

Registered pharmacy inspection report

Pharmacy Name: Selcan, 103 St Marks Road, Easton, BRISTOL, Avon,
BS5 6HY

Pharmacy reference: 1028723

Type of pharmacy: Community

Date of inspection: 26/07/2019

Pharmacy context

This is a community pharmacy located in a residential and multi-cultural area of Bristol. The pharmacy dispenses NHS and private prescriptions. It provides advice about over-the-counter (OTC) medicines and some services such as Medicines Use Reviews (MURs). And, it supplies multi-compartment compliance aids for people if they find it difficult to take their medicines on time.

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	2.2	Good practice	Pharmacy team members are competent in the tasks that they carry out. They have the appropriate skills and qualifications, or they are undertaking accredited training in line with their roles. Staff in training know when to refer and are fully supported by the responsible pharmacist and owner
		2.4	Good practice	The pharmacy has adopted a culture of openness, honesty and learning. The owner and regular pharmacist routinely provides the team with resources to help keep their knowledge up to date and he ensures that they are used
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

Overall, the pharmacy's working practices are safe and effective. The team understands how to protect the welfare of vulnerable people. The pharmacy protects people's private information well. And, it keeps its records in accordance with the law. Members of the pharmacy team monitor the safety of their services by recording mistakes and learning from them. But they could record a little more detail, which would make it easier for them to spot patterns and help prevent the same things happening again.

Inspector's evidence

The pharmacy was organised, it was kept clear of clutter and there was plenty of space available to dispense prescriptions safely. The pharmacy's workload was manageable and there was an established workflow in place. Prescriptions were processed from one area of the dispensary, assembled in another section and the final accuracy-check was completed by the responsible pharmacist (RP) in a separate segregated area. The RP ensured that he took a mental as well as a physical break before conducting the final check for accuracy.

A range of documented standard operating procedures (SOPs) were present to support the provision of services. They were reviewed in 2019. Staff had read and signed the SOPs and the trainee member of staff was in the process of working her way through them. The correct RP notice was on display and this provided details of the pharmacist in charge on the day. Staff understood their responsibilities and limitations, they knew which activities were permissible in the absence of the RP and the process to take if the pharmacist failed to arrive.

The pharmacy team's near misses were recorded although they were few in number. The near misses were reviewed and discussed at the time with the team and errors seen commonly or those with similar packaging were separated. This included separating amitriptyline and atenolol as well as citalopram and clarithromycin. Staff also ensured other stock was placed in between to help differentiate between them. There were no documented details about the review process. The pharmacy's complaints procedure was on display. The RP handled incidents. A documented complaints procedure and the RP's process was in line with this. This included reporting incidents to the National Reporting and Learning System (NRLS).

A notice was on display to inform people about how their privacy was maintained. Sensitive details from dispensed prescriptions that were awaiting collection, could not be seen from the retail space and staff shredded confidential waste. They were trained on the EU General Data Protection Regulation (GDPR), team members had read through associated paperwork and completed a workbook. Staff had also signed confidentiality agreements. Summary Care Records were accessed for emergency supplies or for queries about people's medicines, consent was obtained verbally to access this, and details were documented under people's records.

Staff and the RP were trained to safeguard vulnerable people, the RP was trained to level 2 via the Centre for Pharmacy Postgraduate Education (CPPE) and staff had completed online training about this. There were local contact details and policy information present as well as an SOP to help provide guidance to the team.

Records for the minimum and maximum temperatures for the fridge were maintained every day and these were within the appropriate range. The team maintained a complete record for the receipt and destruction of controlled drugs (CDs) that were brought back by the public. The pharmacy's professional indemnity insurance arrangements were through the National Pharmacy Association (NPA) and this was due for renewal after October 2019.

The pharmacy's records were held in line with statutory requirements. This included a sample of registers for CDs that were checked, records of private prescriptions, unlicensed medicines, the RP record in general and emergency supplies. Balances for CDs were checked, and details documented routinely. On checking a random selection of CDs (Longtec, Zomorph), quantities held matched the balance entries in corresponding registers. The RP signed himself out of the RP record before his responsibility ceased. To ensure that records were made contemporaneously was discussed with him at the time. Records for emergency supplies were made with generated labels but they had not faded or become detached.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Members of the pharmacy team understand their roles and responsibilities. And they regularly complete ongoing training to help keep their skills and knowledge up to date.

Inspector's evidence

The pharmacy dispensed around 4,200 prescription items every month with 10-12 people provided with their medicines inside multicompartiment compliance aids and five people with instalment prescriptions. In addition to the Essential Services, the pharmacy provided MURs, the NMS, supervised consumption, EHC and a chlamydia screening and treatment service. The RP explained that there were no formal targets in place to complete services.

Staff present included the RP who was also the owner and a trainee dispensing assistant who was undertaking accredited training with the NPA. There was also a dual trained medicines counter and dispensing assistant who was trained through the grandparenting route and another dual trained assistant who was currently on maternity leave.

The RP mostly handled sales of medicines when the trainee member of staff was working alongside him, however she knew to ask relevant questions to determine suitability before medicines were sold over the counter and she referred appropriately to the RP. The staff member in training completed her course material at work and at home, she felt supported by the RP, regularly took instruction from him, read trade publications and routinely completed online modules via virtual outcomes to improve and keep her knowledge up to date. Her progress was also monitored frequently. As they were a small team, staff members communicated verbally with one another.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises are clean, secure and provide an appropriate environment to deliver its services.

