

Registered pharmacy inspection report

Pharmacy Name: Boots, Fishponds Health Centre, Beechwood Road,
BRISTOL, Avon, BS16 3TD

Pharmacy reference: 1091336

Type of pharmacy: Community

Date of inspection: 05/02/2020

Pharmacy context

This is a community pharmacy interconnected with a health centre in the outer, north-eastern suburbs of the city of Bristol. A wide variety of people use the pharmacy. It dispenses NHS and private prescriptions. The pharmacy does not sell any over-the-counter medicines.

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	1.4	Good practice	The pharmacy proactively encourages feedback from people and uses this to improve their 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's working practices are generally safe and effective. It proactively encourages feedback from people and uses this to improve their services. The pharmacy is appropriately insured to protect people if things go wrong. The pharmacy mainly keeps the up-to-date records that it must by law. The pharmacy team members keep people's private information safe and they know how to protect vulnerable people. But, they could be better at recording and learning from mistakes to prevent them from happening again.

Inspector's evidence

The pharmacy team identified and managed most risks. Dispensing errors and incidents were said to be recorded using the company's electronic system. However, the staff seen did not know how to access this and they did not know when the last error had been. Near misses were recorded. No learning points or actions to reduce the likelihood of recurrences were recorded. There was only the description of the error. The near miss log was reviewed each month as part of a patient safety review. But, the review for December 2019 did not identify what the most common mistakes had been. In addition, the log was reviewed by the accuracy checking technician (not seen) and not the regular pharmacist (also not seen). The risk of picking errors with 'look alike, sound alike' drugs was identified such as propranolol and prednisolone. The Superintendent's Office had sent a laminated sheet containing several such drugs. These were displayed near all the computer monitors with instructions that they should be highlighted on the pharmacist information Forms' (PIFs) that were attached to all prescriptions. The Superintendent's Office also sent monthly professional standards bulletins which all the staff signed to demonstrate that they had been read. The current bulletin was displayed.

The dispensary was organised and tidy. There were labelling, assembly and checking areas. Shelves were utilised for items that were owed to patients, any prescriptions with queries and those waiting to be checked. This allowed the work benches to be kept clear. Medicines were scanned which reduced the likelihood of errors.

Coloured cards were used which highlighted, amongst others, patients who were waiting, those calling back and prescriptions containing fridge items, paediatric doses, warfarin, methotrexate and controlled drugs. All assembled prescriptions examined had a completed PIF where any relevant information was recorded. High-risk drugs and high-risk patients were identified and appropriately counselled.

There was a clear audit trail of the dispensing process and all the 'dispensed by' and 'checked by' boxes on the labels examined had been initialled. In addition, all prescriptions contained a four-way stamp which included the initials of who had done the clinical check, the dispensing, the accuracy check and the hand-out. Regular audits were undertaken by the area manager. Risk assessments were performed, such as one in September 2019 prior to the seasonal flu vaccination service being offered.

Up-to-date, signed and relevant Standard Operating Procedures (SOPs), including SOPs for services provided under patient group directions, were in place and these were continually reviewed by the Superintendent Pharmacist. The roles and responsibilities were clearly set out in the SOPs and the staff were clear about their roles. No over-the-counter medicines were sold.

The staff were clear about the complaints procedure and reported that feedback on all concerns was actively encouraged. Cards telling people about providing feedback were displayed by the till. An annual community pharmacy patient questionnaire survey was also done. In the 2019 survey, 83% of customers who completed the questionnaire rated the pharmacy as excellent or very good overall. 6% of people had provided feedback about the pharmacy having medicines in stock. Because of this, the pharmacy tried to sign up any appropriate people to their managed repeat prescription service where regular medicines were ordered well in advance. In addition, the company's new software, now managed stock levels.

Current public liability and indemnity insurance was in place. The Responsible Pharmacist log, private prescription records, emergency supply records, fridge temperature records, date checking records and specials records were in order. Some corrections to the controlled drug (CD) registers were not dated as required by law. Two patient-returned CD registers were in use. A number of entries, in one register, had not been signed as destroyed and the drugs were not in the cabinet. The regular pharmacist said that he would investigate this.

An information governance procedure was in place and staff had done training on the general data protection regulations. The pharmacy computers, which were not visible to the customers, were password protected. Confidential information was stored securely. Sensitive telephone calls were taken in the consultation room or out of earshot. Confidential waste paper information was collected for appropriate disposal. No conversations could be overheard in the consultation room.

