

Registered pharmacy inspection report

Pharmacy Name: North View Pharmacy Ltd, 29 North View,
Westbury Park, BRISTOL, Avon, BS6 7PT

Pharmacy reference: 1028692

Type of pharmacy: Community

Date of inspection: 28/08/2019

Pharmacy context

This is a community pharmacy in a residential shopping area close to the centre of Bristol. Most people using the pharmacy are elderly. The pharmacy dispenses NHS and private prescriptions and sells over-the-counter medicines. It supplies medicines in multi-compartment compliance aids to help vulnerable people in their own homes to take their medicines and medicines to the residents of two small local care homes.

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's working practices are generally safe and effective. The working areas are small but the team members manage this risk well. But, they could learn more from mistakes to prevent them from happening again. The pharmacy asks its customers for their views and uses the feedback to improve services. It generally keeps the up-to-date records that it must by law. The pharmacy is appropriately insured to protect people if things go wrong. The team keep people's private information safe and they know how to protect vulnerable people.

Inspector's evidence

The pharmacy team identified and managed most risks. The last reported error at the pharmacy was more than two years ago. A full root cause analysis had been done. Few near misses were recorded. Those that were recorded had insufficient information to allow any useful analysis. No learning points or actions taken to reduce the likelihood of similar recurrences were documented.

The dispensary space was limited but tidy and well utilised. There were labelling, assembly, waiting to be checked and checking areas. There was also a small area that used for the assembly of the domiciliary compliance aids. This was located very close to the sink. The controlled drug (CD) cabinet was located above the assembly bench. The staff were aware of the risk of this limited space. The trays for only one patient at a time were assembled. Because of the limited space, some assembled prescriptions waiting to be collected were stored on the floor.

Coloured baskets were used and distinguished the prescriptions for patients who were waiting, those for collection, those for delivery and the compliance aid prescriptions. There was a clear audit trail of the dispensing process and all the 'dispensed by and checked by' boxes on the labels examined had been initialled.

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 company's sales protocol was displayed but recent changes in the legal status of medicines, such as Viagra Connect, were not included. However, a qualified dispenser was aware of these changes and said that she would refer any 'prescription only medicine' (POM) to 'pharmacy only medicine' (P) switches, such as chloramphenicol, to the pharmacist. She knew that fluconazole capsules should not be sold to women over 60 for the treatment of vaginal thrush. All the staff would refer multiple sales requests of codeine-containing medicines to the pharmacist.

The staff were clear about the complaints procedure and reported that feedback on all concerns was actively 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 been some recent feedback about stocking more herbal products and Fybogel Lemon. The pharmacy had done this.

Public liability and indemnity insurance provided by the National Pharmacy Association (NPA) and valid until 30 November 2019 was in place. The Responsible Pharmacist log, controlled drug

(CD) records, including patient-returns, emergency supply records, specials records, fridge temperature records and date checking records were in order. The private prescription records were kept electronically. Some did not include the full prescriber details. The balance check of CD stock in the cabinet could be done more regularly.

There was an information governance procedure and 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 and had read the SOP on the safeguarding of both children and vulnerable adults. The pharmacist had also 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. All the staff had completed 'Dementia Friends' training.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. And, the owner steps in to help if necessary. The team are encouraged to keep their skills up to date and they do this in work time. Team members in training are well supported. The team are comfortable about providing feedback to the owner to improve services and this is acted on.

Inspector's evidence

The pharmacy was in a residential shopping area close to the centre of Bristol. They dispensed approximately 6,000 to 7,000 NHS prescription items each month with the majority of these being repeats. 60 domiciliary patients and 12 residential home patients received their medicines in compliance aids. Few private prescriptions were dispensed.

The current staffing profile was one pharmacist, two full-time NVQ2 qualified dispensers, one of whom was a NVQ3 trainee and the other, the owner, one part-time NVQ2 qualified dispenser (not seen), one Romanian qualified pharmacist, working as a dispenser to gain experience in the United Kingdom and one part-time medicine counter assistant (not seen). The owner and part-time dispenser were flexible and would cover any unplanned or planned absences. Planned leave was booked well in advance and usually only one of member staff could be off at one time.

The staff clearly worked well together as a team. Staff performance was monitored, reviewed and discussed informally throughout the year. The last formal appraisals had been done about two years ago. The owner said that he would re-instate these. The qualified dispenser had recently raised that she would like to do the technician training. Because of this, she was now enrolled on the course.

The staff were encouraged with learning and development and completed 'Virtual Outcomes' e-Learning. The staff reported that they spent about 30 minutes each month of protected time learning. The NVQ3 trainee was allocated a further two hours each week for her course. All the dispensary staff said that they were supported to learn from errors. The pharmacist reported that all learning was documented on his continuing professional development (CPD) record.

