

Registered pharmacy inspection report

Pharmacy Name: Air Balloon Pharmacy, Air Balloon Surgery, Kenn Road, St George, BRISTOL, Avon, BS5 7PD

Pharmacy reference: 1028674

Type of pharmacy: Community

Date of inspection: 09/12/2019

Pharmacy context

This is a community pharmacy in a doctors' surgery in the eastern suburbs of the city of Bristol. It is under new ownership. A wide variety of people use the pharmacy but they are mainly elderly. The pharmacy dispenses NHS and private prescriptions and sells over-the-counter medicines.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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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 is under new ownership and there are no written procedures on the premises for the team members to refer to. This means that services may not be delivered safely.
		1.2	Standard not met	There are no procedures in place to reflect and learn from mistakes.
		1.4	Standard not met	There are no systems in place to deal with complaints or feedback from people.
2. Staff	Standards not all met	2.1	Standard not met	The pharmacy has no procedures to accommodate staff illness. The team are not told when staff members who leave will be replaced. This puts them under pressure.
		2.5	Standard not met	The team members are not supported by the company. There are no clear lines of communication with higher management. The team members have raised legitimate concerns with their immediate manager but these have not been 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	Some people may not be given the information that they need to use their medicines safely.
		4.4	Standard not met	The pharmacy team members cannot show that people only get medicines or devices that are safe.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy is under new ownership and there are no written procedures on the premises for the team members to refer to. This means that services may not be delivered safely. There are no procedures in place to reflect and learn from mistakes. There are no systems in place to deal with complaints or feedback from people. The team members understand how to protect people's private information but the new owners have not provided them with their procedures for this. The pharmacy is appropriately insured to protect people if things go wrong.

Inspector's evidence

The pharmacy did not identify and manage risks. It was under new ownership, 1st November 2019. There were no written procedures on the premises and the team had not been told verbally what procedures to follow. There were no procedures in place to record and learn from mistakes. There were no clear lines of communication with higher management. The staff said that they had no computers on 1 and 2 November 2019. All prescription labels had been hand-written. They did not know if the appropriate details had been entered on the electronic patient medication records. A full-time staff member was leaving the day following the inspection and there were no plans in place to replace her (see further under principle 2). An archaic system for ordering stock was in place which meant that commonly prescribed items were owed to patients and this posed a risk that they may run out of their medicines (see further under principle 4).

There was no displayed sales protocol. But, the medicine counter assistant did report that she would refer any requests for over-the-counter medicines for people over 60, those under two or those who were pregnant to the pharmacist. She was however not aware of recent 'prescription only medicine' (POM) to 'pharmacy only medicine' (P) switches, such as Ella One.

The staff did not know what the new company's complaint procedure was. They said that they had not been given any information on how to escalate any concerns or complaints.

Public liability and professional indemnity insurance, valid until 31 October 2020, was in place. The responsible pharmacist log, controlled drug (CD) records, private prescription records and fridge temperature records were in order. There were no formal date checking procedures in place. The staff did not know about any special obtain products. Several patient-returned CDs were in the cabinet but these were not recorded in the records. A closing CD balance and an opening CD balance had not been done on the day of the transfer of ownership.

The staff had not received any training on the new company's information governance procedures. There was no policy on the premises. They did not know what to do with confidential waste and were currently putting it into a dedicated bin. The staff did understand confidentiality issues having received training from the previous owners. The computers, which were not visible to the customers, were password protected. No conversations could be overheard in the consultation room.

The staff understood safeguarding issues but no company policies were available. There were no local telephone numbers to escalate any concerns. The pharmacist had completed the Centre for Pharmacy Postgraduate Education (CPPE) module on safeguarding. She said that she would find the appropriate

telephone numbers to escalate any concerns relating to both children and vulnerable adults on line and would make sure that all the staff knew how to do this.

Principle 2 - Staffing Standards not all met

Summary findings

It is unclear if the pharmacy has enough staff to manage its workload safely. The only full-time team member has resigned because of lack of support by the new company. The remaining team members have not been told when she will be replaced. This will put the team under increased pressure, especially in the busy Christmas period ahead. And, the pharmacy has no procedures in place to accommodate anyone who may be ill. There are no clear lines of communication with higher management. The team members have raised legitimate concerns with their immediate manager but these have not been acted on. They are not clear about the validity of their previous contracts. Morale is low and this is not conducive to a good working environment.

Inspector's evidence

The pharmacy was in a doctors' surgery in the eastern suburbs of the city of Bristol. It was under new ownership. They mainly dispensed NHS prescriptions, mostly repeats. But, due to the location, there were several acute 'walk-in' prescriptions. No medicines were supplied in multi-compartment compliance aids.

The current staffing profile was one pharmacist, a locum, one full-time NVQ2 qualified dispenser, due to leave the day following the visit, four part-time NVQ2 qualified dispensers and two part-time medicine counter assistants. The full-time dispenser said that she was leaving because the pharmacy had received no support from the new owners. All of the staff said that this was the case. As far as the staff knew, there were no procedures in place to replace this only full-time dispenser. The staff said that they would not know what to do if someone was ill. They said that they had little flexibility to cover any unplanned absences. The staff all said that there was no clear line of communication with higher management. They said that they had escalated this to an area manager but that there had been no change as a result of their concerns. They said that they felt that they had been 'thrown in at the deep end'. There had been no meetings with the staff when the pharmacy was taken over to let them know what the aims and procedures of the new company were and the people to whom they should report. The staff believed that their previous contracts were still valid. But, one staff member, who had been signed off sick, did not receive any sick pay as she would have done previously.

