

Registered pharmacy inspection report

Pharmacy Name: The Blackbrook Pharmacy, Taunton Vale
Healthcare, Lisieux Way, TAUNTON, Somerset, TA1 2LB

Pharmacy reference: 1036356

Type of pharmacy: Community

Date of inspection: 02/08/2024

Pharmacy context

The pharmacy is next to a medical practice in Taunton. It sells over-the-counter medicines and dispenses NHS and private prescriptions. The pharmacy team offers advice to people about minor illnesses and long-term conditions. The pharmacy offers services including flu vaccinations, the NHS New Medicine Service (NMS) and the NHS Pharmacy First service. The pharmacy measures people's blood pressure as part of the NHS Hypertension Case Finding Service and offers NHS Health Checks. The pharmacy supplies medicines in multi-compartment compliance packs to people who need help to remember when to take them. It also supplies medicines and advice to people who use drugs. And it delivers medicines to people's 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	1.6	Standard not met	The pharmacy does not keep all the records required by law and does not have good governance procedures for the management of controlled drugs.
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 does not always store its controlled drugs appropriately and in accordance with legal requirements. The pharmacy does not make adequate checks that medicines requiring refrigeration are stored appropriately and suitable for supply.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy generally provides its services safely and effectively. But the pharmacy does not keep all the records required by law and does not have good governance procedures for the management of controlled drugs. The pharmacy has written procedures in place to help ensure that its team members work safely. And these procedures are reviewed and updated regularly. Team members record any mistakes they make and review them to identify the cause. The pharmacy team then makes the necessary changes to stop mistakes from happening again. The pharmacy asks people for their feedback on its services and responds appropriately. It has the required insurance in place to cover its services. The pharmacy keeps people's private information safe. Pharmacy team members know how to protect the safety of vulnerable people.

Inspector's evidence

The pharmacy had processes in place to identify, manage and reduce its risks. It had standard operating procedures (SOPs) covering all activities undertaken by the pharmacy which showed team members the safest and most effective way to work. The SOPs had recently been reviewed and updated. Each team member was given time to read them and had recently had individual meetings with the management to ensure they understood their role and responsibilities. The pharmacy team could describe the activities that could not be undertaken in the absence of the responsible pharmacist (RP). The pharmacy had a written business continuity plan.

Pharmacy team members recorded any mistakes they made which were picked up during the final accuracy check, known as near misses, on a paper log. Team members considered why the mistake had happened and learned from their mistakes. The pharmacist reviewed the error log regularly to try and identify any trends. The pharmacy team had a monthly meeting where any patient safety issues were discussed. And team members were given the opportunity to suggest ways that they could prevent future errors. Dispensing errors that reached the patient were reported in a more detailed way using an online reporting tool.

The pharmacy had a documented procedure in place for handling complaints or feedback from people. There was information for people displayed in the retail area about how to provide the pharmacy with feedback. The pharmacy team regularly checked online reviews and responded appropriately. Any complaints were passed straight to the superintendent pharmacist (SI) or the management team to deal with. Public liability and professional indemnity insurances were in place.

The pharmacy kept a record of who had acted as the RP each day. It was generally in order but there were several occasions where the RP did not sign out at the end of the day. The correct RP notice was prominently displayed.

The pharmacy did not keep adequate records of the controlled drugs (CDs). Regular balance checks were not completed and there were several instances where the amount of stock held did not match the recorded balance. However, a balance check had been completed the previous day and the register had been signed to say that balances were correct. Many entries in the register, particularly those for methadone solution, were not legible.

Records of private prescriptions were maintained on the patient medication record (PMR) and contained all legally required details. But on some entries, the incorrect prescriber had been recorded. The pharmacy kept records of the receipt and supplies of unlicensed medicines ('specials'). Certificates of conformity were stored with all required details completed.

All team members completed yearly training on information governance and general data protection regulations. Patient data and confidential waste were dealt with in a secure manner to protect privacy and no confidential information was visible from customer areas. Team members ensured that they used their own NHS smart cards. Verbal consent was obtained before summary care records were accessed.