The staff understood safeguarding issues and had completed the company's e-Learning module on the safeguarding of both children and vulnerable adults. The pharmacist and technician had also completed training provided by the Centre for Pharmacy Postgraduate Education (CPPE). The procedures to follow in the event of a safeguarding concerns were available as were the local telephone numbers to escalate any concerns relating to both children and adults. All the staff had completed 'Dementia Friends' training.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. The team members are comfortable about providing feedback to their manager and he acts on this to improve the efficiency in the pharmacy. Those members in training are well supported by him. The whole team is encouraged with learning and they are given time to do this at work. But, this is mainly compulsory company training on procedures. So, the team members may not be aware of new, wider developments. And, they have not had recent formal appraisals, so any gaps in their skills and knowledge may not be identified.

Inspector's evidence

The pharmacy was interconnected with a health centre in the outer, north-eastern suburbs of the city of Bristol. They mainly dispensed NHS prescriptions and many of these were repeats. But due to the location of the pharmacy, there were several acute 'walk-in' prescriptions.

The current staffing profile was two full-time pharmacists (except Tuesdays), one part-time accuracy checking technician (ACT) (not seen), three full-time NVQ2 qualified dispensers (one of whom was a NVQ3 trainee technician) and one part-time NVQ2 trainee dispenser. There was some flexibility for the part-time staff to cover unplanned absences. But, the pharmacy could call on the help of relief dispensers in the area, if necessary. The ACT was not usually replaced with an ACT but two pharmacists were usually working. Planned leave was booked well in advance and only one member of staff could be off at one time. A staffing rota was used to ensure appropriate staffing levels with the desired skill mix.

Staff performance was monitored, reviewed and discussed informally throughout the year. But, the staff had not had any recent formal performance development reviews. The staff were encouraged with learning and development but this was mainly compulsory e-Learning. They did not complete other training such as on new over-the-counter products and therefore, may become de-skilled. The staff said that they spent about 30 minutes each week of protected time learning. Staff enrolled on accredited courses, such as the NVQ3 trainee technician course, were allocated further time for learning. All the dispensary staff said that they were supported to learn from errors. The pharmacists seen said that all learning was documented on their continuing professional development (CPD) records.

The staff knew how to raise a concern and reported that this was encouraged and acted on. The staff had recently raised issues about the daily tasks with the manager. Because of this, there was now a displayed timetable showing all the tasks. The pharmacists seen, both locums, said that they were asked to do two Medicine Use Reviews (MURs) each day. They said that they only did clinically appropriate reviews and did not feel unduly pressured by the targets.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy looks professional and is suitable for the services it offers. It signposts its consultation room well so it is clear to people that there is somewhere private for them to talk.

Inspector's evidence

The pharmacy was well laid out and presented a professional image. The dispensing benches were uncluttered and the floors were clear. The premises were clean and generally well maintained. The half-door, preventing unauthorised access to the dispensary needed repair. The staff said that this had been escalated to the maintenance department.

The consultation room was well signposted. It contained two chairs and a sink but no computer. Conversations in the consultation room could not be overheard. The computer screens were not visible to customers. The telephone was cordless and all sensitive calls were taken in the consultation room or out of earshot.

There was air conditioning and the temperature in the pharmacy was below 25 degrees Celsius. There was good lighting throughout.

Principle 4 - Services ✓ Standards met

Summary findings

Everyone can access the services that the pharmacy offers. It manages the services effectively to make sure that they are delivered safely. The team members make sure that people have the information that they need to take their medicines properly. The pharmacy gets its medicines from appropriate sources. It stores and generally, disposes of them, safely. The team members make sure that people only get medicines or devices that are safe, but they don't know how to check for concerns when the manager is not working. So, some of these may not be acted on in a timely manner.

Inspector's evidence

There was wheelchair access to the pharmacy and the consultation room with a push-button opening front door. The staff could access an electronic translation application on the pharmacy's iPad for use by non-English speakers. They printed large labels for some sight-impaired patients. A hearing loop was available for hearing-impaired people.

Advanced and enhanced NHS services offered by the pharmacy were Medicines Use Reviews (MURs), New Medicine Service (NMS), supervised consumption of methadone and buprenorphine, the new Community Pharmacy Consultation Service (CPCS) and seasonal flu vaccinations. The latter was also provided under a private scheme. The staff were aware of the services offered.