The staff had not been told about any on-going learning. There had been no staff meetings in the six weeks that the pharmacy had been under new ownership. They had not been told if there would be any formal appraisals. The staff did not know anything about a whistle-blowing policy. The pharmacist, a locum, said that she had not been told about any targets for services, such as Medicines Use Reviews (MURs).

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy generally looks professional. But, it does not signpost its consultation room and so people may not be aware that there is somewhere private for them to talk.

Inspector's evidence

The pharmacy was well laid out and generally presented a professional image. But, the dispensing bench contained many partially assembled prescriptions waiting for items. These occupied valuable space and were also mainly for commonly prescribed drugs, such as amlodipine 5mg and bisoprolol 2.5mg (see further under principle 4). There were many large boxes of generic stock on the floor which were also occupying valuable space (see also under principle 4). Two dispensary drawers could not be closed. This presented a trip hazard. The staff said that they thought some stock at the back of these were preventing their closure. The premises were clean.

The consultation room was spacious but it was not signposted. It contained a computer and a sink. There were three chairs, but one of these was covered with fabric and needed cleaning. The consultation room contained many boxes that had not been unpacked following the change in ownership. This did not present a professional image to the public. The waiting area, outside of the consultation room, had a few chairs that needed repair. Conversations in the consultation room could not be overheard. The 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 not all met

Summary findings

People can access the services offered by the pharmacy but few extra services are currently offered. The services are not always effectively managed. Some people may not be given the information that they need to use their medicines safely. And, the pharmacy team members cannot show that people only get medicines or devices that are safe. The stock ordering procedures also mean that people may run out of some common medicines.

Inspector's evidence

There was wheelchair access to the pharmacy and the consultation room with an automatic opening front door. There was access to an electronic translation application on the pharmacy computers for use by non-English speakers.

The only advanced and enhanced NHS services currently offered by the pharmacy were Medicines Use Reviews (MURs), New Medicine Service (NMS) and supervised consumption of methadone and buprenorphine.

The staff said that on 1 and 2 November 2019, they had no operational computer systems. The labels for all medicines dispensed during this period were hand-written. They were unsure if the details had been retrospectively entered onto the patients' electronic prescription medication records.

Several substance misuse patients had their medicines supervised and others collected their medicines. The prescriptions for these patients were kept separately and the pharmacist said that she would record any concerns of their electronic prescription medication record. But, the telephone numbers of key workers were not available and the pharmacy was open when the service provider was closed. In addition, the pharmacist was not aware of the local shared care guidelines, the Recovery Orientated Alcohol and Drugs Service (ROADS) guidelines. The inspector sent these.

No domiciliary patients received their medicines in compliance aids.

There was a good audit trail for all items dispensed by the pharmacy. 'See the pharmacist' stickers were not used and the dispensing staff did not highlight all prescriptions containing potential drug interactions, changes in dose or new drugs. This meant that these patients may not be receiving the appropriate counselling. The pharmacist said that she counselled walk-in patients prescribed high-risk drugs such as warfarin and lithium and those prescribed antibiotics. CDs and insulin were not checked with the patient on hand-out. The pharmacy had not conducted an audit for patients who may become pregnant and were prescribed sodium valproate. No guidance cards were available.

Medicines and medical devices were obtained from AAH, Sigma, Phoenix and Alliance Healthcare. These were not ordered electronically. The staff filled in a paper order sheet. They said this took about one and a half hours to complete. The order was faxed to the area manager. As mentioned under principle 1, it was seen that many commonly prescribed items were owed to patients. This indicated that the current stock control procedures were inadequate and may leave people without their medicines. In addition, at the time of the inspection several boxes of generic stock were received. This not only occupied valuable space on the floor but they were not the most commonly prescribed drugs

and had to be stored in the staff room.

The staff also said that the company had failed to renew the ordinary waste disposal service with Biffa. This meant that up until two weeks ago, a large amount of rubbish had to be stored in the staff area. As mentioned under principle 1, there were several patient-returned CDs that were not entered in the records. Fridge lines were correctly stored with electronic records. There were no date checking procedures. Designated bins were available for medicine waste and used. There was a separate bin for cytotoxic and cytostatic substances but no list of those substances that should be treated as hazardous for waste purposes. The pharmacist gave assurances that she would obtain this and make sure that everyone was aware of it.

There was no procedure for dealing with concerns about medicines and medical devices. No one had checked for any alerts or concerns on the day of the visit. Only the pharmacist knew how to log onto the company emails. The staff were not aware of any recent alerts, such as ranitidine products or Emerade pens.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities for the services it provides. And the team members make sure that they are clean and fit-for-purpose.

Inspector's evidence

The pharmacy used British Standard crown-stamped conical measures (10 - 500ml) and ISO stamped straight measures (25 - 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) 78 and the 2019/2020 Children's BNF. There was access to the internet.

The fridge was in good working order and maximum and minimum temperatures were recorded daily. 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 waste information was being stored in a separate bin but the staff were not sure what to do with it. 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.