All staff were trained to an appropriate level on safeguarding. The RP had completed the Centre for Postgraduate Pharmacy Education (CPPE) level 2 safeguarding training. Local contacts for the referral of concerns were available. Team members were aware of signs of concerns requiring escalation and knew what action to take.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy employs enough people to manage its workload. Team members are trained to deliver their roles and keep their skills up to date by completing regular learning activities. They are confident to suggest and make changes to the way they work to improve their services. Team members communicate effectively. And they work well together to deliver the pharmacy's services.

Inspector's evidence

On the day of the inspection, the RP was an employed pharmacist who worked regularly at the pharmacy. There was a second pharmacist, who was the superintendent pharmacist, who worked in the pharmacy four days each week, but they were not working that day. The pharmacy employed a total of nine dispensers and two medicines counter assistants (MCAs).

Team members were given time during working hours to learn. Several dispensers and the MCAs were in training and were completing approved courses. Two dispensers were completing the training required to become accuracy checkers. Training time was added to the work rota. The pharmacy team encouraged each other to learn and helped each other. Each team member had regular appraisals where they could discuss their progress.

The pharmacy team were coping with the workload well and dispensing was up to date. It was clear that the team worked well together and supported each other. They had a good rapport. The team were encouraged to discuss concerns and give feedback to the owners. Team members were confident to make suggestions for changes which would improve how the pharmacy operated. Team members were aware of the internal escalation process for concerns and a whistleblowing policy was in place.

Team members were seen to give appropriate advice to people in the pharmacy. And they referred to the pharmacist for further clarification when needed. When questioned, one of the dispensers knew what tasks could not be completed if the RP was not in the pharmacy.

The owners did not set any specific targets. The RP used their clinical judgement and ensured all services provided by the pharmacy were appropriate for the person requesting them.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises provide an appropriate environment from which to deliver its services. And its premises are suitably clean and secure. People using the pharmacy can have conversations with team members in a private area.

Inspector's evidence

The pharmacy was next to GP practice in Taunton. There was a private carpark and on-street parking nearby. A large, well-presented retail area led to the healthcare counter. Pharmacy medicines were stored behind the medicines counter. There were seats available for people who needed to wait for prescriptions or services.

The dispensary was large and had plenty of shelving and workbench space for dispensing. The dispensary was well organised and tidy. There was a separate room which was used to dispense medicines into multi-compartment compliance aids. A further room was used to store dispensed prescriptions which were awaiting collection.

The pharmacy had an appropriately sized consultation room. No conversations could be heard from outside the consultation room.

Cleaning was undertaken each day and a cleaning rota was displayed. Cleaning products were available, as was hot and cold running water. The fire alarm was tested each week. The lighting and temperature were appropriate for the storage and preparation of medicines.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy obtains its medicines from reputable suppliers. It mostly stores them securely and makes regular checks to ensure that they are still suitable for supply. But the pharmacy does not always store its controlled drugs appropriately and in accordance with legal requirements. The pharmacy does not make adequate checks that medicines requiring refrigeration are stored appropriately. The pharmacy team make sure that people with different needs can access its various services. The pharmacy supplies medicines safely to people with appropriate advice to ensure they are used correctly. Team members take steps to identify people prescribed high-risk medicines to ensure that they are given additional information. The pharmacy accepts unwanted medicines and disposes of them appropriately.

Inspector's evidence

The pharmacy had step-free access and was wheelchair accessible. It had an automatic door. The pharmacy had its own carpark. The pharmacy could provide additional support for people with disabilities, such as producing large print labels. Team members explained that if a person requested a service not offered by the pharmacy at the time, they referred them to other nearby pharmacies or providers, calling ahead to ensure the service could be provided there. Up-to-date signposting resources and details of local support agencies were accessed online.

The pharmacy had a clear flow to ensure prescriptions were dispensed safely. Team members used baskets to store dispensed prescriptions and medicines to prevent transfer between patients as well as to organise the workload. There were designated areas to dispense and accuracy check prescriptions. Team members initialled the labels of medicines when they dispensed and checked them.

Coloured stickers were used to highlight prescriptions containing fridge items and CDs. The RP described that they checked if patients receiving lithium, warfarin and methotrexate had had blood tests recently and gave additional advice as needed.

