

Registered pharmacy inspection report

Pharmacy Name: Bampton Health Care Ltd., Bampton Health Care, Landells, Bampton, OXFORD, Oxfordshire, OX18 2LJ

Pharmacy reference: 1035940

Type of pharmacy: Community

Date of inspection: 23/08/2019

Pharmacy context

This is a community pharmacy located within a GP practice in the rural village of Bampton in Oxfordshire. The pharmacy dispenses NHS and private prescriptions. It provides some services such as Medicines Use reviews (MURs) and the New Medicine Service (NMS). It supplies multi-compartment compliance aids for people if they find it difficult to manage their medicines. And, the pharmacy provides medicines to residents in a care home.

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	N/A	N/A	N/A
2. Staff	Standards met	2.2	Good practice	Pharmacy team members have the appropriate skills, qualifications and competence for their role and the tasks they carry out. The team ensures that new members of staff are supported whilst they undergo training
		2.4	Good practice	The pharmacy has adopted a culture of openness, honesty and learning. The superintendent pharmacist provides resources to ensure the team's knowledge is kept up to date
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.2	Good practice	The pharmacy ensures its services are effectively managed so that they are provided safely. The team makes appropriate clinical checks for people prescribed higher-risk medicines and there are audit trails in place to verify this
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. Members of the pharmacy team understand how they can protect the welfare of vulnerable people. And, they protect people's private information appropriately. The pharmacy usually maintains its records in accordance with the law. Its team members monitor the safety of the pharmacy's services by recording their mistakes and learning from them. But, they don't always record enough detail that could help them to demonstrate this.

Inspector's evidence

The pharmacy had previously been dual-registered as a dispensing doctor's practice and a pharmacy but for the past few years, it had only been operating as a pharmacy. The inspection took place on the day before a bank holiday weekend and the pharmacy was busy. This was managed well by the pharmacy team.

There was a designated area on one side of the dispensary that was used to assemble and accuracy-check multi-compartment compliance aids. Pharmacists and staff usually worked in separate areas. This included a segregated area for staff to process and label repeat as well as walk-in prescriptions and the responsible pharmacist (RP) accuracy-checked prescriptions from a separate area. This helped reduce errors from distractions. Team members explained that different people were involved in the pharmacy's processes, so that one person processed prescriptions, one generated labels and another dispensed them before the final accuracy-check took place.

Pharmacists routinely recorded details about the team's near misses. The RP described passing back mistakes for team members to identify and to rectify them. Look-alike and sound-alike (LASA) medicines were identified with caution notes placed in front of stock as an additional visual alert. The near misses were described as being reviewed collectively every month with safety reports completed by the superintendent pharmacist (SI). However, they could not be located during the inspection. There were also gaps in the near miss log where the learning points or contributory factors had not been routinely filled in. This limited the ability of the pharmacy to fully demonstrate that team members had been learning from their mistakes.

Incidents were handled by the RP and the process involved checking relevant details, rectifying the situation, apologising, informing the person's GP if the medicine had been taken incorrectly and documenting details. There was information on display to inform people about the pharmacy's complaints procedure and a documented complaints procedure was present. The pharmacy routinely reported its errors to the National Pharmacy Association (NPA) for them to collate, review and pass to the National Reporting and Learning System (NRLS). Details about previous errors were seen.

The pharmacy held a range of documented standard operating procedures (SOPs) to support its services. Staff had read and signed the SOPs. Their roles were defined within them and they were in the process of being reviewed by the SI. It was recorded on many of the SOPs that they had been reviewed in June 2019. Staff were aware of their responsibilities and limitations. The correct RP notice was also on display and this provided details of the pharmacist in charge of operational activities on the day.

Staff could identify signs of concern to safeguard vulnerable people and they referred to the RP in the

first instance. The RP was trained to level 2 via the Centre for Pharmacy Postgraduate Education (CPPE). There was an SOP about this to provide guidance to the team and local contact details for the safeguarding agencies as well as policy information.

The team segregated confidential waste before it was disposed of by an authorised carrier. Dispensed prescriptions awaiting collection were stored in a location where sensitive details were not visible from the retail area. Summary Care Records were accessed for emergency supplies or queries, the RP obtained consent from people to access their records verbally. There was information on display to inform people about how the pharmacy maintained their privacy, the team was trained on the EU General Data Protection Regulation (GDPR) and there was documented information to support them about this.

