

Registered pharmacy inspection report

Pharmacy Name: Widcombe Pharmacy, 4a Widcombe Parade,
Widcombe, BATH, Avon, BA2 4JT

Pharmacy reference: 1028568

Type of pharmacy: Community

Date of inspection: 22/05/2019

Pharmacy context

This is a community pharmacy located on a parade of shops in the Widcombe area of Bath. It serves its local population which is varied 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, offers drug misuse 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	1.7	Standard not met	The pharmacy does not protect people's private information as assembled bags of prescriptions are visible from the retail area of the pharmacy.
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards not all met	3.2	Standard not met	The pharmacy does not protect people's private information as assembled bags of prescriptions are visible 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. Pharmacy team members record and review mistakes that happen and use this information and learning to avoid future mistakes. But dispensing errors were not investigated thoroughly which could mean that opportunities for learning from these 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 help improve services. The pharmacy has appropriate insurance to protect people when things do go wrong. The pharmacy does not protect people's private information as assembled bags of prescriptions are visible from the retail area of the pharmacy. The pharmacy generally maintains the records that it must keep by law. However, the private prescription and responsible pharmacist 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.

Inspector's evidence

Some processes were in place for identifying and managing risks. Near misses were recorded although the pharmacy team could only demonstrate a small number of these. Dispensing errors were recorded electronically but those examined did not include a robust root cause analysis to investigate why the error had happened. Escitalopram and esomeprazole had been separated on the dispensary shelves based on previous errors.

There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches. Audit trails were kept to denote who had dispensed and checked a medicine. Standard operating procedures (SOPs) were in place but these had not been reviewed since 2015. Responsible pharmacist SOPs were also in place. On questioning, 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. Staff reported that they gathered feedback using Community Pharmacy Patient Questionnaires (CPPQs).

Indemnity insurance and public liability certificate from the NPA was in place and was valid and in date until February 2020. Records of controlled drugs (CD) and patient returned CDs were seen as being kept. A sample of diamorphine 10mg ampoules was checked for record accuracy and was seen to be correct. Documented CD balance checks were carried out infrequently. The pharmacy team reported that date checking was carried out regularly and records were kept to demonstrate this. The fridge temperatures were recorded daily and were always in the 2 to 8 degrees Celsius range.

An electronic responsible pharmacist (RP) record was retained and the responsible pharmacist notice was displayed in pharmacy where patients could see it. The time that the RP ceased responsibility was occasionally omitted. The private prescription records were retained but entries often omitted the prescriber's address. The specials records were in retained and were in order. The pharmacist reported that emergency supply records were retained but this was not demonstrated because she unfamiliar with the patient medical record system. The pharmacist agreed to address this.

The computer screens were all facing away from the public and access to patient confidential records was password protected. Confidential waste was shredded using a cross cut shredder. However, assembled trays of prescriptions waiting to be checked were stored on the front counter and patient

information was visible from the retail area of the pharmacy. In addition, assembled prescription bags were stored in a retrieval area which was located next to a retail area and patient names and addresses were clearly visible.

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 available for safeguarding referrals, advice and support 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 and one medicines counter assistant present during the inspection. They were seen to be working well together. Staffing levels were lower than usual on the day of the inspection. The pharmacist reported that there was usually a technician available to help with the dispensing but that she was on holiday. The pharmacist explained that she managed this risk by maintaining mental breaks in between dispensing and checking processes should the need arise to self-check.

Staff meetings would take place on an ad-hoc basis where any significant errors and learning would be discussed with the team. A communications diary was used to pass information between staff on different shifts. 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 pharmaceutical representatives often attended the pharmacy to teach staff about new over the counter products and they said that this helped them best advise their patients.

Staff reported that they felt comfortable to approach the superintendent pharmacist with any issues regarding service provision. The pharmacist reported that there were no formalised targets in place at the pharmacy.

Principle 3 - Premises Standards not all met

Summary findings

The pharmacy generally provides a safe and appropriate environment for the provision of pharmacy services. The pharmacy is secure and protected from unauthorised access. But the pharmacy does not protect people's private information as assembled bags of prescriptions are visible from the retail area of the pharmacy.

Inspector's evidence

The pharmacy had a dispensary which was separated from the waiting area by a medicines counter to allow for the preparation of prescriptions in private. Boxes of stock were stored on the floor in the dispensary which may increase the risk of trip hazards to staff. 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.

Assembled prescriptions were stored next to a retail space which meant that patient details were easily visible to the public. In addition, baskets of medicines waiting to be checked were stored on the front medicines counter and this increased the risk of patient details being overseen from outside of the dispensary. The pharmacy did not have a consultation room but pharmacist reported that she could use a quiet room in the adjoining GP surgery to have private conversations with patients if necessary. 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 met

Summary findings

The pharmacy's services are accessible, effectively managed and delivered safely. The pharmacy generally 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

Leaflets were available in the pharmacy detailing some services. Access to the pharmacy was via a step but staff reported that there was step free access via the adjoining GP surgery. 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 monitored dosage system (MDS) trays for around 60 patients. Trays were pre-assembled without prescriptions and stored unlabelled in the pharmacy. Trays were later labelled when the prescription arrived in the pharmacy and the pharmacist said that she would check for any changes at this point. However, the pharmacist reported that this was currently being addressed and that the process had changed so that trays were now being labelled when the prescription came into the pharmacy. Audit trails to show who had dispensed and checked the trays were not routinely used. Descriptions were provided for the medicines contained within the MDS trays but these were incomplete on the trays examined. The pharmacist reported that patient information leaflets were supplied once a month.

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 dispensing valproate to 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 that they were aware of these and query if they were taking effective contraception.

There were destruction kits available for the destruction of controlled drugs and doop bins 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 in the process of complying with the European Falsified Medicines Directive (FMD). The relevant equipment was in place and the superintendent pharmacist reported that he intends to source software from 'Spider FMD'. Medicines were obtained from suppliers such as AAH, Alliance, Trident, Sigma and Colorama. Specials were obtained via suppliers such as Rokshaw or DE Midlands specials.

The majority of medicines and medical devices were stored within their original manufacturer's packaging. Sertraline 50mg tablets were stored loosely on the dispensary shelf and these were disposed of by the pharmacist during the inspection. Staff reported that pharmaceutical stock was subject to date checks and these were documented. 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 pharmacist explained that

these were actioned appropriately. However, records to demonstrate this were incomplete and the pharmacist agreed to address this.

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. 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 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. Doop bins were available for use and there was sufficient storage for medicines. Confidential waste was separated and shredded using a cross cut shredder. 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.