

Registered pharmacy inspection report

Pharmacy Name: Buxton & Grant, 176 Whiteladies Road, Clifton,
BRISTOL, Avon, BS8 2XU

Pharmacy reference: 1028592

Type of pharmacy: Community

Date of inspection: 15/05/2019

Pharmacy context

This is a community pharmacy in a busy, affluent shopping area close to the centre of the city of Bristol. Most of its regular customers were elderly but university students also used the pharmacy. They dispense NHS prescriptions, including homeopathic items and sell a range of over-the-counter medicines and other products. The pharmacy supplies medicines in multi-compartment devices to help vulnerable people in their own homes to take their medicines and medicines to people living in several local care homes.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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	2.1	Good practice	The pharmacy has good levels of well qualified staff and they manage their workload safely. The pharmacy has contingency arrangements to cope with any illness or holiday.
		2.4	Good practice	The staff are encouraged to keep their skills up-to-date and do this in work time. They also attend regular learning evenings. The pharmacist supports the team members who are training.
		2.5	Good practice	The pharmacy team work well together. They are comfortable about providing feedback to their manager and this is acted on to improve the services at the pharmacy.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.2	Excellent practice	The pharmacy has proactive and collaborative procedures to make sure that people are only prescribed current medicines. This reduces the risk of historic medicines being inadvertently prescribed. And, the pharmacist has received an award for this which recognises how this improves outcomes for patients and acts a model for other pharmacies to learn from.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy team identify and manage risks satisfactorily. The team members encourage people to give feedback but don't always use this to improve their services. The pharmacy team keep people's private information safe and they know how to protect vulnerable people. The pharmacy is appropriately insured to protect people if things go wrong. The team keep the up-to-date records that they must keep by law.

Inspector's evidence

The pharmacy staff identified and managed most risks. The last error at the pharmacy was in 2018 and involved a strength error with zopiclone. Because of this, the two strengths of zopiclone had been clearly separated to reduce the likelihood of picking errors with these. Prescriptions for zopiclone were now also double checked. Near misses were recorded but some included insufficient information to allow any useful analysis. General trends were identified, such as, more mistakes occurring after 4pm. Some actions were identified such as separating different forms of drugs. The near miss log was only formally reviewed each year.

There were three dispensing areas; a waiting area, and, a repeat and home assembly area upstairs, and, the home racking area and domiciliary dosette assembly area, downstairs. The downstairs area was spacious but best use of this space was not made. It was disorganised and not well fitted for the work being done here.

Baskets were used but only prescriptions for delivery were distinguished by colour. This meant that the pharmacist could not easily prioritise the workload. There was mainly a clear audit trail of the dispensing process but the blisters for the homes had no dispensing audit trail. This was at the request of the homes but the owner said that he would discuss this with them and point out that this was against standard good practice guidelines.

Up-to-date, signed and relevant Standard Operating Procedures (SOPs), including SOPs for services provided under patient group directions, were in place and these were reviewed every two years, or sooner, if necessary, by the Superintendent Pharmacist.

The roles and responsibilities were set out in the SOPs and the staff were clear about their roles. The sales protocol was displayed but this was not dated or signed and it did not include some recent legal changes, such as Viagra Connect and mometasone nasal spray. A NVQ2 dispenser was however aware of these and said that she would refer any requests for these to the pharmacist. She would also refer all requests for medicine sales for pregnant women, children under two and any multiple sales requests to the pharmacist. The pre-registration student said that he would refer anything that he was uncertain of to the pharmacist.

The staff were clear about the complaints procedure and reported that feedback on all concerns was encouraged. The pharmacy did an annual customer satisfaction survey. In the 2019 survey, 100 % of customers who completed the questionnaire rated the pharmacy as excellent or very good overall.

There had however been some feedback about the provision of smoking cessation advice. The pharmacy had no trained smoking cessation advisors.

Public liability and indemnity insurance provided by the National Pharmacy Association (NPA) and valid until 29 February 2020 was in place. The Responsible Pharmacist log, controlled drug (CD) records, including patient-returns, private prescription records, emergency supply records, specials records, fridge temperature records and date checking records were all in order.

There was an information governance procedure and some of the staff had also recently completed training on the new data protection regulations. The computers, which were not visible to the customers, were password protected. Confidential information was stored securely. Confidential waste paper information was shredded. No conversations could be overheard in the consultation room.