The maximum and minimum temperatures of the fridge were checked daily and recorded. This verified that temperature sensitive medicines were appropriately stored. A full record of controlled drugs (CDs) brought back by people for destruction was maintained. The pharmacy's professional indemnity insurance was through the NPA and this was due for renewal after 28 February 2020.

In general, most of the pharmacy's records were maintained in line with statutory requirements. This included most of the RP record, records of unlicensed medicines, private prescriptions and a sample of registers checked for CDs. For the latter, balances were checked and documented regularly. On randomly selecting CDs held in the cabinet, the quantities held, matched the balances recorded within the corresponding registers. However, records of emergency supplies were sometimes documented without the nature of the emergency. There were also occasional entries where the pharmacist had failed to record the time that their responsibility ceased, and overwritten entries seen within the RP record.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members are competent. They understand their roles and responsibilities. And, they keep their skills and knowledge up to date by completing regular training.

Inspector's evidence

Staff present during the inspection consisted of the RP, a medicines counter assistant (MCA) and four dispensing assistants, one of whom was undertaking accredited training for the NVQ 2 in dispensing with the NPA and one who was retired but explained that she was covering as two members of staff were on sick leave. The remaining team members were trained through accredited routes and their certificates of qualifications obtained were seen. Other staff included a pharmacy technician, another MCA, a further dispensing assistant and two other pharmacists provided cover in the week, one of whom was the SI. There were no formal targets in place to complete services.

Team members wore name badges. They covered each other as contingency for absence or annual leave or the retired member of staff helped. A staffing rota was on display, staff were observed helping the newer member of staff when required. The team explained that they worked out their tasks for the day between them and rotated this frequently. They were confident to raise concerns to the SI and there was a whistleblowing policy in place. Staff also felt confident and supported to make suggestions to streamline the pharmacy's internal processes.

Relevant questions were asked before selling medicines over the counter (OTC). Staff referred to the RP when unsure or when required and held a suitable amount of knowledge of OTC medicines. They knew which medicines could be abused, requests for unusual quantities were monitored and if seen, subsequent sales were referred to the RP.

Team meetings were held when required or every month. Minutes and documented details about previous meetings were seen. There was a notice board used to provide relevant information in the dispensary. Staff explained that their progress was monitored through formal appraisals that were held annually. Team members in training completed their course material at work and set aside time was provided to assist with this. To keep their knowledge up to date, the team had access to available literature and documented guidance material, they read the SOPs, took instructions from the pharmacists, watched relevant videos and completed online modules through CPPE.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises are clean, secure and provide a professional environment to deliver health care services. But, the pharmacy stores some assembled prescriptions directly on the floor. This could damage medicines and may be a trip hazard.

Inspector's evidence

The pharmacy premises were located inside a health centre and consisted of a small to medium sized retail area with a medium sized dispensary. An office area and staff facilities were upstairs. The GP surgery was situated to one side of the pharmacy inside the same building. The pharmacy was bright and appropriately ventilated. The retail space was professional in appearance and all areas were clean. Pharmacy (P) medicines were stored behind the front counter, there was gated entry into this section which was signposted as 'staff only' and team members were always within the vicinity. This helped restrict P medicines from being self-selected.

A signposted consultation room was available for private conversations and services. This was located behind the pharmacy counter. The room was of a suitable size. It was kept unlocked. The pharmacy fridge was stored here and although it was locked, the key was still contained within the lock. This was discussed at the time. The PC here was also left open on the pharmacy system. No unauthorised access happened during the inspection, but the RP was advised to ensure this was routinely closed as leaving the computer terminal open on the pharmacy manager system in an unlocked consultation room, could allow people's medication records to be easily accessible to anyone entering the room.

There was enough workspace to dispense prescriptions safely. Some benches were full of baskets of prescriptions, but this was work in progress and some areas were cleared as the team worked. Some bulky dispensed medicines were stored inside totes on the floor but there was an overspill and a large quantity of assembled prescriptions were stored directly on the floor.

Principle 4 - Services ✓ Standards met

Summary findings

Members of the pharmacy team can make suitable adjustments to allow people with different needs to access their services. The pharmacy provides its services safely and effectively. It obtains its medicines from reputable sources and stores them appropriately. And, it takes extra care with higher-risk medicines. This helps ensure that people can take their medicines safely.

Inspector's evidence

People could enter the building from the street and the pharmacy was on the ground floor. The retail space was made up of clear, open space and a wide aisle. This meant that people requiring wheelchair access could easily use the pharmacy's services. Staff explained that the GP surgery had a hearing aid loop that they could use to help communicate with people who were partially deaf, or they used written communication. Relevant details were explained to people who were visually impaired, and representatives were used for people whose first language was not English. There were three seats available for anyone wanting to wait for their prescription and some car parking spaces were available outside the building. The pharmacy's opening hours were listed on the front door.

