

Registered pharmacy inspection report

Pharmacy Name: Brookfield Pharmacy, 5 Brookfield Road,
Hucclecote, GLOUCESTER, GL3 3HA

Pharmacy reference: 1031549

Type of pharmacy: Community

Date of inspection: 27/08/2024

Pharmacy context

This is a community pharmacy located opposite a parade of shops, in the suburb of Hucclecote, Gloucestershire. The pharmacy dispenses NHS and private prescriptions, sells a few over-the-counter medicines, and provides health advice. It also offers Pharmacy First, the New Medicine Service (NMS) and local deliveries. And the pharmacy supplies many people's medicines inside multi-compartment compliance packs if they find it difficult to take them. This includes people in their own homes and residential care 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 have any current Standard Operating Procedures (SOPs) to support its internal processes.
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	4.3	Standard not met	The pharmacy cannot show that medicines requiring refrigeration have been consistently stored at the appropriate temperatures.
		4.4	Standard not met	The pharmacy's team members cannot show that they have been dealing with and appropriately acting upon the drug alerts issued by the Medicines and Healthcare products Regulatory Agency.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy doesn't always effectively identify and manage all the risks associated with its services. The company has set procedures to help manage risks. But they are not present in the pharmacy to help guide the staff. Members of the pharmacy team deal with their mistakes responsibly. But they are not always retaining, documenting, and reviewing all the necessary details. This could mean that they may be missing opportunities to spot patterns and prevent similar mistakes happening in future. But team members understand their role in protecting the welfare of vulnerable people. And the pharmacy protects people's confidential information appropriately.

Inspector's evidence

The pharmacy was inspected due to a complaint made to the GPhC. It changed owners in August 2023. The correct notice to identify the pharmacist responsible for the pharmacy's activities was on display. The new owners had a range of standard operating procedures (SOPs) to provide team members with guidance on how to complete tasks appropriately. However, they had not been provided to the pharmacy team or been implemented at the pharmacy. Most of the staff were experienced and trained in their respective roles but there were also new team members present. This meant that the team had not read or signed the SOPs and newer staff did not know how to complete most tasks appropriately.

Staff worked in designated areas and more than one person was involved in the dispensing and assembly process. The pharmacy was clear of clutter and up to date with the workload. Multi-compartment compliance packs were also assembled in a separate area upstairs. And the RP worked in their own space. These measures helped minimise distractions. In addition, the team used baskets to hold prescriptions and medicines during the dispensing process. This helped prevent any inadvertent transfer between them. The baskets were also colour coded which helped identify priority. After the staff had generated the dispensing labels, there was a facility on them which helped identify who had been involved in the dispensing process.

The responsible pharmacist (RP) and superintendent pharmacist's (SI) process to manage dispensing errors which reached people was suitable and in line with requirements. This involved appropriate handling of the situation, formal reporting, and investigation to identify the root cause. Staff also routinely recorded mistakes that occurred during the dispensing process (near miss mistakes) although only a few were seen to be recorded every month. Staff had previously highlighted medicines which looked-alike and sounded-alike (LASA) and could give some examples of actions they had taken in response. However, there were no recorded details retained at the pharmacy about dispensing errors and no review of new miss mistakes taking place which could help identify any trends or patterns. The inspector had seen documented details about the incident which reached the GPhC, and some team members were aware of this situation, but this information was also not retained at the pharmacy to help verify the pharmacy's response.

People's confidential information was protected. No confidential material was left on the front counter. The team separated confidential waste before it was collected and disposed of appropriately. The pharmacy's computer systems were password protected and staff used their own NHS smartcards to access electronic prescriptions. However, there were no current policies present (as per above with the SOPs) to provide guidance to the team on data protection or safeguarding. Except for the newest

member of staff, the pharmacy team had been trained to safeguard the welfare of vulnerable people. The RP was trained to level three and contact details were available for the local safeguarding agencies.

The pharmacy had current professional indemnity and public liability insurance. A sample of registers seen for controlled drugs (CDs) had been maintained in accordance with legal requirements. On randomly selecting CDs held in the cabinet, their quantities matched the stock balances recorded in the corresponding registers. The RP record was mostly complete, but within the electronic register for supplies made against private prescriptions, incorrect details of prescribers were seen. This was discussed during the inspection.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has an adequate number of staff to manage its workload safely. The pharmacy's team members are suitably trained or undertaking the appropriate training. But members of the pharmacy team are not currently provided with any additional resources to keep their skills and knowledge up to date.

Inspector's evidence

On the day of the inspection a locum RP was working with an apprentice who was relatively new, a trained dispensing assistant and a medicines counter assistant (MCA) who was also a trained dispensing assistant but was covering the counter. There was also another trained dispensing assistant working upstairs on compliance packs. The pharmacy was locum run, the superintendent pharmacist frequently attended the pharmacy, he was also present for most of the inspection and a part-time delivery driver was seen. The pharmacy also had another part-time dispensing assistant and delivery driver. Team members were observed to attend promptly to people at the counter and they assisted each other when required. They described how they discussed issues with each other and the superintendent pharmacist when needed and they appeared to like working at the pharmacy. The team was up to date with the workload.

The apprentice knew which activities could be undertaken in the absence of the RP. The MCA asked relevant questions before selling medicines and had some awareness of medicines which could be abused. Staff knew when to refer to the pharmacist appropriately. However, there were some gaps in the team's knowledge about recent updates such as codeine linctus now being prescription-only. The inspector was told that they relied on trade publications to supplement their knowledge. The superintendent pharmacist confirmed that staff had access to ongoing training through a specific pharmacy support organisation, but this had not yet been implemented. This situation limited the team's ability to keep their knowledge current.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises have plenty of space to deliver its services from. The pharmacy is sufficiently clean and secure.

