

# Registered pharmacy inspection report

**Pharmacy Name:** Regent Pharmacy Clifton, 13 Regent Street, Clifton,  
BRISTOL, Avon, BS8 4HW

**Pharmacy reference:** 1087386

**Type of pharmacy:** Community

**Date of inspection:** 03/11/2020

## Pharmacy context

The pharmacy is located in Clifton, Bristol. It sells over-the-counter (OTC) medicines and dispenses prescriptions. The pharmacy team gives advice to people about minor illnesses and long-term conditions. It delivers medicines to people in their homes. The pharmacy prepares multi-compartment compliance packs to help people to remember to take their medicines. The pharmacy offers flu vaccinations. The inspection was carried out during the Covid-19 pandemic.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy has appropriate systems in place to identify and manage the risks associated with its services. This includes the risks from COVID-19. Team members usually record their errors and review them to identify the cause. The pharmacy team 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. The pharmacy has 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 an up to date business continuity plan. And it had amended it to reflect the current working restrictions due to COVID-19. The pharmacy restricted the number of people allowed in at one time to allow for social distancing. The pharmacy had placed markers on the floor showing people where to stand to remain two metres apart from others. The pharmacy had completed an individual COVID-19 risk assessment with each team member. Team members did not always wear face masks as they generally remained behind a Perspex screen which had been installed on the counter. They sanitised their hands regularly and tried to remain two metres apart from one another.

The pharmacy had written procedures in place to show team members the safest way to carry out its services. All team members had signed the written procedures to show that they had read them. The team members were carrying out tasks, such as dispensing and handing out prescriptions, according to the written procedures available. They were clear on their job roles and responsibilities.

The pharmacy usually recorded details of when mistakes were made. Errors that were picked up in the pharmacy, known as near misses, were recorded on a paper log. But only a few near misses had been recorded in the current year. Team members recorded any mistakes that were handed out to people, known as dispensing errors. These reports contained a more detailed analysis of the cause of the error. The superintendent pharmacist (SI) had reported one incident involving a schedule 3 controlled drug appropriately. The pharmacy team discussed any errors that they identified and made changes to stop them from happening again.

The pharmacy completed a yearly community pharmacy patient questionnaire (CPPQ) survey. They also asked people using the pharmacy for their feedback. A complaints procedure was in place and was displayed in the retail area.

The pharmacy had appropriate insurance policies in place to protect people if things went wrong. The pharmacy kept an electronic record of who was the responsible pharmacist (RP), and therefore in charge of the pharmacy, at any given time up to date. And they displayed a sign showing the name and registration number of the RP. But this was showing the incorrect name when the inspector entered the pharmacy. The SI promptly changed it when it was pointed out. Controlled drug (CD) registers were maintained appropriately. The pharmacy team completed a CD balance check regularly. But a random stock check did not match the balance in the register. The SI quickly found the discrepancy and corrected the balance. A separate register was used to record CDs returned to the pharmacy and these

were destroyed promptly. Records of private prescriptions were made on the patient medication record (PMR) system and were in order. The pharmacy did not make emergency supplies. Instead, they provided emergency medicines through the Community Pharmacy Consultation Service and made appropriate records on the reporting system, Pharmoutcomes. The pharmacy retained records of unlicensed medicines and annotated them with all legally required details.

Team members had completed training on information governance and the General Data Protection Regulation. They had signed the associated policies. The pharmacy ensured that no personal information could be seen by people coming into the pharmacy. They stored completed prescriptions on shelves and on the floor in the dispensary. Computer terminal screens were turned to face away from people using the pharmacy and the terminals were password protected. NHS smart cards were used appropriately.

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, and the remaining staff completed yearly safeguarding training on their personal eLearning account. The pharmacy could easily access local contacts for the referral of concerns on the internet.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload. Team members receive time in work to complete training for their roles. They are 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 staff on the day of the inspection. In addition to the RP, there was a dispenser and a medicines counter assistant. Both had completed recognised training programmes. The pharmacy had also employed a pharmacy graduate on a part-time basis. She was working as a dispenser until she could sit her registration assessment. The team were managing the workload comfortably. Pharmacy team members had clearly defined roles and accountabilities. They knew what was expected of them each day. They worked regular days and hours.

Team members were given time to learn during working hours. They kept up to date with new products and advice by reading pharmacy magazines. The SI also passed on any relevant information he had learned to them. The MCA was interested in completing a course to become a dispenser. Each team member kept records of what training they had completed. Team members were seen to provide appropriate advice when selling medicines over the counter. And they referred to the RP for additional information as needed.

The pharmacy team had regular discussions about how they were performing. They gave each other regular ad hoc feedback and were open and honest with each other. The team regularly discussed how things were going in the pharmacy. And they gave feedback to the RP, who they found to be receptive to ideas and suggestions. The SI did not impose targets. He used his own professional judgement to make decisions. He only provided services that were clinically appropriate.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a suitable environment for people to receive healthcare. It has introduced measures to reduce the risk of the spread of COVID-19. The pharmacy has a soundproof 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 in the Clifton area of Bristol. The pharmacy was spread over two floors. On the ground floor, which had step-free access from the street, there was a well-stocked retail area and a small dispensary. On the lower ground floor, which was generally only used by pharmacy team members, there was further retail space, a second dispensary and staff facilities. If the SI needed to speak to people in private, he would bring them to the lower ground floor, where there was also a well-equipped consultation room.