The pharmacist manager, not seen, had completed suitable training for the provision of seasonal flu vaccinations including face to face training on injection technique, needle stick injuries and anaphylaxis. The pharmacists seen had also done training on the CPCS scheme.

The pharmacy did not provide any medicines in compliance aids. A few substance misuse patients had their medicines supervised. There was a dedicated folder for these patients where the prescriptions were kept. The pharmacists seen said that they would record any concerns about these patients on their electronic prescription medication record. The pharmacy did not have the telephone numbers of the client's key workers. It was open for longer hours than the service provider and so these numbers would be useful in the event of a concern. The pharmacist manager was aware of the local shared care guidelines, the Recovery Orientated Drugs and Alcohol Service (ROADs) guidance but the two locums seen were not. Supervised clients were offered water or engaged in conversation to reduce the likelihood of diversion.

The pharmacists seen said that they routinely counselled patients prescribed high risk drugs such as warfarin and lithium. International normalised ratios (INR) were asked about. The pharmacists were seen to counsel most acute 'walk-in' patients. They also counselled patients prescribed amongst others, antibiotics, new drugs and any changes. CDs and insulin were packed in clear bags and these were checked with the patient on hand-out. The staff seen were aware of the sodium valproate guidelines relating to the pregnancy protection programme but they were not sure if they had completed an audit of 'at risk' patients. The regular pharmacist emailed the inspector on 6 February 2020 stating that the pharmacy currently had no 'at risk' patients.

All prescriptions containing potential drug interactions, changes in dose or new drugs were highlighted to the pharmacist on the PIFs. Signatures were obtained indicating the safe delivery of all medicines and

owing slips were used for any items owed to patients. Suitable patients were encouraged to use the company's managed repeat prescription service so that all regular prescribed items ran in line to reduce wastage, to optimise the use of medicines and to identify any non-adherence issues. Patients were not routinely asked to check, when they collected their medicines, if they still needed everything that they had ordered the previous month. So, any potential over-ordering and, hence, wastage of medicines, many not be identified. However, any patients not wanting an item, were usually referred to the pharmacist. So, any potential non-adherence issues, were identified.

Medicines and medical devices were obtained from Alliance Healthcare and AAH. Specials were obtained through Alliance Specials. Invoices for all these suppliers were available. A scanner was used but the staff were not sure if this checked for falsified medicines as required by the Falsified Medicines Directive (FMD). The scanner was aligned to the labelling process and so reduced the risk of picking errors. CDs were stored tidily in accordance with the regulations and access to the cabinet was appropriate. There were three patient-returned CDs (but see under principle 1). These were clearly labelled and separated from usable stock. Appropriate destruction kits were on the premises. Fridge lines were correctly stored with signed records. Date checking procedures were in place with signatures recording who had undertaken the task. Designated bins were available for medicine waste and used. There was a separate bin for cytotoxic and cytostatic substances and a list of such substances that should be treated as hazardous for waste purposes. But, two boxes of Utrogestan 100mg were seen not to have been placed in the bin for hazardous substances. And, the patient details had not been removed. On 6 February 2020, the pharmacist manager said that he would ensure that all staff, including locums, were thoroughly trained on the correct procedures for the disposal of these.

There was a procedure for dealing with concerns about medicines and medical devices but no one had checked for any alerts on the day of the visit. The staff seen did not know how to access the appropriate emails. Drug alerts were said to be received electronically, printed off and the stock checked. Those seen were signed and dated by the person checking the alert. Any required actions were recorded. The pharmacy had received an alert on 29 January 2020 about finasteride 5mg. The pharmacy had none in stock and this was recorded.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities for the services it provides. And, the team members make sure that they are clean and fit-for-purpose.

Inspector's evidence

The pharmacy used British Standard crown-stamped conical measures (10 - 250ml). There were tablet-counting triangles, one of which was kept specifically for cytotoxic substances. These were cleaned with each use. There were up-to-date reference books, including the British National Formulary (BNF) 78 and the 2019/2020 Children's BNF. There was access to the internet including access to Medicines Complete.

The fridge was in good working order and maximum and minimum temperatures were recorded daily. The pharmacy computers were password protected and not visible to the public. There was a cordless telephone and any sensitive calls were taken in the consultation room or out of earshot. Confidential waste information was collected for appropriate disposal. The door was always closed when the consultation room was in use and no conversations could be overheard.

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.