

Registered pharmacy inspection report

Pharmacy Name: Clifton Village Pharmacy, 10 Princess Victoria Street, Clifton, BRISTOL, Avon, BS8 4BP

Pharmacy reference: 1086691

Type of pharmacy: Community

Date of inspection: 11/06/2021

Pharmacy context

The pharmacy is located in Clifton, Bristol. It sells over-the-counter medicines and dispenses NHS and private prescriptions. And it delivers medicines to people's homes. The pharmacy team offers advice to people about minor illnesses and long-term conditions. The pharmacy offers services including a minor ailments service, COVID-19 antigen testing, the supply of COVID-19 lateral flow tests and flu vaccinations. The pharmacy offers services for drug misusers. It also supplies medicines in multi-compartment compliance aids to people living in their own homes.

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 identifies and manages its risks appropriately. Team members record their errors and review them regularly to identify the cause of errors. The pharmacy team then makes the necessary changes to stop mistakes from happening again. The pharmacy has written procedures in place to help ensure that its team members work safely. The pharmacy asks people for their views and acts appropriately on the feedback. It has adequate insurance to cover its services. And it keeps all of the records required by law. It keeps people's private information safe and explains how it will be used. Pharmacy team members know how to protect the safety of vulnerable people.

Inspector's evidence

The pharmacy had completed a risk assessment of the impact of COVID-19 on the pharmacy and its services. Each team member had had an informal risk assessment completed to help identify and protect those at increased risk. All team members were self-testing for COVID-19 twice each week using lateral flow tests. They wore face masks to help reduce the risks associated with the virus. And they washed their hands or used hand sanitisers regularly.

The pharmacy had up-to-date standard operating procedures (SOPs) covering all its activities. Each team member had read and signed them. The SOPs reflected how the pharmacy team worked. The SOPs had been updated to reflect changes made to processes during the COVID-19 pandemic. A dispenser could describe the activities that could not be undertaken in the absence of the responsible pharmacist (RP). Team members had clear lines of accountabilities and were clear on their job role.

The pharmacy had appropriate processes in place to manage and reduce its risks. Team members routinely recorded any mistakes they made when dispensing using a 'Google doc' form. The information was then automatically transferred to a spreadsheet which the pharmacy team reviewed each month. Entries in the near miss log contained a brief reflection on why the error occurred and actions taken to prevent a reoccurrence. Dispensing incidents were recorded and reviewed in more detail. More serious incidents were reported using the national reporting and learning system (NRLS). Pharmacy team members discussed any near misses and dispensing incidents to learn from them. They discussed ways to reduce errors and took appropriate actions to improve the safety of the services they provided.

In addition to dispensing NHS prescriptions, the pharmacy also dispensed private prescriptions for testosterone replacement therapy. Prescriptions were issued by an online private medical group, Balance My Hormones ([balancemyhormones.co.uk](https://www.balancemyhormones.co.uk)). The pharmacy received prescriptions by a secure email. There was a specific SOP to cover the dispensing and postal delivery of prescriptions received from Balance My Hormones.

Feedback was usually obtained by a yearly community pharmacy patient questionnaire (CPPQ) survey. But this had been suspended during the COVID-19 pandemic. The pharmacy had lots of reviews on its NHS page and on search engines such as google. Where relevant, the director of the pharmacy responded to the feedback. A complaints procedure was in place and was displayed in the retail area. Public liability and professional indemnity insurance were provided by Numark with an expiry date of 31 October 2021

Records of the RP were maintained in a book. The incorrect RP certificate was displayed at the start of the inspection, but this was promptly rectified when highlighted. Controlled drug (CD) registers were in order. There was evidence that a full balance check had been completed but it was not recent. The director said that he checked the balance of CDs when dispensing prescriptions. A random balance check was accurate. Patient returned CDs were recorded in a separate register and were destroyed promptly. Records of private prescriptions were held on the patient medication record (PMR) system and were in order. The pharmacy also recorded emergency supplies on the PMR. Specials records were maintained, and certificates of conformity were stored with all required details completed.

All team members had completed training on information governance and general data protection regulations and had signed the associated policies. The pharmacy dealt with patient data and confidential waste in a secure manner to protect privacy and no confidential information was visible from customer areas. A privacy policy and a fair data use statement were displayed in the patient area. Team members ensured that they used their own NHS smart cards. Verbal consent was obtained before summary care records were accessed and a record of access was made on the person's PMR.