The pharmacy offered a range of additional services including flu vaccinations. The patient group direction for the upcoming flu vaccination service had yet to be released. The pharmacy had all the required equipment to run the vaccination services. The pharmacy offered the NHS New Medicines Service. Pharmacists contacted people prescribed new medicines to check how they were getting on and to offer any advice needed.

The pharmacy was registered to receive referrals as part of the NHS Pharmacy First service and received regular referrals, from both NHS111 and GP practices. The pharmacy also saw walk-in patients. Appropriate records of advice and supply were made. The pharmacy had the associated paperwork, including patient group directions, available. But these had not all been signed by pharmacists who provided the service. The pharmacy supplied opioid replacement medicines to a large number of people. The RP liaised with the drug and alcohol team and the person's key worker in the event of any concerns or issues. The pharmacy used the Methameasure system to dispense methadone liquid.

The pharmacy team was aware of the risks associated with people becoming pregnant whilst taking sodium valproate and topiramate as part of the Pregnancy Prevention Programme (PPP). The pharmacy team took care not to apply labels over the warning cards on the boxes of valproate products when

dispensing. The pharmacy team were aware of the requirement to only dispense valproate in original packs to ensure people receiving it could see the warning about the risks of becoming pregnant whilst taking it. The RP had regular conversations with the people at risk who were prescribed valproate and topiramate to ensure they were on adequate contraception.

Multi-compartment compliance aids were supplied by the pharmacy for people living in their own homes. Each person requesting compliance aids was assessed for suitability. The workload was organised and well planned. A sample of compliance aids was inspected. Each compliance aid was clearly labelled and contained a description of the tablets included so that they could be easily identified. Patient information leaflets (PILs) were supplied each month. 'When required' medicines were dispensed in boxes and team members were aware of what could and could not be placed in trays. A record of any changes made was kept on a patient information sheet, which was available for the pharmacist during the clinical checking process.

The dispensary stock was generally arranged alphabetically on shelves. It was generally well organised. A full date check of all medicines had recently been completed. A spot check found no date-expired medicines or mixed batches. The pharmacy recorded the date of opening on oral liquid medicines. The pharmacy accepted returned medicines and stored them in appropriate containers until they were collected for destruction.

CDs were not always stored in approved cabinets. Expired CDs were stored at the bottom of the cabinet and were well segregated and clearly marked. A denaturing kit was available so that any CDs awaiting destruction could be processed.

The dispensary fridge was clean, tidy and organised. The pharmacy team recorded the maximum and minimum temperatures of the fridge each day. But they did not reset the temperature settings on the thermometer so the records for the previous month consistently showed that the temperatures were consistently outside of the required range. The current reading showed a range of 3.9 degrees to 10.4 degrees. When asked, team members did not know how to reset the thermometer to obtain accurate readings. No action had been taken to determine whether medicines stored in the fridge were still suitable for supply.

Prescriptions containing omissions were appropriately managed and the prescription was kept with the balance until it was collected. Stock was obtained from reputable sources. The pharmacy placed orders several times throughout the day and tried to keep people informed of the estimated date that owing medicines would be available. Stock was obtained from reputable sources. Records of recalls and alerts were actioned promptly. Relevant alerts were printed and stored with any quarantined stock.

The pharmacy delivered medicines to people's homes using employed drivers. The drivers made a record of each delivery. If people were not home, the medicines were returned to the pharmacy and team members contacted the person to rearrange delivery.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities to provide its services. It keeps these clean, tidy and well-maintained. The pharmacy uses its equipment in a way that protects people's confidential information.

Inspector's evidence

The pharmacy had up-to-date reference resources available including the British National Formulary (BNF). Team members had access to the internet to support them in obtaining current information. The pharmacy's computer system was password protected. And information displayed on computer monitors was suitably protected from unauthorised view.

The pharmacy had clean equipment available for counting and measuring medicines. It highlighted equipment for measuring and counting higher-risk medicines. This helped to reduce any risk of cross contamination. A range of consumables and equipment to support the services provided by the pharmacy was available within the consultation room. Electrical equipment was visibly free of wear and tear and in good working order. The Methameasure machine was cleaned and calibrated daily.

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.