

# Registered pharmacy inspection report

**Pharmacy Name:** Wrington Pharmacy, Silver Street, Wrington,  
BRISTOL, Avon, BS40 5QE

**Pharmacy reference:** 1092453

**Type of pharmacy:** Community

**Date of inspection:** 04/10/2022

## Pharmacy context

This is a community pharmacy that is located in the village of Wrington, North Somerset. It serves its local population which is mostly elderly people. The pharmacy opens six days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions, provides flu vaccinations and supplies medicines in multi-compartment compliance packs for people to use living in their own homes and in care homes.

## Overall inspection outcome

✓ **Standards 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
<b>1. Governance</b>	Standards met	1.8	Good practice	The pharmacy team have robust safeguarding procedures in place and can demonstrate how they protect vulnerable people.
<b>2. Staff</b>	Standards met	2.2	Good practice	The pharmacy team can access training to keep their knowledge up to date and receive time to complete it.
		2.4	Good practice	The pharmacy team members maintain a clear and embedded culture of openness, honesty and learning.
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	4.1	Good practice	The pharmacy team increase the accessibility of medicines to their local population.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy has satisfactory written procedures to help make sure the team works safely. Pharmacy team members have procedures in place to record and review mistakes when they happen. They use this information and learning to avoid future mistakes. Pharmacy team members are clear about their roles and responsibilities. The pharmacy asks its customers and staff for their views and uses this to help improve services. It manages and protects people's confidential information, and it tells people how their private information will be used. The pharmacy has appropriate insurance to protect people when things do go wrong.

### Inspector's evidence

The pharmacy team had taken measures to mitigate the risk of transmission of COVID-19. Risk assessments had been completed assessing the impact of COVID-19 on the pharmacy premises and the individual pharmacy staff members.

Processes were in place for identifying and managing risks. Near misses were recorded and reviewed when they occurred and the pharmacist would discuss the incident with the members of the dispensary team. Examples of near miss error logs were seen from previous months and these were kept electronically. Near miss recording varied significantly from month to month, and staff explained that this may be due to locum pharmacist cover when the regular pharmacist was on annual leave. 'Sound alike' and 'look alike' medicines such as sildenafil and sertraline had been highlighted on the dispensary shelves. The pharmacy team had also separated doxazosin and candesartan based on previous near miss incidents. Dispensing incidents were recorded electronically, and this included a root cause analysis as part of the error investigation. Every month, a review was carried out by the pharmacist looking for trends as well as any changes that need to be made to reduce the risk of errors.

There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches. The team used stackable containers to hold dispensed medicines to prevent the mixing up different prescriptions. Dispensing labels were also seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

Standard operating procedures (SOPs) were in place for the services provided and these were reviewed regularly. The pharmacy team understood what their roles and responsibilities were when questioned. There was a complaints procedure in place and staff were all clear on the processes they should follow if they received a complaint. The pharmacy team had completed a Community Pharmacy Patient Questionnaire (CPPQ) to gather feedback from people about their services. A certificate of public liability and indemnity insurance was held from the NPA and was valid and in date until the end of January 2023.

Records of controlled drugs (CD) and patient-returned controlled drugs were kept. The CD balances were checked monthly. There were patient returned CDs that had been separated from regular CD stock and labelled appropriately. A patient returned CD record was kept.

A responsible pharmacist (RP) record was kept and the RP notice was displayed in pharmacy where

people could see it. The time that the pharmacist signed out at the end of the day was occasionally not documented. The fridge temperatures were recorded daily and were within the two to eight degrees Celsius range. Date checking was carried out in a manner which meant the whole pharmacy was date checked four times in a year and records of this were seen to be completed appropriately. The private prescription records, emergency supply and specials records were retained and were in order.

Confidential waste was separated from general waste and disposed of appropriately. An information governance policy (IG) was in place. Staff had all completed a training package on the General Data Protection Regulation (GDPR). A privacy screen was used on a computer near the front of the pharmacy to reduce the risk of people overseeing confidential information.

The pharmacy team had completed safeguarding children and vulnerable adults training. The pharmacist had completed the CPPE level 2 safeguarding package. Staff were aware of the signs to look out for that may indicate safeguarding concerns. The pharmacy team could locate the local contact details to raise safeguarding concerns or ask for advice about them. The pharmacy team gave an example of raising a concern when they suspected that one of their patients may have been subject to abuse. In addition, the pharmacy team had proactively contacted vulnerable patients to check on them when there was a power failure in the village.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy's team members have the appropriate skills, qualifications and training to deliver services safely and effectively. The pharmacy team members work well together. They are comfortable about providing feedback and raising concerns and are involved in improving pharmacy services.

### Inspector's evidence

There was one pharmacist, one trainee technician and two dispensing assistants present during the inspection. There was sufficient staff for the services provided during the inspection. Staff were seen to be working well together and supporting each other when required. All staff had completed appropriate training courses for their roles or were on a training course.

Staff performance was monitored and reviewed formally annually where key performance indicators were discussed. In these reviews, a development plan would be introduced to help further develop and train the members of staff. Staff would also get the opportunity to give feedback about the place that they work.

The staff reported they were required to complete online training modules when they became available. Staff received adequate time to complete required training and a training schedule was kept for each staff member. The pharmacy team gave an example of completing a course about antimicrobial stewardship, and they reported that this made them aware of the potential issues around the overuse of antibiotics. The pharmacy team had access to third party materials, such as pharmacy magazines, to help keep their knowledge refreshed about new medicinal products.

