

Registered pharmacy inspection report

Pharmacy Name: Bhogal Dispensing Chemist, 79-81 St. Marks Road, Easton, BRISTOL, Avon, BS5 6HX

Pharmacy reference: 1028686

Type of pharmacy: Community

Date of inspection: 23/11/2022

Pharmacy context

This is a community pharmacy located on a parade of shops in Easton, Bristol. It serves its local population which is mixed in age range and background. The pharmacy opens six days a week. It sells a range of over-the-counter medicines, dispenses NHS prescriptions and supplies medicines in multi-compartment compliance aids 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 does not identify and manage risk appropriately. The pharmacy team do not routinely record near miss mistakes.
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards not all met	4.4	Standard not met	The pharmacy team are unable to demonstrate that concerns are raised when medicines or medical devices are 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 written procedures to help make sure the team works safely. But it is not clear that pharmacy team members record and review mistakes that happen and use this information and learning to avoid future mistakes. 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 generally 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. The superintendent pharmacist had completed risk assessments of the impact of COVID-19 on the pharmacy premises and the individual pharmacy staff members. Procedures were in place for identifying and managing risks. But near misses had not been recorded since June 2022. There was a procedure in place to learn from dispensing errors. But the pharmacy team were unable to explain how these were recorded. It was not clear that the pharmacy team investigated errors thoroughly so that they could learn from these and reduce the risk of these occurring in the future.

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. But some had not been reviewed since 2018. 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 pharmacy team encouraged people to give online feedback via Google reviews. A certificate of public liability and indemnity insurance from the Numark was displayed in the dispensary and was valid and in date until the end of July 2023.

Records of controlled drugs (CD) and patient returned controlled drugs were kept. The CD balance was checked regularly. The responsible pharmacist (RP) record was retained. The RP notice was displayed and could be clearly seen by the public. There were two fridges in use and temperatures were recorded daily (see principle 5). The pharmacy team confirmed that date checking records were kept but the could not find these during the inspection. The private prescription and specials records were kept and were in order. The emergency supply records were kept but occasionally omitted the reason for the supply when these were made by patients.

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. The pharmacy team explained how they would protect people's private information.

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 not readily available in the pharmacy and the pharmacy manager 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, one accuracy checking technician and one dispensing assistant present during the inspection. Due to staff sickness and holiday, the pharmacy team were understaffed on the day of the inspection. Staff were seen to be working well together and supporting each other when required. All staff had completed appropriate training courses for their roles or were on a training course.

Staff performance was monitored and reviewed informally annually where key performance indicators were discussed. In these reviews, plans would be discussed to help further develop and train the members of staff. Staff would also get the opportunity to give feedback about the place that they work.

The staff reported they were required to complete online training modules when they became available. The pharmacy team had completed a training module on recognising the signs of sepsis. They reported that this had raised their awareness of this life potentially life-threatening medical emergency. The pharmacy team had access to third party materials, such as pharmacy magazines, to help keep their knowledge refreshed about new medicinal products. The pharmacy team did not always receive protected time to complete training as they had been busy recently.

Staff meetings to discuss any important business or patient safety updates were held on an ad-hoc basis. There were monthly customer care meetings held by the pharmacist. Staff were aware of the whistleblowing policy and felt comfortable to use this if necessary. 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 parade of shops. It had a clean, bright and professional appearance. It had a spacious retail area toward the front and a dispensary area toward 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 water damage on various ceiling tiles in the dispensary area, and the flooring was visibly worn. There were plastic screens on the medicines counter separating part of the retail area from the dispensary. There was a separate room adjacent to the dispensary which was used for dispensing multi-compartment compliance aids. The pharmacy team had access to disinfectant wipes and hand sanitiser and used these frequently throughout the day.

There was a sink available in the dispensary with hot and cold running water with hand sanitiser to allow for hand washing. Medicines were organised in a generic and alphabetical manner. There was a consultation room well soundproofed and signposted. There was also a room to allow people to collect medicines in private if they wanted to. It was well soundproofed and had a professional appearance. The ambient temperature and lighting throughout the pharmacy was appropriate for the delivery of pharmaceutical services.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy makes sure that its services are accessible, effectively managed and safely delivered. It obtains, stores and supplies its pharmaceutical stock appropriately. But the pharmacy cannot demonstrate that when a medicinal product is not fit for purpose, it takes appropriate action in a timely manner.

Inspector's evidence

Pharmacy services were detailed in posters and leaflets around the pharmacy. 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 included people who were fluent in Polish, Italian and Urdu which helped them communicate with their patients.

The pharmacy team dispensed multi-compartment compliance packs for 80 patients in their own homes. Audit trails were kept to indicate where each compliance aid was in the dispensing process. One compliance aid was examined and an audit trail to demonstrate who dispensed and checked the compliance aid was complete. Descriptions were routinely provided for the medicines contained within the compliance aids. Patient information leaflets (PILs) were regularly supplied.

The pharmacy team offered the Community Pharmacist Consultation Service (CPCS). As part of this service, the pharmacist explained that she received referrals from NHS 111 for emergency supplies of medicines or for the treatment of minor ailments. These were generally telephone consultations, but the patient could be asked to come into the pharmacy if necessary. The pharmacist reported that the CPCS was a popular service and the pharmacy team completed approximately five consultations per day. This service increased the accessibility of medicines to patients and meant that it reduced demand on local GP and out of hours services.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent valproate exposure during pregnancy. Valproate patient cards were available for use during valproate dispensing. 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 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 during the inspection. 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, Alliance, Phoenix and Colorama. Specials were obtained via suppliers such as Colorama 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. One of the fridges was in good working order and the stock inside was stored in an orderly manner (see principle 5). The pharmacy team did not know how MHRA drug alerts and recalls were received by the pharmacy.

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. Amber medicines bottles were capped when stored. Counting triangles were 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 were two fridges in use. One was in good working order and the maximum and minimum temperatures were recorded daily and were seen to be within the correct range. The fridge that was used to store medicines waiting to be collected was a domestic fridge and the probe read a maximum of 10 degrees, which was above the two to eight Celsius range. The superintendent pharmacist ordered a new, replacement fridge during the inspection. 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.