Team members were trained to an appropriate level on safeguarding. The director and the RP had completed the Centre for Postgraduate Pharmacy Education (CPPE) level 2 safeguarding training. The pharmacy held the contact details of local safeguarding agencies. And those further afield could be accessed online. Team members were aware of signs of concerns requiring escalation.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy employs enough people to manage its workload. Team members receive time in work to complete training for their roles. They are sufficiently confident to suggest and make changes to the way they work to improve their services. They communicate well and give each other feedback on their performance.

Inspector's evidence

The pharmacy had enough team members working on the day of the inspection. A locum pharmacist was working as the RP. The regular pharmacist, who was the director of the pharmacy, arrived during the inspection. There were two full-time dispensers and a full-time medicines counter assistant (MCA).

Team members generally felt they could comfortably manage the workload with no undue stress and pressure. They had clearly defined roles and accountabilities. They worked regular days and hours. Absences were usually covered by rearranging shifts or by other team members increasing their hours.

Team members received the training required to do their role during working hours. The two dispensers had completed accredited training programmes. And the MCA was currently working through a training course. He regularly discussed what he had learned with the director. Team members were seen to provide appropriate advice when selling medicines over the counter. They referred to the RP for additional information as needed.

Team members had regular performance reviews. And they had a daily catch-up at the end of each day to discuss the day. The team felt confident to discuss concerns and give feedback to the director, who they found to be receptive to ideas and suggestions. A dispenser reported that they were able to make suggestions for change to improve efficiency and safety. Team members knew how to raise concerns and a whistleblowing policy was in place. The pharmacy did not have any formal targets. The pharmacists used their professional judgement to make decisions.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. The pharmacy has introduced specific measures to reduce the spread of COVID-19, including regular cleaning and social distancing. The pharmacy has a soundproofed room where people can have private conversations with members of the pharmacy team. The pharmacy is adequately secured to prevent unauthorised access.

Inspector's evidence

The pharmacy was located in the centre of Clifton, Bristol. It was small but the retail area was well organised and presented a professional image. The pharmacy had restricted the number of people entering the pharmacy at any one time to allow for social distancing. And Perspex screens had been installed on the healthcare counter.

The dispensary was very small and was cluttered. But pharmacy team members made efforts to keep their workspace clear. A spiral staircase housed completed prescriptions and paperwork which required reorganisation. There was a small consultation room which was accessed by walking to the side of the healthcare counter and into the dispensary. The consultation room was not used by any members of the public during the inspection. It was noted that the door opened inwards which would restrict emergency services accessing the room in the event of a medical emergency. This had been discussed in a previous inspection and had not been remedied.

The dispensary stock was stored on shelves and in pull out drawers. It required tidying and there were instances where different strengths of the same medicine were mixed together. The pharmacy team started the process of tidying the shelves immediately after the inspection and sent photographic evidence of the improvements.

The pharmacy had a second dispensing space downstairs which was used to dispense multi-compartment compliance aids and private prescriptions from Balance My Hormones. Access was via a narrow spiral staircase. The space required tidying and cleaning. The director said that the space was usually cleaned regularly. There was little order to the way that medicines were stored on the shelves.

People using the pharmacy could not see any confidential information. No personal information was stored in the consultation room.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is accessible and advertises its services appropriately. Medicines are supplied safely. The pharmacy offers a range of additional services and the pharmacy team delivers these services safely, ensuring that their training is up to date. The pharmacy obtains its medicines from reputable suppliers. It generally stores them appropriately and makes regular checks to ensure that they are still suitable for supply. The pharmacy delivers medicines to people safely and keeps appropriate records of this. The pharmacy accepts unwanted medicines and disposes of them appropriately.

Inspector's evidence

The pharmacy had step-free access. But the consultation room was not wheelchair accessible. Adjustments could be made for people with disabilities, such as producing large print labels. A range of health-related posters and leaflets were displayed and advertised details of services offered both in store and locally. The director was accredited to provide all of the promoted services. Team members explained that if a patient 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. Records of signposting referrals were made on the person's PMR when appropriate.

Dispensing baskets were used to store prescriptions and medicines to prevent transfer between patients as well as to organise the workload. There were designated areas to dispense walk-in prescriptions, private prescriptions and to dispense multi-compartment compliance aids. The labels of dispensed items were initialled when dispensed and checked.

The pharmacy used stickers to identify prescriptions that contained CDs, fridge items and high-risk medicines. Stickers were used to highlight prescriptions that had been identified by the RP as requiring additional counselling by a pharmacist. The pharmacists ensured they spoke to anyone receiving high-risk medicines to ensure relevant blood tests had been completed and to check that doses were correct. Details of significant interventions were made on the person's PMR and emails sent to prescribers were saved on the pharmacy's secure NHSmail account.

