

Registered pharmacy inspection report

Pharmacy Name: Avicenna Pharmacy, 3a-4a St. Peters Rise,
Bishopsworth, BRISTOL, Avon, BS13 7LU

Pharmacy reference: 1028699

Type of pharmacy: Community

Date of inspection: 08/12/2023

Pharmacy context

This is a community pharmacy which is based on a parade of shops in south Bristol. It serves its local population which is mostly elderly. The pharmacy opens six days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions, provides flu vaccinations and supplies medicines in multi-compartment compliance packs for people to use while living in their own 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 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. 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

Processes were in place for identifying and managing risks. Near miss mistakes were recorded and reviewed when they occurred and the pharmacy manager would discuss the incident with the members of the dispensary team. Examples of these were seen on an electronic incident reporting system. Dispensing incidents were also recorded, and this included a root cause analysis as part of the error investigation. Following previous near miss mistakes, medicines with similar sounding names such as amitriptyline and amlodipine were separated on the dispensary shelves.

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. The SOPs were due to be reviewed at the time of the inspection. 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 gathered feedback on a regular basis by encouraging people to submit comments via the company website. A certificate of public liability and indemnity insurance was held and was valid and in date until the end of December 2023.

Records of controlled drugs (CD) and patient-returned CDs were seen to be retained. CD balances were checked weekly. Patient returned CDs were stored and labelled separately to dispensary CD stock. A responsible pharmacist (RP) record was kept electronically. The RP notice was displayed in pharmacy where people could see it, but the notice did not reflect the pharmacist on duty at the time of the inspection. The RP promptly amended the sign. 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 four times in a year and records of this were seen to be completed appropriately. Short-dated stock was marked for by the pharmacy team. The private prescription, emergency supply and specials records were retained and in order.

Confidential waste was collected separately to normal waste and disposed of appropriately. An information governance policy (IG) was in place and the healthcare team was required to complete training in IG. Staff had all completed a training package on the General Data Protection Regulation (GDPR). There was a plastic bag which was being used to collect repeat medication orders that was in the retail area of the pharmacy. This was potentially accessible the public. This was removed during the

inspection.

There was a safeguarding children and vulnerable adults policy which all the members of staff were required to read and sign. Staff were aware of the signs to look out for that may indicate safeguarding concerns. Local contact details to raise safeguarding concerns were kept in the dispensary and the pharmacy team knew how to locate these if required.

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, five dispensing assistants and one medicines counter assistant present during the inspection. The staff were observed to be working well together and providing support to one another when required. All staff had completed appropriate training courses for their roles or were currently on a training course.

Staff performance was monitored and reviewed annually. In these reviews, a development plan would be introduced to help further develop and train the members of staff. The staff reported that they had completed training online and had regular updates to their knowledge and understanding of the services and medicinal products provided. One of the dispensing assistants reported that she had recently completed a course about how bacteria can become resistant to antibiotics. She explained that this helped her give appropriate advice to people when supplying antibiotic medicines.

The pharmacy manager reported that the pharmacy team would hold meetings monthly advise all staff of any patient safety issues. The pharmacy team also had a short morning meeting where daily tasks could be discussed and prioritised. Staff explained that they felt comfortable with raising any concerns they had with the company head office. One member of the pharmacy team gave an example of having requested a device to aid in the dispensing of tablet and capsules into multi-compartment compliance aids. The company responded to this by supplying an appropriate device in a timely manner. Staff were aware of the whistleblowing procedure on questioning. There were targets in place at the pharmacy, but the pharmacy team explained that they did not feel any pressure to deliver these targets and would never compromise their professional judgement to achieve them.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises provide a safe and appropriate environment for the provision of pharmacy services. The pharmacy suitably protects people's private information. And it keeps its premises secure and safeguarded from unauthorised access.

Inspector's evidence

The pharmacy was clean, bright, and generally presented professional manner. There was flour on the floor in the retail area of the pharmacy which was slippery and meant that the risk of people falling would be increased. The floor was cleaned promptly by the pharmacy team during the inspection.

The dispensary areas were separated from the retail area by a counter to allow for the preparation of prescriptions in private. There were boxes of stock stored in the dispensary that may present a trip hazard to staff. There was a sink available in the pharmacy 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 in use at the pharmacy and patient information was stored securely. 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 step free and there was a button for assisted door opening. There was adequate seating for patients and customers who were waiting for services. There was sufficient space for wheelchair and pushchair users. Large label printing was available for people with sight difficulties.

The pharmacy team dispensed multi-compartment compliance aids for approximately 150 patients and one care home. 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 offered the Community Pharmacist Consultation Service (CPCS). As part of this service, the pharmacist explained that he received referrals from NHS 111 for emergency supplies of medicines or for the treatment of minor ailments. The pharmacy team could also receive referrals from GP surgeries. These were generally telephone consultations. The pharmacist reported that the CPCS was popular, and the pharmacy team completed an average of around 30 consultations per week.

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 team were also aware of the new regulations requiring valproate medicines to be supplied in original packs.

The pharmacy used recognised wholesalers such as AAH and Alliance Healthcare to obtain medicines and medical devices. Specials were ordered via IPS 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 pharmacist explained that these were actioned appropriately. The pharmacy team also kept audit trails to verify this.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services offered. Facilities are used in a way that suitably protects people's 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 capsule counter 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, 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 four 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.