

Registered pharmacy inspection report

Pharmacy Name: Brisco Chemist, 1-3 Kingsway, Kirkby in Ashfield,
NOTTINGHAM, Nottinghamshire, NG17 7BB

Pharmacy reference: 1035668

Type of pharmacy: Community

Date of inspection: 25/06/2019

Pharmacy context

This is a family run pharmacy located close to the centre of town. The pharmacy sells over-the-counter medicines and dispenses NHS and private prescriptions. The pharmacy offers advice on the management of minor illnesses and long-term conditions. It also supplies medicines in multi-compartmental compliance packs to people living in their own homes.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards met	1.2	Good practice	Pharmacy team members act openly and honestly by sharing information when mistakes happen. And they engage fully in shared learning processes to help reduce identified risks.
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards met	3.2	Good practice	The pharmacy's consultation rooms are fully accessible to people wanting a private conversation with a member of the team. And the team promote access to the rooms well.
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 identifies and manages the risks associated with its services. The pharmacy generally keeps people's private information secure and maintains records it must by law. It advertises how people can provide feedback about its services and it responds appropriately to this feedback. Pharmacy team members regularly refresh their knowledge of the pharmacy's procedures. They act openly and honestly by sharing information when mistakes happen. And they engage fully in shared learning processes to help reduce identified risks. Pharmacy team members understand how to respond to safeguarding concerns to protect the welfare of children and vulnerable adults.

Inspector's evidence

The pharmacy had a book of up to date standard operating procedures (SOPs) in place which were accessible to its team. The next review date for SOPs was set as 2020. The superintendent pharmacist (SI) had reviewed previous versions at 2 yearly intervals. Individual SOPs within the book contained a version number and the SI had signed these. Roles and responsibilities of the pharmacy team were set out within the SOPs. Training records confirmed that pharmacy team members had read and understood the SOPs in place. They demonstrated knowledge about their roles during the inspection. For example, a medicine counter assistant explained clearly what tasks she could not complete if the responsible pharmacist (RP) took absence from the premises.

The pharmacy supported student placements from a local university. This also provided pharmacy team members with the opportunity to test their own understanding of SOPs. For example, a pharmacy team member would show the student how a task was completed. The student then read the SOP and they were asked to identify if what they were shown reflected the contents of the SOP. The team identified this as a good learning tool and it provided the opportunity for feedback and shared learning. The pharmacy technician had additional responsibilities to support her role within the team. For example, completing controlled drug (CD) balance checks.

Workflow was organised. The pharmacy team used separate areas of the dispensary for labelling and assembling medicines. Acute workload was prioritised and completed on a bench at the front of the dispensary. Pharmacy team members completed tasks associated with the delivery service and multi-compartmental compliance pack service in a separate room.

Pharmacy team members took ownership of their mistakes by engaging in feedback at the time they occurred and completing near-miss records. Entries in the near-miss record included identification of contributory factors and actions taken to reduce risk. For example, 'take extra care with controlled drug (CD) prescriptions when busy'. Reporting rates were consistent, they rose when pharmacy students and pre-registration pharmacists commenced placements at the pharmacy, as expected. Pharmacy team members discussed how self-reporting and correction of their mistakes assisted their learning. The SI reviewed near misses monthly and provided the team with safety reports. The reports included trend analysis of the types of mistakes taking place. The team engaged in reviews and contributed ideas to manage identified risks. For example, the team had separated gabapentin 300mg capsules from other strengths of gabapentin to reduce the risk of picking error. And pharmacy team members ticked information on the medicine box prior to taking ownership of their work and passing it on for the final accuracy check.

The pharmacy had an incident reporting procedure in place. The RP, who was the SI, provided evidence of incident reporting. Reports included a reflection of the error, a root cause analysis, learning points and actions. The pharmacy had implemented actions following reported errors. For example, it had established additional checks when a person started on methadone. And it had shared learning and improvement actions with the substance misuse provider following an incident.

The pharmacy had a complaints procedure in place. It published details of how people could provide feedback or raise a concern in its practice leaflet. But more copies of the leaflet required printing at the time of inspection. The pharmacy also promoted feedback through an electronic version of its 'Community Pharmacy Patient Questionnaire'. This was located on a stand in the waiting area. The pharmacy generally received positive feedback from people using its services. And this was demonstrated in reviews left on NHS.UK The pharmacy had responded to a review relating to the pharmacy reducing its opening times by providing clear information about why it had implemented the change.

