

Registered pharmacy inspection report

Pharmacy Name: Bridge Chemist, 153 Maybury Road, WOKING,
Surrey, GU21 5JR

Pharmacy reference: 1036845

Type of pharmacy: Community

Date of inspection: 23/09/2019

Pharmacy context

A community pharmacy set in a residential area of Woking. The pharmacy opens six days a week. It sells a range of over-the-counter medicines and dispenses NHS and private prescriptions. It offers a winter influenza (flu) vaccination service. It supplies multi-compartment compliance packs to help people take their medicines. And it delivers medicines to people who can't attend its premises in person. It also provides a substance misuse treatment 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	N/A	N/A	N/A
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 has written procedures to help make sure its team works safely. It adequately monitors the safety of its services. It has appropriate insurance to protect people if things do go wrong. It generally keeps all the records it needs to by law. And it asks people using its services for their views. People who work in the pharmacy can explain what they do, what they're responsible for and when they might seek help. They work to professional standards and identify and manage risks appropriately. They record the mistakes they make and learn from them to try and stop them happening again. They understand their role in protecting vulnerable people. And they keep people's private information safe.

Inspector's evidence

The pharmacy had standard operating procedures (SOPs) in place for the services it provided. And these have been reviewed since the last inspection. Staff were required to read and sign the SOPs relevant to their roles.

The team members responsible for the dispensing process used plastic baskets to separate people's prescriptions and to help them prioritise the dispensing workload. They referred to prescriptions when labelling and picking products. They initialled each dispensing label. And assembled prescriptions were not handed out until they were checked by the responsible pharmacist (RP) who was also seen initialling the dispensing label.

The pharmacy had systems to record and review dispensing errors and near misses. The pharmacy's team members discussed and documented individual learning points when they identified a mistake. They reviewed their mistakes periodically to help spot the cause of them. And they tried to stop them happening again; for example, they have strengthened their date-checking and dispensing procedures following the supply of an out-of-date medicine.

The pharmacy displayed a notice that identified the RP on duty. Members of the pharmacy team explained what they could and couldn't do, what they were responsible for and when they might seek help; for example, they would refer repeated requests for the same or similar products to the pharmacist.

The pharmacy had a complaints procedure in place. Patient satisfaction surveys were undertaken annually. And the results of last year's survey were published online. Staff tried to keep people's preferred makes of medicines in stock when they were asked to do so.

The pharmacy had appropriate insurance arrangements in place, including professional indemnity, through the National Pharmacy Association (NPA).

The pharmacy's RP records were adequately maintained. The address from whom a controlled drug (CD) was received from wasn't always included in the pharmacy's CD register. And correctional notes in the CD register were sometimes undated. But the pharmacy team checked the CD register's running balance regularly as required by the pharmacy's SOPs. The nature of the emergency within the pharmacy's records for emergency supplies made at the request of patients didn't always provide enough detail for why a supply was made. The address of the prescriber wasn't included within the

pharmacy's private prescription records. The date an unlicensed medicinal product was obtained and sometimes when it was supplied weren't included in the pharmacy's specials records.

An information governance policy was in place. Staff were required to read and sign a confidentiality agreement. Arrangements were in place for confidential waste to be destroyed securely. People's details were routinely removed or obliterated from patient-returned pharmaceutical waste before being disposed of. And prescriptions awaiting collection were stored in such a way to prevent people's names and addresses being visible to the public.

A safeguarding policy was in place and contacts for safeguarding concerns were available online. The pharmacy's team members were required to complete safeguarding training and could explain what to do or who they would make aware if they had concerns about the safety of a child or a vulnerable person.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to deliver its services safely. And it encourages and supports its team to provide feedback and keep its knowledge up to date. The pharmacy team makes appropriate decisions about what is right for the people it cares for. Staff know how to raise a concern if they have one. And their professional judgement and patient safety are not affected by targets.

Inspector's evidence

The pharmacy opened for 54 hours a week. It dispensed about 3,700 NHS prescription items a month. The pharmacy team consisted of a full-time pharmacist (the RP), a full-time dispensing assistant, a part-time trainee dispensing assistant, a full-time trainee medicines counter assistant (MCA) and a part-time delivery driver. The pharmacy and its team were managed by the RP. The pharmacy relied upon its team, staff from one of the company's other pharmacies and locum pharmacists to cover planned and unplanned absences. The pharmacy's team members were required to complete or undertake accredited training relevant to their roles. The RP, the dispensing assistant, the trainee dispensing assistant and the trainee MCA were working at the time of the inspection.

Staff supported each other so prescriptions were processed in a timely manner and people were served promptly. The RP supervised and oversaw the supply of medicines and advice given by staff. A sales of medicines protocol was in place which the pharmacy team needed to follow. A member of staff described the questions she would ask when making over-the-counter recommendations and when she would refer people to a pharmacist; for example, requests for treatments for infants, people who were pregnant, elderly people or people with long-term health conditions.

The pharmacy's team members discussed their performance and development needs with the RP throughout the year. They were encouraged to ask the RP questions and familiarise themselves with new products. They were also encouraged to complete their accredited training and online training provided by a third-party company to make sure their knowledge was up to date. Staff could train while they were at work when the pharmacy wasn't busy. Team meetings were held to update staff and share learning from mistakes or concerns. The pharmacy had a whistleblowing policy in place. And its team recently completed a staff satisfaction survey. Members of the pharmacy team felt comfortable about making suggestions on how to improve the pharmacy and its services. And they knew how to raise a concern if they had one. Their feedback led to the use of colour-coded baskets to help them better prioritise the dispensing workload.

