

# Registered pharmacy inspection report

**Pharmacy Name:** Concord Pharmacy, Stokes Medical Centre,  
Braydon Avenue, Little Stoke, BRISTOL, Avon, BS34 6BQ

**Pharmacy reference:** 1028591

**Type of pharmacy:** Community

**Date of inspection:** 26/10/2021

## Pharmacy context

This is a community pharmacy which is based in a medical centre in Bristol. 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, supplies lateral flow test kits for COVID-19, supplies medicines for the treatment of minor ailments, offers the flu vaccination service and supplies medicines in multi-compartment compliance packs for people to use living in their own homes. This inspection took place during the COVID-19 pandemic.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	2.4	Good practice	The pharmacy team maintain a culture of openness, honesty and learning.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	4.1	Good practice	The pharmacy team offer treatments for a range of minor ailments which reduces pressure on the local GP services.
<b>5. Equipment and facilities</b>	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 have procedures in place to record and review mistakes when they happen and to learn from these. 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 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

The pharmacy team had taken measures to mitigate the risk of transmission of COVID-19. Risk assessments had been completed assessing the impact of COVID-19 on the pharmacy premises and the individual pharmacy staff members. The pharmacy suspended some of its face-to-face services during the peak of the pandemic. Staff were wearing face coverings in the pharmacy. People were encouraged to wear face coverings when attending the pharmacy. Processes were in place for identifying and managing risks. There was a near miss log in the main dispensary and this was used regularly by staff. The pharmacist reported that he reviewed this monthly. The pharmacist explained that having an automated dispensing robot to select stock that was labelled by staff had significantly reduced dispensing errors. There were some near miss mistakes involving potential hand out errors, and so staff had been encouraged to pay extra attention to checking the address on the assembled prescription bags.

There was a procedure in place to learn from dispensing errors. Dispensing errors would be recorded and reported to the superintendent pharmacist. The pharmacy would investigate errors so that they could learn from these and reduce the risk of these occurring in the future. However, records of this process were not available.

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. These had been last reviewed in 2018. The pharmacy team were in the process of introducing new SOPs at the time of the inspection. The pharmacy team understood what their roles and responsibilities were when questioned. There was a complaints procedure in place and staff were all clear on the processes they should follow if they received a complaint. The pharmacist explained that the team were in the process of gathering people's feedback using the Community Pharmacy Patient Questionnaire (CPPQ). People were also encouraged to provide feedback via the pharmacy website. A certificate of public liability and indemnity insurance was held and valid and in date until the end of January 2022.

Records of controlled drugs (CD) and patient returned controlled drugs were kept. A stock check on CDs was carried out every week. The responsible pharmacist (RP) record was kept and the RP notice was displayed and could be clearly seen by the public. There were two fridges in use and data loggers were

used to record temperatures throughout the day. These were seen to be within the appropriate temperature range of two to eight degrees Celsius. Date checking was completed regularly and records were kept to demonstrate this. The private prescription records were kept and were in order. The specials records often omitted the prescribing doctor's name and address details. The pharmacy did not routinely do emergency supplies as they were part of a medical centre.

An information governance policy was in place. The computer screens in the dispensary were all facing away from the public and were password protected. Confidential waste was collected separate to normal waste and disposed of appropriately. People's confidential information was stored securely.

The pharmacist had completed a Centre for Pharmacy Postgraduate Education (CPPE) training package 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 readily available in the pharmacy.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy's team members 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 were two pharmacists, three dispensing assistants and one healthcare assistant present during the inspection. They were seen to be working well with each other and there was enough staff to deal with the workload. The pharmacy team regularly had meetings to discuss any important updates or patient safety issues.

The staff reported that they kept their knowledge up to date by reading third party materials, such as pharmacy magazines, and would ask the pharmacist if they had any queries. A dispensing trainee reported that she felt supported and received sufficient time to complete any required work. The pharmacy team regularly had meetings to discuss any important updates or patient safety issues. The pharmacist reported that staff regularly had assigned periods of study when the pharmacy was quiet. This had been facilitated by the automated dispensing robot allowing freeing up staff time.

During the COVID-19 pandemic, pharmacy staff reported that they had consulted some online resources from the PSNC and Public Health England. The pharmacist explained how he is in the process of organising some training with the doctors in the medical centre so that he can be more confident diagnosing and treating ear infections for the GP Community Pharmacist Consultation Service (CPCS).

The pharmacy team reported that they felt comfortable in approaching the pharmacy manager or superintendent pharmacist with any issues regarding service provision. 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 people's private information. The pharmacy is secure and protected from unauthorised access.

### Inspector's evidence

The pharmacy was based in a medical centre. It was clean, bright and had a professional appearance. It had a small retail area towards the front and a spacious dispensary area towards the back. The dispensary area was separated from the retail area by a counter to allow for the preparation of prescriptions in private. There was a plastic screen separating the retail area from the dispensary. The doors were kept open where possible to allow for ventilation of the pharmacy to mitigate the risk of COVID-19 transmission. The pharmacy was cleaned regularly and the pharmacy staff had disinfectant wipes and hand sanitiser and used these frequently throughout the day.

The dispensary was equipped with four dispensing benches where labelling, dispensing and checking took place. There was an automated dispensing robot situated in the middle of the dispensary which would select stock which had been labelled by staff at the computer terminals. There was a sink available in the dispensary with hot and cold running water with hand sanitiser to allow for hand washing. Most medicines were contained within the automated dispensing system. Medicine packs which had been split and contained less than the full quantity were stored on dispensary shelves and were organised in a generic and alphabetical manner.

There were two consultation rooms in use at the pharmacy. Conversations inside the consultation rooms could not be overheard. One consultation room contained a CCTV camera but the pharmacist reported that this was not functional and in use. The pharmacist confirmed that this camera was to be removed. 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

Pharmacy services were detailed in posters and leaflets around the pharmacy. There was a list of services printed on the walls in the consultation rooms. 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. There was large label printing for patients with sight difficulties.

The pharmacy team offered the GP CPCS. As part of this service, the pharmacist explained that he received referrals from the GP surgery treatment of minor ailments. The patient would be asked to attend the pharmacy for a consultation with the pharmacist. The pharmacist reported that this was a popular service and the pharmacy team completed around 60 to 70 consultations per month. In approximately 95% of these consultations, treatment could be provided by the pharmacist without a referral back to the GP. The pharmacist gave examples of treating non-complicated urinary tract infections in females and conjunctivitis in children over two years old. This service increased the accessibility of medicines to patients and meant that it reduced demand on local GP and out of hours services. There was often a waiting time of around two weeks to get a GP appointment, and so this service had received good feedback from patients.

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. The pharmacist reported that he 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. Medicines were obtained from suppliers such as AAH, Lexon, Phoenix and Alliance. Specials were obtained from AAH and Lexon 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 with yellow stickers. The fridges were 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. Records to demonstrate this were kept and included audit trails to show what action had been taken and when.

## 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 range of crown stamped measures available for use. Amber medicines bottles were capped when stored. Counting triangles were available for use and this included a separate counting triangle for cytotoxic medicines. 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. There was a CONSIG automated dispensing robot in place at the pharmacy and this appeared to be in good working order. It had an annual maintenance review and the pharmacy team had access to a helpline if they were having any problems.

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 were two fridges in use which was in good working order and the maximum and minimum temperatures were recorded throughout the day using data loggers. Designated bins for storing waste medicines were available for use and there was enough space to store 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.