The pharmacy had up to date indemnity insurance arrangements in place. The RP notice displayed contained the correct details of the RP on duty. Entries in the responsible pharmacist record complied with legal requirements. The pharmacy kept an electronic CD register. A sample of the CD register found that it met legal requirements. The pharmacy maintained running balances in the register. The pharmacy team completed a physical audit of stock levels on a manual sheet. These checks were recorded each time a CD was dispensed. The audit sheet identified CDs not dispensed on a regular basis, checks of these medicines were recorded weekly. The pharmacy completed balance checks of methadone every couple of weeks. A physical balance check of MST Continus 10mg tablets complied with the balance in the register. The pharmacy kept an electronic CD destruction register for patient returned medicines. But it did not always enter returns on the date of receipt. The SI explained this was because the title column of the register stated it was a record of 'destroyed' and not returned CDs. This meant that completing the record prior to destruction could lead to an inaccurate record, if the pharmacy could not destroy the CD on the date of receipt. A discussion did take place about maintaining an audit trail of all CDs on the premises. All returns were kept in a cabinet with access supervised by a pharmacist.

The pharmacy maintained a Prescription Only Medicine (POM) register. Records for private prescriptions generally complied with legal requirements. But the prescription date and prescriber details were occasionally inaccurate when matched against the prescription. The pharmacy recorded details of emergency supplies in the POM register and records made at the request of a patient included the nature of the emergency.

The pharmacy completed full audit trails on certificates of conformity for unlicensed medicines as per Medicines and Healthcare Regulatory agency (MHRA) requirements.

The pharmacy held records containing personal identifiable information in staff only areas of the pharmacy. The pharmacy team had completed additional learning following the introduction of the General Data Protection Regulation (GDPR). The pharmacy had submitted its annual NHS information governance toolkit. Pharmacy team members disposed of confidential waste in a cross shredder.

The pharmacy had information to support its team in raising safeguarding concerns. And pharmacy team members had access to contact details for safeguarding agencies. The SI reported that both regular pharmacists had completed level 2 safeguarding training. Pharmacy team members demonstrated their knowledge of safeguarding through conversation and explained how they would report concerns. Pharmacists contacted key workers and prescribers to share concerns when required.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough skilled and knowledgeable people to provide its services. The pharmacy encourages its team members to engage in learning associated with their roles. Pharmacy team members demonstrate enthusiasm for their work. And they engage in regular reviews to help identify and minimise risks during the dispensing process. Pharmacy team members are comfortable with providing feedback and this feedback is listened to and acted upon. But pharmacy team members may not be aware of how to escalate concerns in confidence if needed.

Inspector's evidence

On duty at the time of the inspection was the SI, a pharmacy technician, a level two qualified dispenser and a qualified medicine counter assistant. The pharmacy also employed a medicine counter assistant, who completed some delivery tasks and a pre-registration pharmacist. A regular pharmacist provided cover for the SI's days off and leave. The pharmacy reviewed its staffing levels and skill mix in response to changes to services.

All pharmacy team members were qualified in their respective roles. Certificates of staff qualifications were available for inspection. Pharmacy team members were seen working in accordance with SOPs and demonstrated a good understanding of their roles and responsibilities. Pharmacy team members received regular feedback from the SI and engaged with formalised performance reviews. They had access to some ongoing training learning to support them in their roles. For example, learning associated with healthy living.

The pharmacy did not have targets in place for providing its services. Both regular pharmacists undertook Medicine Use Reviews (MURs) and New Medicines Service (NMS) consultations with people. The pharmacy encouraged its team members to engage with people accessing the pharmacy's services and they provided a personal touch when delivering these services. For example, the SI was observed sitting beside a person when counselling them on the use of their medicine, rather than standing over the person.

Pharmacy team members contributed to patient safety reviews. The team generally fed back to each other during the working day. The pharmacy held full staff meetings when important information required sharing. For example, a change to the pharmacy's opening hours.

Pharmacy team members were observed working well together. They explained that they were happy to share feedback openly with each other and knew how to raise concerns about the pharmacy or 1 of its services if needed. But the pharmacy did not have a whistle blowing policy in place. Pharmacy team members explained how their feedback was taken onboard. For example, the pharmacy had moved workload associated with assembling multi-compartmental compliance packs out of the dispensary and into a separate room following staff feedback. This change had provided pharmacy team members with a distraction free work space when assembling packs.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean and secure. It provides a professional environment for the delivery of its services. The pharmacy's consultation rooms are fully accessible to people wanting a private conversation with a member of the team. And the team promote access to the rooms well.