Staff meetings to discuss any important business or patient safety updates were held monthly. The pharmacy team felt comfortable to exercise their professional judgement to raise concerns when necessary. The pharmacy team described how they monitored people who made repeated requests for over the counter co-codamol.

The pharmacy team were comfortable raising any concerns with the superintendent pharmacist if necessary. The superintendent pharmacist visited the pharmacy around once a month. The pharmacist reported that any concerns raised were acted on in a timely manner. There were no formal targets in place at the pharmacy.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a safe and appropriate environment for the provision of pharmacy services. The pharmacy team protects people's private information. The pharmacy is secure and protected from unauthorised access.

### Inspector's evidence

The pharmacy was based in small village. It had a clean, bright and professional appearance. It had a retail area toward the front and a spacious dispensary area toward the back. The dispensary area was separated from the retail area by a counter to allow for the preparation of prescriptions in private. There were plastic screens on the medicines counter separating part of the retail area from the dispensary. There was a separate room towards the back of the dispensary which was used for dispensing multi-compartment compliance aids. The pharmacy was cleaned regularly, and they kept a cleaning rota to verify this. The pharmacy team had access to disinfectant wipes and hand sanitiser and used these frequently throughout the day.

There was a sink available in the dispensary with hot and cold running water with hand sanitiser to allow for hand washing. Medicines were generally organised in a generic and alphabetical manner. The consultation room was small and opened toward the inside, which meant that staff may find it difficult to access the room if a person fainted, for example. It was well soundproofed and had a professional appearance. But it had two vertical transparent glass windows which meant that people may be able to see what was happening inside. The pharmacist agreed to address this. The ambient temperature and lighting throughout the pharmacy was appropriate for the delivery of pharmaceutical services.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy makes sure that its services are accessible, effectively managed and safely delivered. It obtains, stores and supplies its pharmaceutical stock appropriately. Where a medicinal product is not fit for purpose, the team takes appropriate action.

### Inspector's evidence

Information about the services provided were detailed in posters and leaflets around the pharmacy. Access to the pharmacy was step free. There was space for the movement of a wheelchair or pushchair in the pharmacy and seating for patients and customers who were waiting. There was a bell at the entrance of the pharmacy which people could use to alert the pharmacy if they needed any help. There was large label printing available for people with sight difficulties.

The pharmacy team dispensed multi-compartment compliance aids for 31 patients in their own homes and for two care homes of around 100 patients. These were organised using a four-weekly cycle. One compliance aid was examined and an audit trail to demonstrate who dispensed and checked the compliance aid was complete. Descriptions were routinely provided for the medicines contained within the compliance aid. Patient information leaflets (PILs) were regularly supplied.

The pharmacy team offered the Community Pharmacist Consultation Service (CPCS). As part of this service, the pharmacist explained that he could receive referrals from NHS 111 for emergency supplies of medicines or for the treatment of minor ailments. People could also present to the pharmacy themselves to seek treatment. Alternatively, referrals could be made from a GP surgery. These could be telephone consultations or people could be asked to attend the pharmacy if necessary. The pharmacist reported that the CPCS was a popular service and the pharmacy team completed approximately eight consultations per week. This service increased the accessibility of medicines to patients and meant that it reduced demand on local GP and out of hours services. The pharmacist had access to a book which detailed red flag symptoms that would require referral to a GP.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent valproate exposure during pregnancy. Valproate patient cards and leaflets were available for use during valproate dispensing. The pharmacist reported that he would check that the patient's prescriber had discussed the risks of exposure in pregnancy with them and they are aware of these and query if they were taking effective contraception.

There were destruction kits available for the destruction of controlled drugs and designated bins for storing waste medicines were available and being used for the disposal of medicines returned by patients. A hazardous medicines waste bin was not available for use at the time of the inspection. The pharmacist agreed to address this. Estradiol 500mcg gel sachets were found in the normal medicines waste bin rather than a hazardous waste medicines bin. Waste collection was regular and the team explained they would contact the contractors if they required more frequent waste collection. Medicines were obtained from suppliers such as AAH, Alliance, Clarity, Colorama and Bestway. Specials could be obtained from Rokshaw specials.

Medicines and medical devices were stored within their original manufacturer's packaging.

Pharmaceutical stock was subject to date checks which were documented and up to date. Short-dated products were appropriately marked. The fridges were in good working order and the stock inside was stored in an orderly manner.

MHRA drug alerts and recalls came to the pharmacy electronically and the pharmacy manager explained that these were actioned appropriately. Records to demonstrate this were kept and these contained audit trails to show what action the pharmacy had taken.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services offered. These are used in a way that helps protect patient confidentiality and dignity.

### Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Amber medicines bottles were capped when stored. Counting triangles were available for use. Electrical equipment appeared to be in good working order and was PAT tested annually. Pharmacy equipment was seen to be stored securely from public access.

Up-to-date reference sources were available in the dispensary and the consultation room and included a BNF, a BNF for Children and a Drug Tariff. Internet access was also available should the staff require further information sources.

There were two fridges in use which were in good working order and the maximum and minimum temperatures were recorded daily and were seen to be within the correct range. Designated bins for storing waste medicines were available for use and there was enough space to store medicines. The computers were all password protected and patient information was safeguarded.

### 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.