmacist agreed to address this. An electronic responsible pharmacist (RP) record was retained but records often omitted the time that the pharmacist had signed out. The responsible pharmacist notice was displayed in pharmacy but was incorrect at the start of the inspection. This was promptly corrected by the pharmacist. The private prescription records were retained and were in order. The pharmacy did not often do emergency supplies and so these records were not demonstrated. Specials records were retained but records often omitted the prescriber's details.

Staff were aware of their responsibilities around protecting patient confidential information. Staff confidentiality agreements were held but not signed by staff. Confidential waste was separated and collected regularly by an external company. The computer screens were all facing away from the public and access to patient confidential records was password protected.

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 not immediately available for local safeguarding referrals, advice and support. The pharmacy team agreed to address this.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy staff have the appropriate skills, qualifications and training to deliver services safely and effectively. There are not enough staff to provide services and maintain governance procedures effectively. The pharmacy team provide feedback and raise concerns about pharmacy services, but it is not clear that these are listened to and acted on.

Inspector's evidence

There was one locum pharmacist and two dispensing assistants present during the inspection. Staff were struggling to cope with the workload during the inspection. Staff reported that they often felt under pressure with the volume of work and struggled to keep up to date with their dispensing activity. The superintendent pharmacist reported that this had worsened because the pharmacy did not have a pre-registration student this year. The superintendent pharmacist reported that workplace pressures had become worse over recent years to become almost intolerable. He also explained that lack of staff meant that governance procedures had been neglected. The pharmacy team regularly fell behind on dispensing activity (see also principle 4).

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 trainee dispensing assistant said that she generally felt supported in her training but often did not have the time to do any during work hours. Staff reported that due to the pharmacy being busy, it was difficult to give any specific examples of recent training.

Staff reported that they felt comfortable to approach the superintendent pharmacist with any issues regarding service provision. But staff reported that concerns that they had raised about staffing levels had not been listened to or acted on.

There were targets in place in the pharmacy. The pharmacist explained although there was some expectation to deliver targets, she would never allow her professional judgement to be compromised in order to meet these.

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 located in the basement of a building and was below a GP surgery. The dispensary was separated from the reception area by a medicines 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 sanitiser to allow for hand washing.

Medicines were stored on the shelves in a generic and alphabetical manner. The consultation room was secure and patient confidential information was protected.

The ambient temperature was suitable for the storage of medicines and the lighting throughout the store was appropriate for the delivery of pharmacy services.

Principle 4 - Services Standards not all met

Summary findings

Pharmacy services are accessible to patients but not always effectively managed. The pharmacy team regularly falls behind on its governance procedures and dispensing activity. Its pharmaceutical stock is generally appropriately obtained, stored and supplied.

Inspector's evidence

Pharmacy services were detailed in leaflets and posters that were around the pharmacy. The pharmacy was located in a basement and could only be accessed by using the stairway. The pharmacist reported that staff would often have to go upstairs to hand medicines out to people that were unable to use the stairs. There was seating available for patients and customers who were waiting. Large print labels were available for patients with sight difficulties. Both the locum pharmacist and superintendent pharmacist reported struggling with the workload and said that they would regularly fall behind on dispensing activity particularly when there was staff sickness or holiday.

The pharmacy team dispensed multi-compartment compliance aids for 35 domiciliary patients. Audit trails were kept to indicate where each tray was in the dispensing process. Descriptions were routinely provided for the medicines contained within the compliance aids. Audit trails were kept to record who dispensed and checked the compliance aid. It was not clear that patient information leaflets were regularly supplied. Two assembled prescription bags of four weekly compliance aids were checked and they both had no patient information leaflets. BNF advisory warning labels were not regularly included for the medicines in the compliance aids.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. However, valproate patient cards were not 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 the storage of 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.

During a conversation following the inspection with the superintendent pharmacist, he confirmed that he is currently considering options for adopting an IT based system for verifying and decommissioning medicines with a view to comply with the European Falsified Medicines Directive. Medicines were obtained from suppliers such as AAH, Alliance, Colorama and Phoenix. Specials were obtained via suppliers such as IPS specials.

The majority of medicines and medical devices were stored within their original manufacturer's packaging. The following medicines were stored without a batch number and expiry date on the container:

Dexamethasone 2mg tablets

Diclofenac 75mg modified release capsules

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.

Staff were not able to demonstrate how they receive, action and document MHRA drug alerts and recalls.

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. Some amber medicines bottles were not capped when stored which could increase the risk of contaminants getting into the bottles. There was a counting triangle 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 in the dispensary and the consultation room 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 in use 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.