Inspector's evidence

The pharmacy was clean and secure. The premises were well maintained with some very minor areas of cosmetic damage in staff areas of the pharmacy. The public area of the pharmacy provided a professional image to people accessing the pharmacy. The SI completed most maintenance tasks himself. The pharmacy was tidy with no slip or trip hazards evident. Air conditioning was in place. Lighting throughout the premises was bright. Antibacterial soap and towels were available close to designated hand washing sinks.

The public area was open plan. It provided access to two private consultation rooms. The first room was used for providing services such as MURs and holding private consultations with people. The second room provided a quiet space for delivering the substance misuse services. Fresh water and disposable cups were available to people using this room. Pharmacy team members promoted use of the rooms with people accessing services. And the rooms were accessed multiple times with people during the inspection.

The dispensary was a sufficient size for providing the pharmacy's services. Work benches were clear of unnecessary clutter. Pharmacy team members used space underneath a central work bench to hold part assembled prescriptions, waiting for stock. A room used to assemble multi-compartmental compliance packs and complete some administration tasks led off the public area. Pharmacy team members closed the door to the room when leaving and the public area was vigilantly monitored. Staff facilities led off this room. To the back of the dispensary was an office. This space was neat and clutter free.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy promotes its services and makes them fully accessible to people. The pharmacy generally has good records and systems in place to make sure people get the right medicines at the right time. And it demonstrates how people benefit from the personalised service its team provides. The pharmacy gets its medicines from reputable sources. And it generally stores and manages them appropriately to help make sure they are safe to use. It has systems in place to provide assurance that its medicines are fit for purpose.

Inspector's evidence

People accessed the pharmacy through a simple push/pull door, up a step from street level. A bell and portable ramp were available if people required assistance with access into the pharmacy. Window displays were eye catching and promoted healthy living services. The pharmacy clearly displayed details of its opening times and services. It had a range of service and health information leaflets available to people. And pharmacy team members engaged people in conversations about their health and wellbeing. Pharmacy team members were aware of how to signpost people to another pharmacy or healthcare provider if the pharmacy was unable to provide a service.

The SI reflected on the benefits to people accessing the services provided. Pharmacy team members prided themselves on providing a personal service and regularly spoke with surgery teams. For example, the SI collected prescriptions regularly from 1 surgery on his way to work. This provided him with the opportunity to speak with prescribers if needed, before clinics began. The pharmacy shared details of manufacturing shortages and suitable alternatives with surgery teams. It had an up to date minor ailments protocol in place. The medicine counter assistant explained how all supplies of medicines through the scheme were authorised by a pharmacist. The scheme was accessed most days.

Pharmacy team members signed the 'dispensed by' and 'checked by' boxes on medicine labels to form a dispensing audit trail. The pharmacy team kept original prescriptions for medicines owing to people. The team used the prescription throughout the dispensing process when they later supplied the medicine. It maintained delivery audit trails for the prescription delivery service. People signed for receipt of their medicines through the service if they were able to do so. In the event a person couldn't sign, the pharmacy team member completing the delivery signed the record to confirm delivery had taken place.

The pharmacy had some processes to identify people on high-risk medicines. The SI explained how he would manage monitoring checks of medicines such as methotrexate and warfarin through the MUR service. The pharmacy team used stickers on assembled bags of medicines to highlight people who may benefit from the MUR or NMS service. People were not generally asked for monitoring records each time they collected a prescription for a high-risk medicine. The pharmacy had completed a valproate safety audit in 2018. And the SI had established that a valproate pregnancy prevention plan was not required for a person identified in the Valproate Pregnancy Programme' (VPPP) target group. The pharmacy did not have valproate warning cards available to issue to people at the time of inspection. A discussion took place about how to source cards and the requirements of the VPPP. The pharmacy pre-assembled doses of methadone prior to supervised consumption. This helped to manage workload

pressure and reduce risk. The SI was observed checking assembled doses against prescriptions prior to supervision taking place.