Staff didn't feel their professional judgement or patient safety were affected by company targets. Medicines Use Reviews (MURs) and New Medicine Service (NMS) consultations were only provided by suitably qualified pharmacists when it was clinically appropriate to do so and when the workload allowed.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a suitable environment for people to receive healthcare. And its premises are clean and tidy.

Inspector's evidence

The pharmacy was refurbished about four years ago. And it now had a consultation room if people needed to speak to a team member in private. Its dispensary had also been enlarged. So, it had the storage space and workbench it needed for its current workload. It was bright, clean, tidy and professionally presented. But it wasn't air-conditioned. So, staff relied upon fans and opening the pharmacy's doors to keep the premises and themselves cool during hot weather.

The pharmacy team was responsible for keeping the premises clean and tidy. The pharmacy's sinks were clean. And the pharmacy had a supply of hot and cold water. It also had appropriate handwashing facilities for its staff.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's working practices are safe and effective. It provides services that people can access. It delivers prescription medicines to people's homes and keeps records to show that it has delivered the right medicine to the right person. And it gets its medicines from reputable sources and it stores them appropriately and securely. The pharmacy's team members check stocks of medicines to make sure they are fit for purpose. And they generally dispose of people's waste medicines safely too.

Inspector's evidence

The pharmacy didn't have an automated door. But its entrance was level with the outside pavement and staff would open the door when necessary. So, people with mobility difficulties, such as wheelchair users, could access the premises. The pharmacy's services were advertised in-store. Staff were helpful and knew where to signpost people to if a service wasn't provided.

The pharmacy offered a delivery service to people who couldn't attend its premises in person. It kept an audit trail for each delivery. And people were asked to sign a delivery record to say they had received their medicines. The pharmacy had appropriate anaphylaxis resources in place for its NHS and paid-for winter flu vaccination service. And its team made sure its sharps bin was kept securely when not in use. People could choose to be vaccinated at the pharmacy rather than their doctor's surgery when a suitably trained pharmacist was on duty. The pharmacy provided less than 30 MURs and up to four NMS consultations a month. People were required to provide their written consent when recruited for these services.

The pharmacy provided a substance misuse treatment service and a needle exchange service. The pharmacist could supervise the consumption of some substance misuse clients' treatments. The pharmacy team routinely asked needle exchange clients to return spent sharps within the containers provided when they collected their needle exchange packs. And returned containers were deposited within a designated receptacle.

The pharmacy used a disposable and tamper-evident system for people who received their medicines in multi-compartment compliance packs. An audit trail was maintained of the person who had assembled each compliance pack and who had checked it. The pharmacy team needed to provide a brief description of each medicine contained within the compliance packs. And patient information leaflets needed to be supplied to people.

Prescriptions were highlighted to alert staff when a pharmacist needed to counsel people and when CDs or refrigerated items needed to be added. Members of the pharmacy team were aware of the valproate pregnancy prevention programme. And they knew that people in the at-risk group who were prescribed valproate needed to be counselled on its contraindications. The pharmacy team had recently reordered some valproate educational materials from the manufacturer. But staff could still access resources online if needed.

The pharmacy used recognised wholesalers, such as AAH, Alliance Healthcare, Phoenix and Sigma, to obtain its pharmaceutical stock. It stored its stock, which needed to be refrigerated, appropriately between two and eight degrees Celsius. It also kept its medicines and medical devices in an organised

fashion within their original manufacturer's packaging. Its stock was subject to date checks and its team documented these. But products nearing their expiry dates weren't always marked or highlighted to help the team identify them.

The pharmacy stored its CDs, which were not exempt from safe custody requirements, securely. A record of the destruction of patient-returned CDs was maintained. Staff were required to keep patient-returned and out-of-date CDs separate from in-date stock.

Staff were aware of the Falsified Medicines Directive (FMD). They could check the anti-tampering device on each medicine was intact during the dispensing process. But they weren't decommissioning stock at the time of the inspection despite the pharmacy having the appropriate equipment and computer software to do so. The pharmacy's SOPs had been revised to reflect the changes FMD would bring to its processes. But the pharmacy team needed to be trained on these changes before the pharmacy could be FMD compliant.

Procedures were in place for the handling of patient-returned medicines and medical devices. Patient-returned waste was emptied into a plastic tray and was checked for CDs or prohibited items. People attempting to return prohibited items, such as spent sharps, were appropriately signposted. Pharmaceutical waste receptacles were available and in use. But the pharmacy didn't have a receptacle to dispose of people's hazardous waste, such as cytostatic and cytotoxic products.

A process was in place for dealing with recalls and concerns about medicines and medical devices. Drug and device alerts were retained, actioned and annotated following their receipt.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and the facilities it needs to provide its services safely. And its equipment is stored securely and safeguarded from unauthorised access.

Inspector's evidence

The pharmacy had a range of clean glass measures including separate measures for CD liquids. It also had equipment for counting loose tablets and capsules too. The pharmacy team had access to up-to-date reference sources. And could contact the NPA to ask for information and guidance. The pharmacy had a medical refrigerator to store pharmaceutical stock requiring refrigeration. And its team regularly checked and recorded the refrigerator's maximum and minimum temperatures. The pharmacy provided blood pressure (BP) checks on request. And the pharmacy team recently replaced the pharmacy's BP monitor.

Access to the pharmacy computers and the patient medication record system was restricted to authorised personnel and password protected. The computer screens were out of view of the public. A cordless telephone system was installed at the pharmacy to allow staff to have confidential conversations when necessary. The team members responsible for the dispensing process each had their own NHS smartcard. And they made sure it was stored securely when they weren't working.

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.