

Registered pharmacy inspection report

Pharmacy Name: Bridgman Pharmacy, 116-118 Cowley Drive,
Woodingdean, BRIGHTON, East Sussex, BN2 6TD

Pharmacy reference: 1036106

Type of pharmacy: Community

Date of inspection: 07/02/2024

Pharmacy context

This is an NHS community pharmacy in a parade of shops on the outskirts of Brighton. Its main activity is dispensing NHS prescriptions and providing other services such as the New Medicine Service and selling over-the-counter medicines. It runs an anticoagulant clinic on Wednesdays. And it supplies medicines in multi-compartment compliance packs to some people who need this additional level of support. The pharmacy delivers medicines to some people's homes. And it provides the NHS Hypertension Case-Finding Service.

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	1.2	Good practice	The pharmacy records and regularly reviews any dispensing mistakes and documents how it uses the reviews to help improve the safety of the pharmacy's services.
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 appropriately identifies and manages the risks associated with its services. It records and reviews any dispensing mistakes that happen, and it can show how it learns from them to help make the pharmacy's services safer. Team members know how to protect the welfare of a vulnerable person. And they generally protect people's private information well. The pharmacy largely keeps the records it needs to by law, to show that its medicines are supplied safely and legally. Team members know their own roles and responsibilities.

Inspector's evidence

The pharmacy had a range of SOPs which were available both electronically and as printed copies in the dispensary. Team members had read through and signed the relevant SOPs, but there were some SOPs which had recently been updated and staff were in the process of reading them. The SOPs had largely been reviewed recently, but the SOP about lithium therapy had been due for a review in January 2024.

The pharmacy recorded dispensing mistakes which had been identified before a medicine had been handed to a person (known as near misses) as they occurred. Near misses were recorded on a sheet in the dispensary, and each person who checked dispensed items (such as the accuracy checking technicians (ACTs) had their own sheet. The near misses were also entered on to the pharmacy computer. Dispensing mistakes that happened and the medicine was handed to a person (dispensing errors) were recorded on the pharmacy's computer system and reported to the pharmacy's head office. Head office also reviewed any dispensing errors which were recorded. A dispenser explained how she reviewed the near misses and errors as part of the monthly safety report and identified any actions which should be taken. She said there had been a previous pattern of the form (for example tablets and capsules) of medicines getting mixed up. And as a result, the team had gone through the stock to make sure that the medicines involved had the different forms separated on the shelves. The monthly safety reports were documented and discussed in the team, and each team member signed to indicate that they had read it. The reports also included an action plan for staff to follow. An action from the January 2024 report was to remind the team to undertake 'three-point checks' where the drug, strength, and form would be checked when dispensing. There were signs around the dispensary to highlight medicines which sounded similar or looked alike. And some additional signs, such as a sign on the warfarin shelf which showed the colour of each strength of tablet.

The trainee dispenser was able to describe what she could and could not do the pharmacist had not turned up in the morning. And what she would do if a person attempted to repeatedly purchase medicines which were liable to abuse or misuse. The pharmacy did not sell codeine linctus.

There was a sign in the public area which explained to people how they could make a complaint or provide feedback and staff could refer to the pharmacy's complaint procedure. There were several ways in which people could do this, including in person, in writing, and via email.

The pharmacy had current indemnity insurance. The right responsible pharmacist (RP) notice was displayed, and the RP records seen had the required information recorded. Records about emergency supplies and controlled drugs (CDs) seen complied with requirements. The CD running balances were largely checked regularly, and a check of a random CD found that the physical quantity matched the

recorded balance. One discrepancy was found where the balance did not match the quantity in stock, and this was promptly investigated and resolved by the dispenser. Several records about private prescriptions dispensed did not include the prescriber's details.

No confidential information was visible from the public area. Confidential waste was bagged up separately and disposed off off-site. Staff had individual smartcards to access the electronic NHS systems, and computer terminals were password protected.

Team members confirmed that they had completed safeguarding training and said that they would refer any concerns to the RP. The ACT described a safeguarding incident that had occurred and the action that had been taken in response.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to provide its services, and they do the right training for their roles. They feel comfortable about raising any concerns and they can take professional decisions. They do ongoing training to help keep their knowledge and skills up to date.

Inspector's evidence

During the inspection there was the RP, an ACT, four trained dispensers, and a trainee dispenser. Team members were able to explain what accredited training they had completed or were undertaking. The team was up to date with its workload, and staff were observed communicating effectively with each other and working in an organised way.

The RP described the training she had undertaken about the Pharmacy First service, which included training with Paydens and external training. She confirmed that she had completed training about how to use the otoscope for ear examinations. Other team members had completed e-learning about the Pharmacy First service. Team members also completed ongoing training as it came through from head office. This included training about new products and services as well as mandatory training such as health and safety and manual handling. Head office monitored the team's progress with any mandatory training courses and sent reminders as necessary. Team members got some time to do the ongoing training and any training for accredited courses at work during quieter periods and completed it at home if necessary. Team members felt comfortable about raising concerns, and a team member said that head office was very supportive. There was a target for the NMS service, but staff did not feel that there was any undue pressure and they felt able to take professional decisions as appropriate.