A schedule was in place to help manage timescales for the multi-compartmental compliance pack service. Each person receiving a pack had their own record in place. And pharmacy team members made clear notes in these records when medicine regimens changed. Notes included details of the checks the team had completed to confirm changes and resolve queries. Discharge summaries following hospital stays were also kept with these records. Generally, both the record and prescription form were used when assembling packs. But occasionally the team did assemble multiple packs against a prescription for week 1 of the prescription cycle. The dispenser discussed appropriate checks which were carried out when the next prescription was received to identify changes. And packs were not sent out for delivery or available for collection until the pharmacy had received the prescription. But this practice did not conform to details within the SOPs. A discussion took place about the need to update the SOPs to show how the pharmacy managed the risks associated with this practice. To help manage risks during the dispensing process a member of the pharmacy team assembled medicines in packs. The pharmacist then checked these packs prior to them being sealed and labelled. Once sealed and labelled the pharmacist performed the final accuracy check. A sample of assembled packs confirmed dispensing audit trails were in place. The pharmacy provided patient information leaflets with packs at the beginning of every 4-week cycle. But it did not provide descriptions of the medicines inside the packs, to help people identify them. The dispenser explained that pharmacy team members informed people verbally if their medicine had changed appearance.

The pharmacy sourced medicines from licensed wholesalers and specials manufacturers. Pharmacy team members were aware of the Falsified Medicines Directive (FMD). And they were actively scanning what medicine they could to comply with FMD requirements. A system was in place for identifying split packs of medicines decommissioned during the dispensing process. Some of the pharmacy's SOPs required updating to include FMD arrangements.

The pharmacy stored pharmacy (P) medicines behind the medicine counter. This ensured the pharmacist supervised all sales of these medicines. The pharmacy generally stored medicines in their original packaging. But an amber bottle of medicine was found with no details of the batch number or expiry date of the medicine recorded on the label. This was brought to the attention of the SI. The team recorded date checking in a diary. Checks were carried out regularly. But a random check of the dispensary found some date expired tamoxifen oral solution. Pharmacy team members did check expiry dates during the dispensing process and ticked this information as part of their self-check of the medicine. The team annotated details of opening dates on bottles of liquid medicines.

The pharmacy held CDs in secure cabinets. Medicines inside the cabinets were held in an orderly manner. There was designated space for storing patient returns, and out-of-date CDs. Pharmacy team members were aware of the legal validity requirements of a CD prescription. And they high-lighted CD prescriptions to inform safety checks at the point of hand-out. Assembled CDs in the cabinets were stored with the prescription form. The pharmacy had 2 fridges. Both were clean and a suitable size for the quantity of medicines they held. The pharmacy team explained how they checked the thermometers on the fridges daily (Monday-Friday). But the team did not record these checks. Both fridges were checked; minimum, maximum and current temperatures were between two and eight degrees Celsius as required. A discussion took place about the advantages of maintaining a temperature record for the fridges.

The pharmacy had medical waste bins, sharps bins and CD denaturing kits available to support the team in managing pharmaceutical waste.

The pharmacy received details of drug recalls through email. But it did not always receive 'caution in use' alerts. This meant that the pharmacy may miss opportunities to counsel people on the use of their medicines. The inspector shared details of how to subscribe to these alerts with the SI.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy team has access to equipment it needs, for providing its services. It monitors this equipment to ensure it is safe to use and fit for purpose.

Inspector's evidence

The pharmacy had up to date written reference resources in place. These included the British National Formulary (BNF) and BNF for Children. Internet access provided further reference resources.

Computers were password protected and were positioned in a way which prevented unauthorised access to the contents on screen. Pharmacy team members on duty had working NHS smart cards. The pharmacy team stored assembled bags of medicines to the side of the dispensary and behind the medicine counter. There was some risk of information on bag labels being read when stood at certain positions close to the counter. The SI took timely steps to manage this risk and provided feedback to the inspector post inspection of a permanent solution to managing the risk. The pharmacy stored all other personal identifiable information in staff only areas of the pharmacy. The pharmacy had cordless telephone handsets in place. Pharmacy team members moved into a room, out of ear shot of the public area, when discussing person identifiable information on the telephone.

Clean, crown stamped measuring cylinders were in place. The pharmacy used manual methadone pumps to measure methadone and these were regularly checked for accuracy. A counting machine was in place in the dispensary and this was periodically checked for accuracy. The team did not record details of these checks. Staff counted cytotoxic medicines and uncoated tablets manually to avoid cross contaminating other medicines going through the machine. Equipment used for dispensing medicines into multi-compartmental compliance packs was generally single use. The pharmacy had good processes in place for labelling and cleaning a reusable pack. Gloves were available to team members assembling packs. The pharmacy had an Omron blood pressure machine available for use. And it stored equipment for the needle exchange service safely. Portable appliance tests of electrical equipment had last been completed in January 2019.

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.