The staff understood safeguarding issues. The pharmacists had completed the Centre for Pharmacy Postgraduate Education (CPPE) module on safeguarding. Local telephone numbers were available to escalate any concerns relating to both children and adults. The staff had completed 'Dementia Friends' training.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has good levels of well qualified staff and they manage their workload safely. The pharmacy has contingency arrangements to cope with any illness or holiday. The staff are encouraged to keep their skills up-to-date and do this in work time. They also attend regular learning evenings. The pharmacist supports the team members who are training. The pharmacy team work well together. They are comfortable about providing feedback to their manager and this is acted on to improve the services at the pharmacy.

Inspector's evidence

The pharmacy was in a busy, affluent shopping area close to the centre of the city of Bristol. They dispensed approximately 6000 to 7000 NHS prescription items each month with the majority of these being repeats. 52 domiciliary patients and 200 care home patients (11 nursing and residential units) received their medicines in monitored dosage systems (MDS). Relatively few private prescriptions were dispensed.

The current staffing profile was one full-time and two part-time pharmacists, one pre-registration student, two full-time NVQ3 qualified technicians (one not seen), one full-time NVQ2 trained dispenser who mainly covered the medicine counter, one part-time NVQ2 qualified dispenser and one part-time pharmacy student. The pharmacy could also call on the services of a floating pharmacist.

The part-time staff were flexible and generally covered any unplanned absences. Planned leave was booked well in advance and only one member of staff could be off at one time. A staffing rota was used to ensure appropriate staffing levels with the desired skill mix.

The staff were well qualified and clearly worked well together as a team. Staff performance was monitored, reviewed and discussed informally throughout the year. There was an annual performance appraisal where any learning needs could be identified. Review dates would be set to achieve this.

The staff were encouraged with learning and development and completed Virtual Outcomes e-learning such as recently on mental health in work time. They also attended monthly meetings organised by the Avon Local Pharmaceutical Committee (LPC), such as recently on 'The future of pharmacy'. The pre-registration student said that he was well supported by the pharmacist. He attended training provided by the Avon LPC, one day each month. He was also allocated an additional half day on Mondays for learning. All the staff reported that they were supported to learn from errors. The GPhC registrants reported that all learning was documented on their continuing professional development (CPD) records.

The staff knew how to raise a concern and reported that this was encouraged and acted on. A qualified dispenser had recently raised issues about the storage of assembled medicines waiting to be collected. She said that sometimes more than one prescription for a person was missed because how the medicines were stored. Because of this concern, further space had been created and now all the medicines for one person were stored together. There were weekly minuted staff meetings. All the staff were aware of the company's whistle-blowing policy. No targets or incentives were set.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy looks professional. It is generally tidy and organised. There is good signposting to the consultation room so it is clear to people that there is somewhere private for them to talk.

Inspector's evidence

The pharmacy was in a Grade 11 listed building. It well laid out and presented a professional image. The dispensing benches were generally uncluttered. Better use could be made of the spacious downstairs area and this area could be better fitted for the work done here. The owner said that he would investigate getting a large table with shelving below which would provide a much more organised work space. The premises were clean and well maintained.

The owner had done the best he could in the circumstances of the listed building to provide a private consultation room. The room was well signposted but it was located behind the medicine counter. It would be difficult for a wheelchair-user to access this room. The room was quite small but the door opened outwards and so access by the emergency services would not be impeded. Conversations in the consultation room could not be overheard.

The pharmacy computer screens were not visible to customers. The telephone was cordless and all sensitive calls were taken in the consultation room or out of earshot. The temperature in the pharmacy was below 25 degrees centigrade. There was good lighting throughout. Most items for sale were healthcare related.

Principle 4 - Services ✓ Standards met

Summary findings

Most people can access the services the pharmacy offers. But, some people with specific mobility needs may have difficulty entering the pharmacy and accessing the consultation room. The pharmacy team make sure that people have the information that they need to use their medicines safely and effectively. They intervene if they are worried or think that they may not be taking or using their medicines as prescribed by their doctors. The pharmacy has proactive and collaborative procedures to make sure that people are only prescribed current medicines. This reduces the risk of historic medicines being inadvertently prescribed. And, the pharmacist has received an award for this which recognises how this improves outcomes for patients and acts a model for other pharmacies to learn from. The pharmacy gets its medicines from appropriate suppliers. The medicines are stored and disposed of safely. The pharmacy team make sure that people only get medicines or devices that are safe.

Inspector's evidence

There was no independent wheelchair access to the pharmacy because of a step up and there was no bell on the door to alert staff to anyone who may need assistance. The pharmacist and owner said that he would discuss with listed buildings about having a bell on the door. The pharmacy did have a portable ramp. There was access to Google translate on the pharmacy computers for use by non-English speakers. The pharmacy could print large labels for sight-impaired patients.