Principle 3 - Premises ✓ Standards met

Summary findings

Overall, the premises are suitable for the pharmacy's services and they are kept secure from unauthorised access. People can have a conversation with a team member in a private area.

Inspector's evidence

The pharmacy was generally clean and tidy, and it had a large dispensary. There was a large amount of clear workspace for dispensing. The pharmacy had not received a refit for some time, but the fixtures and fittings were fit for purpose. There were some narrow aisles in the dispensary and behind the counter, which made it harder for staff to get past if there were team members already there. Lighting throughout was good and the pharmacy had air conditioning. The premises were secure from unauthorised access.

There was a consultation room which provided an adequate level of soundproofing, so that a conversation inside at a normal level of volume would not be overheard. There were some unsecured items in the room, and a dispenser said that the room would be kept locked when not in use in the future.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely and manages them well. It gets its medicines from reputable suppliers and stores them properly. Team members take the right action in response to safety alerts to help ensure that people get medicines and medical devices that are safe to use. People with a range of needs can access the pharmacy's services.

Inspector's evidence

The pharmacy had step-free access from the street. A dispenser explained how she signposted people to other healthcare providers when needed and gave an example of signposting a person to the eye hospital. Some team members were multilingual. The pharmacy's computer system could generate large-print labels to help people with visual impairment.

Baskets were used to separate different people's medicines while dispensing. The pharmacy had recently started providing the Pharmacy First service and said that the first day had been busy, with several people coming in for the service. They said that they had since started using an appointment system for people who were referred via their surgery for the service. The RP had spoken with the local surgery on the first day of the service and explained how worked and asked for the referral system to be used to help the pharmacy plan its workload. The RP showed laminated checklists that she had obtained to help with screening people and said that they were useful to refer to during the consultation. She was able to describe how she signposted people if they did not fall within the criteria for the service.

Most of the multi-compartment compliance packs were dispensed in the pharmacy's hub dispensary at head office, and then sent through to the pharmacy for supply. The packs seen from the hub were labelled with a photo of the medicines inside, an audit trail to show who had dispensed and checked them, and patient information leaflets were supplied with them. The dispenser explained that the company was going to stop routinely supplying the packs soon. Only a very small number of packs were dispensed in the pharmacy and there were none of these packs available during the inspection. The RP showed that she had undertaken individual risk assessments for people who received valproate medicines in the packs. A dispenser showed how the pharmacy kept electronic notes about changes to people's medicines, such as when they were discharged from hospital. The notes were kept on the person's medication record and the ones seen were clear and comprehensive. The pharmacy was signed up to the NHS Discharge Medicine Service. People's GPs usually contacted the pharmacy if they felt someone needed the packs, and a team member said that the person was then contacted, and their needs were then assessed over the phone.

Team members were aware of the guidance about pregnancy prevention with valproate medicines and the need to supply them in the original packs. They were not aware of any people currently taking the medicines who were in the at-risk group. Dispensed prescriptions for higher-risk medicines and CDs were highlighted, to make team members aware when handing them out. CD prescriptions were marked with the date the prescription was valid until. Flu vaccinations were done under the National Protocol, and the ACT confirmed that she had completed the associated training. She said that she did not check prescriptions that she had dispensed herself. The anticoagulant service was provided by a different pharmacist and only on one day a week and was not operating during the inspection.

The pharmacy kept an audit trail to show when people's medicines had been delivered, and the recipient signed to indicate safe receipt. The signatures were obtained on the back of the delivery sheet to help protect people's personal details. Team members said that the pharmacy was due to move to an electronic record for deliveries.

Medicines were obtained from licensed suppliers, and they were stored in a generally tidy way in the dispensary. Date-checking was done regularly and recorded, and no date-expired medicines were found in stock during the inspection. Short-dated items were marked with a sticker. Bulk liquids had been marked with the date of opening. The pharmacy had two fridges and the temperatures were checked daily. Temperature records seen were within the appropriate range. CDs were stored securely, and medicines for destruction were appropriately separated from current stock.

A dispenser explained what action the pharmacy took in response to drug alerts and recalls which it received via email. A record of the alert or recall and the action taken was retained in the pharmacy.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services, and it generally maintains it appropriately. It uses its equipment to help protect people’s personal information.

Inspector's evidence

Computer screens were turned away from people using the pharmacy. There was an in-date anaphylaxis kit in the consultation room. Team members said that the blood pressure meter was replaced when necessary, but were unable to find the meter during the inspection. The otoscope for the Pharmacy First service was new. There were clean glass calibrated measures and a separate one was marked only for use with certain liquids. Tablet and capsule counting equipment was largely clean.

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.