The dispensary on the ground floor was very small. The pharmacy stored fast-moving medicines and over the counter medicines on the shelves. And it stored completed prescriptions on shelves, although there was not enough space to accommodate them all and many were stored on the floor. The SI said that he had considered how to increase the ground floor dispensary size but that plans were on hold due to COVID-19. The lower ground floor dispensary was larger. It was secured with a digilock. The pharmacy team used this dispensary to prepare multi-compartment compliance packs. Some compliance packs which were awaiting additional stock were stored on the floor due to a lack of shelf space. A compliance pack stored on the floor was knocked over during the inspection and had to be re-dispensed.

Cleaning was undertaken by the pharmacy staff. The pharmacy was clean on the day of the inspection. The benches were clear of clutter. The pharmacy was light and bright, and temperature was appropriate for the storage and assembly of medicines.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy is accessible and advertises its services appropriately. Medicines are supplied safely. The pharmacy offers some additional services, which the pharmacy team delivers safely. Team members providing the services ensure that their training is up to date. The pharmacy obtains its medicines from reputable suppliers. It stores them securely and makes regular checks to ensure that they are still suitable for supply. The pharmacy accepts unwanted medicines and disposes of them appropriately.

### Inspector's evidence

The pharmacy had step-free entrance. The consultation room was on the lower-ground floor. It was not wheel-chair accessible. A range of health-related posters and leaflets was displayed. They advertised details of services offered both in the pharmacy and locally. A dispenser described that if a patient requested a service not offered by the pharmacy at the time, she would refer them to other nearby pharmacies, calling ahead to ensure the service could be provided there. The pharmacy accessed up-to-date signposting resources and details of local support agencies online.

The pharmacy had a clear and well-organised workflow. It used dispensing baskets to store prescriptions and medicines to prevent transfer between patients. There were designated areas to dispense prescriptions and complete the accuracy check. The dispenser and the pharmacist initialled the labels of dispensed items to create an audit trail.

The pharmacy did not routinely highlight prescriptions to draw attention to high-risk items or controlled drugs. But the SI said that he looked at every prescription he was handing out and ensured that he gave the appropriate advice to the person collecting. When significant interventions were made, team members recorded details on the patient medication record (PMR). The pharmacy provided substance misuse services, including the supply of methadone. The RP liaised with the prescriber or the key worker to report erratic pick-ups and to discuss any other concerns about users of the service. The SI had a brief discussion with each person accessing the service to check on their wellbeing.

The pharmacy dispensed medicines into multi-compartment compliance packs to help people remember to take them. The pharmacy ordered prescriptions on behalf of people for this service and specific records were kept for this purpose. The pharmacy checked any queries with the prescriber and kept appropriate records. The dispensers added a description of the medicines inside the pack and supplied patient information leaflets (PILs). As described in principle three, the pharmacy stored compliance packs which were not complete and not sealed on the floor when waiting for additional stock to arrive. This posed a risk that they would be knocked over.

The pharmacy offered NHS flu vaccinations. The SI had reviewed the details of the service for the upcoming season. He had completed training on injection techniques and anaphylaxis and resuscitation within the last three years. The pharmacy was a Healthy Living Pharmacy and provided additional advice to people on living healthy lifestyles. It had a health promotion zone displaying leaflets and information on both locally and nationally relevant topics.

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). Appropriate conversations had been

had with affected people and records were made on the PMR. 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. Notes were placed on the PMR of women receiving valproate to confirm a discussion about PPP had taken place.

The dispensary shelves used to store stock were generally well organised and tidy. The stock was mostly arranged alphabetically. Team members checked the expiry dates of all medicines regularly and kept appropriate records. Spot checks revealed no date-expired medicines or mixed batches.

The pharmacy retained prescriptions where there were outstanding items until the outstanding balance was collected as outlined in the written procedures. It supplied people with an 'owing note' to show them what could not be supplied on that day. Stock was obtained from reputable sources including Phoenix, Alliance and AAH. Invoices were seen to this effect. Records of recalls and alerts were received by email. When they were actioned by the pharmacy team, they were annotated with the outcome and the date.

The fridge in the dispensary was clean, tidy and well organised. A team member checked the maximum and minimum temperature of the fridge every day and made a record of it on the PMR system. 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 dealt with medicines returned to them by people appropriately. Personal 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 ensures its equipment is well-maintained. The pharmacy uses its equipment in a way that protects people's private information.

### Inspector's evidence

The pharmacy had installed Perspex screens on the medicines counter during the Covid-19 pandemic. They cleaned them regularly. The pharmacy had an adequate supply of personal protective equipment, including facemasks and gloves. Hand sanitiser was readily available.

The pharmacy had a range of crown-stamped measuring cylinders to allow them to accurately measure liquids. They also had some measures that were clearly marked for the use of controlled drugs only. There was a range of clean tablet and capsule counters, with a separate tablet counter clearly marked for more high-risk medicines. The pharmacy kept all of its equipment, including the dispensary fridge and sink, in good working order.

The pharmacy had up to date reference sources. And team members could easily access information on the internet. They ensured they used reputable websites when looking for clinical information. Computer screens were positioned so that no information could be seen by members of the public. Phone calls were taken away from public areas. Dispensed prescriptions were stored in a manner that no confidential information was 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.