

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: 14/09/2023

Pharmacy context

This is a community pharmacy which is based on a parade of shops in the Easton area of 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 medicines in multi-compartment compliance packs for people to use living in their own homes and provides substance misuse services.

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
1. Governance	Standards met	N/A	N/A	N/A
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 met	N/A	N/A	N/A
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy has satisfactory 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. They 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 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

Near misses were recorded and reviewed when they occurred and the pharmacist would discuss the incident with the members of the dispensary team. Examples of near misses had been recorded and these were kept in the dispensary. 'Sound alike' and 'look alike' medicines such as amitriptyline and amlodipine had been separated on the dispensary shelves. Dispensing incidents were recorded, and this included an analysis of what had happened as part of the error investigation. Monthly meetings were held by the pharmacy team to look for trends as well as any changes that need to be made to reduce the risk of 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. 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 and these were reviewed every two years. 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 submit feedback online. A certificate of public liability and indemnity insurance was displayed and was held and in date until 31st July 2024.

Records of controlled drugs (CD) and patient-returned controlled drugs were kept. The CD balances were checked monthly. A responsible pharmacist (RP) record was kept, and the RP notice was displayed in pharmacy where people could see it. The fridge temperatures were recorded daily and were within the two to eight degrees Celsius range. Date checking was carried out in a manner which meant the whole pharmacy was date checked regularly and records of this were seen to be completed appropriately. Short-dated stock was highlighted with stickers. The private prescription records were retained but some entries omitted the prescriber's details. The emergency supply and specials records were retained and were in order.

Confidential waste was separated from general waste and disposed of appropriately. An information governance policy (IG) was in place and the healthcare team was required to complete training on programme on IG. Staff had all completed training on the General Data Protection Regulation (GDPR).

There was a safeguarding policy in place at the pharmacy. Staff were aware of the signs to look out for that may indicate safeguarding concerns in vulnerable adults. Local contact details to raise safeguarding concerns were displayed on the wall in the dispensary. The pharmacist had completed the CPPE level 2 safeguarding package.

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 was one pharmacist, one accuracy checking technician, two dispensing assistants and one medicines counter assistant present during 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 currently undertaking an appropriate training course. The superintendent pharmacist explained that he planned to introduce formal performance reviews for each member of the pharmacy team.

The staff reported that they had completed training and had regular updates to their knowledge and understanding of the services and medicinal products provided. The pharmacy team used third party materials, such as pharmacy magazines, as reading material to learn from. Recently, the team had been focusing on implementing a new phone triage system for better efficiency. During the COVID-19 pandemic, pharmacy staff reported that they had consulted some online resources from the PSNC and Public Health England.

The pharmacy team reported that the pharmacy team would hold patient safety meetings monthly and advise all staff of any relevant learning. The pharmacy team had a 'WhatsApp' group to communicate with each other. Staff explained that they felt comfortable with raising any concerns they had with the superintendent pharmacist. Staff were aware of the whistleblowing procedure on questioning. 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. The pharmacy was clean, bright and well maintained. It had a retail area towards the front and a dispensary area towards the rear of the premises. The dispensary area was separated from the retail area by a counter by a plastic barrier to allow for the preparation of prescriptions in private.

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 by generic name and in alphabetical order. There was a consultation room which was 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 met

Summary findings

The pharmacy's services are accessible, effectively managed and delivered safely. The pharmacy team helps people manage their high-risk medicines well. The pharmacy obtains, stores and manages medicines safely and ensures that all of the medicines it supplies are fit for purpose. The pharmacy team takes appropriate action where a medicine is not fit for purpose.

Inspector's evidence

Information about the services provided was detailed in posters and leaflets around the pharmacy. Access to the pharmacy was via a small step, but the pharmacy team were available to assist people if required. There was adequate seating for patients and customers who were waiting for services. There was sufficient space for wheelchair and pushchair users.

The pharmacy team dispensed multi-compartment compliance aids for approximately 80 patients. The multi-compartment compliance aids were organised on a four-weekly rota. One compliance aid was examined and audit trails to demonstrate who had dispensed and checked it were present. Descriptions were provided for the medicines contained within the compliance aids. Patient information leaflets (PILs) were also supplied to people regularly.

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 to female patients. The pharmacist reported that he 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 had effective contraception in place.

The pharmacy used recognised wholesalers such as AAH, Alliance Healthcare, Phoenix and Lexon to obtain medicines and medical devices. Specials were ordered via Alliance specials. Invoices from some of these wholesalers were seen. Destruction kits for the destruction of controlled drugs were available. Designated waste bins were available and being used for out-of-date medicines. A bin for the disposal of hazardous waste was also available.

Medicines and medical devices were stored in an organised fashion 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. The fridges were in good working order and the stock inside was stored in an orderly manner. MHRA alerts came to the pharmacy electronically and the pharmacy team explained that these were actioned appropriately. But the pharmacy team did not keep audit trails to verify this.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has access to the appropriate equipment and facilities needed to provide the services it offers. 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. Separate crown stamped measures were used for methadone dispensing. Amber medicines bottles were capped when stored. A counting triangle and a cytotoxic counting triangle was 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. Reference sources were available in the dispensary, including 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 were in good working order. The maximum and minimum temperatures were recorded daily and were seen to be within the correct range. 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.