The staff knew how to raise a concern and reported that this was encouraged and acted on. The trainee technician had recently raised an issue with the storage of the compliance aid trays that were waiting to be checked. Because of this, shelf space had been allocated to these to keep the small tray assembly bench clear. There were daily staff huddles where any issues could be raised but no formal staff meetings. The owner said that he would introduce monthly meetings. No targets or incentives were set.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy looks professional. The work areas are small but 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. But, it may be difficult for the emergency services to access this room if a person had to be placed in the recovery position on the floor.

Inspector's evidence

The pharmacy was small but tidy and organised and presented a professional image. The dispensing benches were uncluttered. Due to the limited space, some assembled prescriptions waiting to be collected were stored on the floor. The premises were clean and well maintained.

The consultation room was well signposted. But, it was small and the door opened inwards which would impede access by the emergency services if someone had to be placed in the recovery position on the floor. The pharmacy offered a flu vaccination service and so this was a possibility. The owner said that he would look into hanging the door such that it opened outwards. It contained a computer and a sink. 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.

There was air conditioning and 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 need may have difficulty entering the pharmacy. The services are effectively managed to make sure that they are delivered safely. The pharmacy team make sure that people have the information they need to use their medicines safely and effectively. They intervene if they are worried. The pharmacy obtains its medicines from appropriate sources. 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 wheelchair access to the pharmacy and the consultation room but no bell on the front door alerting staff to anyone who may need assistance. There was access to Google translate on the pharmacy computers for use by non-English speakers. The staff spoke the common Asian languages and also Farsi. The pharmacy printed large labels for sight-impaired patients.

Advanced and enhanced NHS services offered by the pharmacy were Medicine Use Reviews (MURs), New Medicine Service (NMS) urgent repeat medicine service (recorded on PharmOutcomes) and seasonal flu vaccinations. The latter was also offered under a private scheme. The services were well displayed and the staff were aware of the services offered.

The pharmacist had completed suitable training for the provision of seasonal 'flu vaccinations including face to face training on injection technique, needle stick injuries and anaphylaxis. No substance misuse patients had their medicines supervised.

There were 60 domiciliary patients and 12 residential home patients that received their medicines in compliance aids. The domiciliary dosettes were assembled on a four-week rolling basis and evenly distributed throughout the week to manage the workload. They were assembled in a small dedicated area and one patient at a time because of the limited space. Shelves were used for the trays waiting to be checked to keep the assembly area as clear as possible. All changes in dose or other issues were recorded on the patient's electronic prescription medication record and these were referred to at the checking stage. So, the pharmacist had a clear clinical history of the patient.

The pharmacy also provided services to about 12 residential home patients, also in compliance aids. These medicines were assembled during quiet periods on a small dedicated bench. The pharmacy ordered the prescriptions from a picking list sent by the homes. Copies of the prescriptions were not sent to the homes for checking. The pharmacy called the surgery and the homes to verify any changes but they did not get written confirmation from the doctor. The pharmacy did not use communication diaries to record any issues with the homes. The pharmacy did annual medicine management visits, but, the staff were not sure what training the staff at the homes received.

There was a good audit trail for all items ordered on behalf of patients by the pharmacy and for all items dispensed by the pharmacy. Interventions were seen to be recorded on the patient's prescription medication record. Green 'see the pharmacist' stickers were used. The pharmacist routinely counselled patients prescribed high-risk drugs such as warfarin and lithium. INR levels were asked about. 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 the staff were aware of the new sodium valproate

guidance.

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, ordering and hand-out. Any patients giving rise to concerns were targeted for counselling. The pharmacist reported that he frequently identified during MURs that patients did not know about the timings of some medicines, such as levothyroxine and calcium supplements. He gave advice about this and if necessary contacted the prescriber.

Medicines and medical devices were obtained from AAH, Alliance Healthcare, Colorama, Ethigen and Trident. Specials were obtained from Thame Laboratories. Invoices for all these suppliers were available. The pharmacy had a scanner to check for falsified medicines but this was not in use. CDs were stored tidily in accordance with the regulations and access to the cabinet was appropriate. There were no patient-returned CDs. Appropriate destruction kits were on the premises. Fridge lines were correctly stored with signed records. Date checking procedures were in place with signatures recording who had undertaken the task. Bins were available for waste and used. There was a dedicated waste bin for cytostatic and cytotoxic substances and a list of such substances that should be treated as hazardous for waste purposes.

There was a procedure for dealing with concerns about medicines and medical devices. Drug alerts were received electronically, printed off and the stock checked. They were signed and dated by the person checking the alert. Any required actions were recorded. The pharmacy had received an alert on 30 July 2019 about aripiprazole 1mg/ml. 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 for the services it provides.

Inspector's evidence

The pharmacy used British Standard crown-stamped conical measures (10 - 100ml). There were three tablet-counting triangles, one of which was kept specifically for cytotoxic substances and one capsule counter. 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. 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.