The pharmacy dispensed private prescriptions for testosterone replacement therapy (TRT) received from Balance My Hormones. Each person accessing TRT signed a 'Consent to Treatment' plan with BMH. They were given the option of being contacted by the pharmacy directly, but most chose to receive counselling directly from BMH. Each person receiving TRT was given the contact details of the pharmacy should they wish to get in touch. When the pharmacy had contacted people to discuss treatment, it made records on the PMR. Batch numbers and expiry dates of products were also recorded on the PMR. All people receiving TRT received specially designed leaflets on the use of each drug, which were seen in the pharmacy.

The pharmacy provided substance misuse services to a small number of people. The RP described how he would liaise with the prescriber or the key worker to report erratic pick-ups and to discuss any other concerns about users of the service.

The pharmacy also offered a range of additional services including flu vaccinations. The patient group

directions covering these services were seen and had been signed by the pharmacists providing the service. And relevant declarations of competence were seen. The pharmacy was a Healthy Living Pharmacy and provided additional advice to people on living healthy lifestyles. The pharmacy was registered to receive referrals as part of the Community Pharmacy Consultation service (CPCS) but received few referrals. It supplied lateral flow tests to the public as part of the 'Pharmacy Collect' scheme.

The pharmacy had completed the audit of people at risk of becoming pregnant whilst taking sodium valproate as part of the Pregnancy Prevention Programme (PPP). The pharmacy had stickers for staff to apply to valproate medicines dispensed out of original containers to highlight the risks of pregnancy to women receiving prescriptions for valproate. The pharmacy had the information booklets and cards to give to eligible women.

The pharmacy prepared multi-compartment compliance aids for people living in the community. The workload was organised and well planned. A sample of compliance aids was inspected. Each compliance aid had an identifier on the front, and dispensed and checked signatures were completed, along with a description of tablets. Patient information leaflets (PILs) were supplied regularly. 'When required' medicines were dispensed in boxes and a dispenser was aware of what could and could not be placed in trays. A record of any changes made was kept on the patient information sheet, which was available for the pharmacist during the clinical checking process.

As described in principle 3, the dispensary shelves used to store stock were a little disorganised. The stock held in the downstairs area was not organised and there were several bottles and boxes of tablets which bore no expiry date or batch number. These were discarded during the inspection. The dispenser said that date checking was undertaken regularly but the record sheet highlighted had no entries. Spot checks revealed no date-expired medicines. Prescriptions containing omissions were appropriately managed, and the prescription was kept with the balance until it was collected. Stock was obtained from reputable sources. Records of recalls and alerts were annotated with the outcome and the date actioned.

The fridge in the dispensary was clean but was very full. There were three boxes of menotrophin stored in a domestic fridge downstairs, which the team did not monitor the maximum and minimum temperatures of. The director said that the menotrophin was not used but one box was open. The temperature of the main dispensary fridge was monitored and the maximum and minimum temperatures were within the required range of 2 to 8 degrees Celsius. CDs were stored in accordance with legal requirements. Denaturing kits were available for safe destruction of CDs. Patient returned CDs were recorded in a register and destroyed with a witness with two signatures were recorded.

The pharmacy used the online tool 'Detrack' to keep records of deliveries made to people in their own homes. The pharmacy was not currently requiring people to sign for their medicines due to COVID-19 social distancing. The pharmacy used Royal Mail to deliver private prescriptions for TRT, which were not limited to local people. There was full tracking available. The SOP for dispensing prescriptions from BMH included the steps of what action to take if TRT was returned by Royal Mail as undelivered.

Patient returned medication was dealt with appropriately. Patient details were removed from returned medicines to protect people's confidentiality.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy uses appropriate equipment and facilities to provide its services. It generally keeps these clean and tidy. The pharmacy uses its equipment in a way that protects people's private information.

Inspector's evidence

Crown-stamped measures were available for liquids, with several measures marked for the use of CDs only. A range of clean tablet and capsule counters were present, with a separate triangle reserved for cytotoxics. All equipment, including the dispensary fridges, was in good working order. The dispensary sink was small, tarnished and required cleaning.

Reference sources were available and the pharmacy could also access up-to-date information on the internet. Computers were positioned so that no information could be seen by members of the public and phone calls were taken away from public areas. Dispensed prescriptions were stored in a retrieval system in the dispensary with no details visible to people waiting.

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.