Inspector's evidence

The pharmacy's premises were spread over two floors whereby the ground floor had a small dispensary with a medium sized retail area, with ample space upstairs. There was an exceptionally large dispensary here used to prepare compliance packs along with staff areas and stock rooms. The retail space also had a consultation room which provided people with a suitable space to have private conversations or services. The pharmacy was bright and well ventilated. It was clear of clutter, clean and tidy. It was secured appropriately. The retail space was suitably presented but there were several empty shelves. The superintendent pharmacist explained that they were attempting to refurbish the retail area and were currently awaiting on a commencement date with the fitters. The dispensary on the ground floor had dispensing benches on two sides and a central island which was small. This dispensary provided an appropriate level of privacy when dispensing prescriptions and there was an adequate amount of bench space for staff to carry out dispensing tasks safely.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy cannot show that temperature sensitive medicines are stored appropriately. And it cannot demonstrate that it has been taking the appropriate action in response to safety alerts. This risks people receiving medicines and devices that are not safe to use. But people can easily access the pharmacy's services. The pharmacy obtains its medicines from reputable sources. And the pharmacy team suitably delivers prescription medicines to people's homes. The pharmacy has some checks in place to ensure that medicines are not supplied beyond their expiry date. But some of its records are missing. And the pharmacy's team members are not always identifying people who receive higher-risk medicines or making the relevant checks. This makes it difficult for them to show that people are provided with appropriate advice when these medicines are supplied.

Inspector's evidence

People could enter the pharmacy through automatic front doors, from the street which were step-free. The pharmacy's retail area consisted of wide aisles and clear, open space which assisted people with restricted mobility or using wheelchairs to easily enter and access the pharmacy's services. Seating was also available for people waiting for their prescriptions. The team said that speaking clearly helped people to lip read, written communication was used for people who struggled to hear easily, or the consultation room was used. Some team members were also multilingual and used Google translate if needed. This assisted people whose first language was not English.

The pharmacy supplied medicines inside compliance packs to many people who lived in their own homes, after this was considered necessary and an assessment had taken place. This helped people to manage their medicines more effectively. The team ordered prescriptions on behalf of people. They identified any changes that may have been made, maintained individual records for people who received their medicines in this way. Any queries were checked with the prescriber and the records were updated accordingly. The compliance packs were sealed as soon as they had been prepared. Patient information leaflets (PILs) were routinely supplied. All medicines were removed from their packaging before being placed inside the compliance packs. However, descriptions of the medicines inside the packs were incorrect and not updated to reflect current descriptions. This risked confusing people and could make it harder for people to identify their medicine(s) easily.

People's medicines were delivered to them, and the team kept records about this service to verify who had received their medicines in this way. CDs and fridge lines were highlighted. Failed deliveries were brought back to the pharmacy, notes were left to inform people about the attempt made and no medicines were left unattended.

The pharmacy also supplied medicines to the care homes inside compliance packs. Some of the care homes ordered prescriptions for their residents, other care homes relied on the pharmacy to do this, but team members were unable to check for any changes, discrepancies, or errors as they were not always provided with relevant details about the request made. The pharmacy provided medication administration records (MARs) which had details about allergies as well as sensitivities included. Higher-risk medicines were provided separately but no details about blood test results were asked for or provided. The care homes were supplied with patient information leaflets (PILs), but the team did not provide accurate descriptions of the medicines as per above. Staff had not been approached to provide

advice regarding covert administration of medicines to care home residents. The inspector discussed the process to take and relevant guidelines as well as resources to use to assess the suitability of this kind of administration.

Staff were aware of the risks associated with valproates, they identified people at risk, who had been or were due to be supplied this medicine, counselled them accordingly and ensured the warning label was visible. However, people prescribed other higher-risk medicines were not identified, but relevant parameters such as blood test results were not being asked about and no details were being documented to help verify this.

The pharmacy used licensed wholesalers to obtain medicines and medical devices. The team stated that they checked medicines for expiry regularly but there were no current records to verify when this had taken place. Short-dated medicines were identified and on randomly selecting some of the pharmacy's stock, there were no medicines seen which were past their expiry date. CDs were stored securely and the keys to the cabinet were maintained in a way which prevented unauthorised access. Out-of-date and other waste medicines were separated before being collected by licensed waste collectors. Medicines which were returned to the pharmacy by people for disposal, were accepted by staff, and stored within designated containers. This included sharps or needles provided they were within sealed bins.

However, there were concerns noted with the pharmacy's process for ensuring medicines requiring refrigeration were stored suitably. The pharmacy team confirmed that they had not been checking the temperature of the pharmacy fridges daily and records to verify that the temperature of the fridges had remained within the required range had also not been maintained. There were no records seen to have been made since January 2024 and December 2023. Staff were also unable to tell the inspector the temperature range at which these medicines should be stored. In addition, whilst drug alerts were received electronically via email and staff could explain how they responded to them, many of the alerts on the pharmacy's email system were seen to have been routinely unopened.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the necessary equipment and facilities it needs to provide its services safely. And team members use them appropriately to keep people's confidential information safe.

Inspector's evidence

The pharmacy's equipment included standardised conical measures for liquid medicines and triangle tablet counters. The pharmacy also had legally compliant CD cabinets and access to current reference sources. Portable telephones helped conversations to take place in private if required. The pharmacy's computer terminals were password protected and their screens faced away from people using the pharmacy. This helped prevent unauthorised access. Lockers were also available for staff to store personal belongings.

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.