Inspector's evidence

The premises consisted of a medium sized retail space and a spacious dispensary at the rear. There was also an appropriately sized, signposted, consultation room available to one side of the retail area. This allowed services and confidential conversations to take place. The door was kept locked and there was no confidential information readily accessible from within the room.

The pharmacy was bright and well-ventilated. Its retail area was appropriately presented. Pharmacy (P) medicines were stored behind the front counter and this, along with the door with glass panels limited their access by self-selection. It also prevented unauthorised entry into the dispensary.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and effectively. It obtains its medicines from reputable sources and stores them appropriately. The pharmacy's team members take care with higher-risk medicines. But, they don't always record relevant information when people receive these medicines. This makes it difficult for them to show that appropriate advice has been provided upon supply.

Inspector's evidence

People could enter the pharmacy through a wide, front door and at street level. This, coupled with the clear open space inside the premises, facilitated easy entry for people using wheelchairs. There were four seats for people waiting for prescriptions. Staff explained that they could use the consultation room to assist people with different needs, they also used written communication, spoke clearly and slowly to help communicate with people who were partially deaf, people were verbally counselled if they were visually impaired and the RP spoke French, Hindi, Gujarati, Swahili and Kachhi.

The pharmacy's opening hours were advertised on the front door and there was a range of leaflets available about other services. There was also documented information present that staff could use alongside their own knowledge of the area or online resources, to signpost people to other local organisations.

Staff were aware of risks associated with valproates. They had been instructed about this by the RP, an audit had been completed to identify whether any females at risk were supplied with this medicine and the pharmacist had counselled them accordingly. There was relevant literature available to provide to people, if required. For people prescribed higher-risk medicines, appropriate questions were asked, and relevant parameters checked where possible. This included asking about blood test results or the International Normalised Ratio (INR) level for people prescribed warfarin. However, details about this were not documented.

Compliance aids were supplied to people after their GP initiated this. Once set up, staff ordered prescriptions and when received, they cross-referenced details against records on the pharmacy system as well as the repeat prescription request to help identify changes or missing items. The team checked queries with the prescriber and maintained records to verify this. Compliance aids were not left unsealed overnight, descriptions of the medicines within the aids were provided and all medicines were de-blistered into them with none left within their outer packaging. Patient Information Leaflets (PILs) were routinely supplied. Mid-cycle changes involved the change, where possible being initiated from the next cycle.

The RP and staff sometimes delivered dispensed prescriptions to people, there were records available to demonstrate when this occurred and to whom medicines were supplied. Signatures were obtained from people once they were in receipt of their medicines. Failed deliveries were brought back to the pharmacy and people were called before the team attempted to deliver. Prior consent was required if medicines were to be left unattended and staff asked beforehand about relevant risks such as checking for pets or children.

During the dispensing process, team members used a dispensing audit trail through a facility on

generated labels and this identified their involvement in processes. Dispensed prescriptions awaiting collection were stored with prescriptions attached. Details about fridge items and CDs were identified to help staff to identify them.

The pharmacy obtained its medicines and medical devices from licensed wholesalers such as AAH, Alliance Healthcare and Colorama. Unlicensed medicines were obtained through the latter. Staff were aware of the process involved with the European Falsified Medicines Directive (FMD). The pharmacy was registered with SecurMed, there were scanners present, guidance information for the team and the pharmacy was complying with the process. Staff had been trained by the RP and had completed relevant online training about the topic.

Medicines were stored on shelves in an ordered manner. The team date-checked medicines for expiry upon receipt from wholesalers, when they cleaned shelves and every month, they also routinely rotated the stock. An up-to-date schedule was seen to verify that the process had occurred. Medicines approaching expiry were highlighted with stickers. There were no date-expired medicines seen or mixed batches of medicines present. Liquid medicines when opened, were marked with the date that this occurred. In general, CDs were stored under safe custody and the keys to the cabinet were maintained in a manner that prevented unauthorised access during the day as well as overnight. Drug alerts were received via email, the process involved checking for stock and taking appropriate action as necessary. There were records present to verify this.

Medicines returned by people for disposal were held within appropriate containers prior to their collection. There was a list available for staff to identify hazardous and cytotoxic medicines. People bringing back sharps for disposal were referred to the local council. Relevant details were taken about returned CDs and they were brought to the attention of the RP before being appropriately stored and destroyed.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely.

Inspector's evidence

The pharmacy was equipped with a range of current versions of reference sources and clean equipment. This included crown-stamped conical measures for liquid medicines, counting triangles and the dispensary sink that was used to reconstitute medicines. There was hot and cold running water with hand wash available. The fridge used for medicines requiring cold storage was operating at appropriate temperatures. The CD cabinet was secured in line with legal requirements. The team could also call the NPA's information services for advice and support if required.

Computer terminals in the dispensary were positioned in a manner that prevented unauthorised access. Staff held their own NHS smart cards to access electronic prescriptions and they were stored securely overnight. A shredder was available to dispose of confidential waste. Cordless phones were present, and this helped ensure confidential conversations could take place away from the retail space.

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.