Advanced and enhanced NHS services offered by the pharmacy were medicine use reviews (MURs), the new medicine service (NMS) and seasonal 'flu vaccinations. The latter was also provided under a private agreement. The owner said that he did few MURs and NMS reviews. He said that he would try to do more of these and would also contact the Avon LPC for advice about providing more private services.

The pharmacists had completed suitable training for the provision of seasonal 'flu vaccinations including face to face training on injection technique, needle stick injuries and anaphylaxis. The owner had received training on the use of homeopathic medicines from Helios.

A large proportion of the business at the pharmacy was the assembly of medicines into monitored dosage systems. 52 domiciliary patients and 200 care home patients (11 nursing and residential units) received their MDS. The domiciliary dosettes were assembled on a four-week rolling basis and evenly distributed throughout the week to manage the workload. There were dedicated folders for these patients where relevant information such as hospital discharge sheets were kept. Any changes were recorded on the patient's electronic prescription record (PMR). These were referred to at the checking stage. The assembled dosettes were stored tidily.

The pharmacy also provided services to 11 homes. The homes ordered their own prescriptions. Electronic prescriptions were sent for interim items. The homes sent an up-to-date racking list each month. Medicines management visits were conducted every few months and there were also regular meetings with the prescribers. Some of the homes had a dedicated training advisor and the pharmacy would also provide any necessary advice to the homes over the phone. The pharmacy had a good working relationship with the practice pharmacist. No MDS patients were currently prescribed any high-

risk drugs that required blood tests but the staff said that if any patients were prescribed these they would make sure that they were having the required tests. The staff were aware of the new sodium valproate guidance but had no female patients in the at risk group who were prescribed this.

There was a good audit trail for all items ordered on behalf of patients by the pharmacy. In addition, an innovative pharmacy computer system allowed the pharmacy, through MedsManager, to proactively access the current list of medicines held by the surgery for ordering. This meant that historic or stopped items could not be ordered and so decreased the likelihood of errors where prescriptions for these were inadvertently generated by the surgery. The pharmacy used this to check on all prescriptions ordered, including those ordered by the care homes. The owner had been given an award for this in 2018 by Avon LPC, 'The Public Pharmacist for Bristol'.

The pharmacist routinely counselled patients prescribed high-risk drugs such as warfarin and lithium. He also counselled patients prescribed amongst others, antibiotics, new drugs and any changes. CDs and insulin were checked with the patient on hand-out. All prescriptions containing potential drug interactions, changes in dose or new drugs were highlighted to the pharmacist. Signatures were obtained indicating the safe delivery of all medicines and owing slips were used for any items owed to patients. Potential non-adherence or other issues were identified at labelling and ordering. Any patients giving rise to concerns were targeted for counselling.

Medicines and medical devices were mainly obtained from AAH, Alliance Healthcare and Helios. CDs were stored tidily. There were some patient-returned CDs and several out-of-date CDs. These were clearly labelled and separated from usable stock. The owner said that he would contact the Accountable Officer for Bristol about destroying the out-of-date CDs. Appropriate destruction kits were on the premises. Fridge lines were correctly stored with electronic records. Date checking procedures were in place with signatures recording who had undertaken the task. The pharmacy checked for falsified medicines as required under the Falsified Medicine Directive, but the staff said that few products currently had the required barcode. Dooop bins were available for waste and used. There was no cytotoxic bin but there was a list of substances that should be treated as hazardous for waste purposes. The staff said that any such substances would be appropriately separated.

There was a procedure for dealing with concerns about medicines and medical devices. Drug alerts were received electronically, printed off and the stock checked. Any required actions were recorded in a dedicated electronic folder. The pharmacy had received an alert on 13 May 2019 about co-amoxiclav. The pharmacy had none in stock and this was recorded.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities for the services it provides.

Inspector's evidence

The pharmacy used a British Standard crown-stamped conical measure (500ml) and ISO stamped straight measures (10 - 100ml). There were tablet-counting triangles, one of which was kept specifically for cytotoxic substances. These were cleaned with each use. There were up-to-date reference books, including the British National Formulary (BNF) 76 and the 2018/2019 Children's BNF. There was access to the internet.

The fridge was in good working order and maximum/minimum temperatures were recorded daily. Doop bins were available and used and there was adequate storage for all other medicines. The pharmacy computers were password protected and not visible to the public. There was a cordless telephone and any sensitive calls were taken in the consultation room or out of earshot. Confidential information was shredded. The door was always closed when the consultation room was in use and no conversations could be overheard.

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.