The pharmacy was healthy living accredited and in addition to the Essential Services, the pharmacy provided MURs and the NMS. For the former, staff provided information and maintained displays in line with the national campaigns as well as on different seasonal topics. There was a designated area to provide information and advice to people about healthier living. Team members explained that they printed resources from the NHS websites to provide additional information on certain subjects and supplied this information to people if required. The team could signpost people to other local organisations from their own knowledge of the area, from online resources and from documented information that was kept at the pharmacy.

Staff were aware of risks associated with valproates, they had not seen any prescriptions for females at risk, and there was literature available to provide upon supply of this medicine. Relevant checks were routinely made for people prescribed higher-risk medicines and information had been recorded to help verify that this had taken place. This included routinely asking and obtaining the International Normalised Ratio (INR) level for people prescribed warfarin.

The initial setup for compliance aids involved the RP assessing suitability for them. Documented details about this were seen. Prescriptions were ordered by the pharmacy and details were cross-checked against people's records. If changes were identified, they were confirmed by the prescriber and documented details were retained as an audit trail. All medicines were de-blistered into compliance aids with none left within their outer packaging. Compliance aids were not left unsealed overnight. Descriptions of the medicines inside the compliance aids were provided and patient information leaflets (PILs) were routinely supplied. Mid cycle changes involved the medicine being supplied separately or the change taking place from the next cycle.

Medicines were provided to the care home as blistered packs and the racking system was used. The pharmacy ordered prescriptions on behalf of the home and made relevant checks that all items had been prescribed. Audit trails were maintained about missing items or queries. Interim or mid-cycle items were dispensed at the pharmacy. PILs were routinely supplied. Staff had not yet been approached to provide advice regarding covert administration of medicines to care home residents, but the RP

explained that a three-way conversation and agreement was required between the pharmacy, care home or representative(s) and the person's GP. The pharmacy passed information about drug alerts to the home to check that they had not received affected stock.

During the dispensing process, baskets were used to hold prescriptions and medicines once assembled. They were colour co-ordinated to highlight priority and the different types of prescriptions. The team used dispensing audit trails to identify their involvement in various processes. This was through a facility on generated labels. Dispensed prescriptions awaiting collection were stored within an alphabetical retrieval system. The team could identify fridge items and CDs (Schedules 2 to 4) as this information was identified using stickers or written onto the prescriptions. Uncollected medicines were removed every four to six months.

The pharmacy obtained its medicines and medical devices through the Cambrian Alliance buying group. This included licensed wholesalers such as Alliance Healthcare and AAH. Alium Medical was used to obtain unlicensed medicines. Staff explained that the pharmacy had changed its systems so that it could comply with the European Falsified Medicines Directive (FMD). It was registered with SecurMed, there was relevant equipment present and the team had been complying with the decommissioning process.

Medicines were stored in an organised manner. There were no date-expired medicines or mixed batches present. Short-dated medicines were identified using stickers and elastic bands. A date-checking schedule was in place, medicines were date-checked for expiry regularly and staff checked the expiry date when they dispensed. CDs were stored under safe custody. Keys to the cabinet were maintained during the day and overnight in a manner that prevented unauthorised access. Medicines were stored evenly and appropriately within the medical fridge. Drug alerts were received by email, stock was checked, and action taken as necessary. An audit trail was available to verify this process.

The pharmacy used designated containers to hold medicines brought back by people for disposal. People returning sharps for disposal were referred to the GP surgery next door. Returned CDs were brought to the attention of the RP and details were entered into the CD returns register prior to their destruction.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy's equipment and facilities are clean. They are suitable for their intended purpose and in general, help ensure the pharmacy can provide its services safely.

Inspector's evidence

The pharmacy was equipped with a range of current reference sources and the team had access to relevant equipment to provide pharmacy services. This included counting triangles and clean, crown stamped, conical measures for liquid medicines. The blood pressure machine was described as new. The CD cabinet was secured in line with statutory requirements. The dispensary sinks used to reconstitute medicines were very clean, there was hot and cold running water available with antibacterial hand wash present. The medical fridge registered a maximum temperature of 10 degrees Celsius at the inspection and the RP was advised to check and re-set this if required.

Computer terminals in the dispensary were positioned in a manner that prevented unauthorised access. Staff used their own NHS smart cards to access electronic prescriptions. They were stored securely overnight.

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.