

Registered pharmacy inspection report

Pharmacy Name: Billing Pharmacy, 5A Kings Chase Shopping Centre, Regent Street, Kingswood, BRISTOL, Avon, BS15 8LP

Pharmacy reference: 1092533

Type of pharmacy: Community

Date of inspection: 19/05/2021

Pharmacy context

The pharmacy is located in Kingswood, 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 the NHS New Medicine Service (NMS), 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 and in care homes. The pharmacy is operating as a COVID-19 local vaccination site.

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 been operating a COVID-19 local vaccination site since January 2021. Volunteer marshals controlled entry to the pharmacy to restrict numbers. There were separate queues for those attending for vaccinations and those accessing normal pharmacy services. There was enough space for people to wait before and after their vaccination and chairs were placed two metres apart. Vaccinations were administered following the National Protocol. The pharmacy had attended a series of site readiness visits with representatives from the NHS, who had commissioned the service, and the General Pharmaceutical Council. The vaccination service was operational during the inspection and it was clear that the impact on the normal pharmacy business was minimal.

The pharmacy had good processes in place to manage and reduce its risks. Team members routinely recorded any mistakes they made when dispensing in a near miss log. 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 its services. Team members showed several medicines that had been moved or separated following near miss dispensing errors. As the pharmacy had recently changed to a new patient medication record (PMR) system, team members were taking additional care to check dispensing labels were accurate before passing to the RP for a final check of accuracy.

The superintendent pharmacist (SI), who was the responsible pharmacist (RP) on the day of the inspection, completed a monthly review of all errors. The reviews were displayed in the pharmacy so that the whole team could see them.

Standard operating procedures (SOPs) were up to date and each team member had recently read them again. The SOPs reflected how the pharmacy team worked. The SOPs had been updated to reflect changes made to processes during the COVID-19 pandemic. The pharmacy also had a series of SOPs to cover the COVID-19 local vaccination site activities. The SOPs were signed by the appropriate staff. A

dispenser could describe the activities that could not be undertaken in the absence of the RP. Team members had clear lines of accountabilities and were clear on their job role.

Feedback was usually obtained by a yearly community pharmacy patient questionnaire (CPPQ) survey. But this had been suspended during the COVID-19 pandemic. The RP said that she listened to and responded appropriately to any comments made by people using the pharmacy. People also left feedback about the pharmacy on its NHS webpage. The SI reviewed these regularly and responded where necessary. A complaints procedure was in place and was displayed in the retail area. Public liability and professional indemnity insurance were in place. The SI had ensured that the activities of the local vaccination site was covered by the insurances.

Records of the responsible pharmacist were maintained in a book and the correct RP certificate was displayed. Controlled drug (CD) registers were in order. Balance checks were completed regularly. A random balance check was accurate. Patient returned CDs were recorded in a separate register and were destroyed promptly. Records of private prescriptions were made in a book and were in order. The pharmacy did not generally make emergency supplies and referred people to NHS111. 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. Patient data and confidential waste was dealt with 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.

All staff were trained to an appropriate level on safeguarding. The SI and the pharmacy technician had completed the Centre for Postgraduate Pharmacy Education (CPPE) level 2 safeguarding training. Local contacts for the referral of concerns were available. 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. And it uses a separate, fully trained team to run its COVID-19 local vaccination site. 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

Staffing was adequate on the day of the inspection. The SI was working as the RP. A second pharmacist also regularly worked at the pharmacy. There was a large team of part-time dispensers and counter assistants. A pharmacy technician was qualified as an accredited checking technician.

The team generally felt they could comfortably manage the workload with no undue stress and pressure. But an absence through sickness was putting pressure on the team who focused on preparing multi-compartment compliance aids. Members of the pharmacy team who usually worked in the public-facing dispensary were able to provide support to their colleagues in the second dispensary. Pharmacy team members had clearly defined roles and accountabilities. They worked regular days and hours. Absences were usually covered by rearranging shifts or by part-time team members increasing their hours.

Team members were given protected time during working hours to learn. This included reading SOPs and learning about new products or systems. Team members also completed modules on the 'Virtual Outcomes' training platform. They kept records of their learning and certificates were stored in a folder. Team members were seen to provide appropriate advice when selling medicines over the counter. They referred to the RP for additional information as needed.

The team gave each other regular ad hoc feedback and there was a culture of openness and honesty. They did not have formal documented reviews and appraisals. But they gave each other feedback in a regular monthly meeting. The team felt confident to discuss concerns and give feedback to the SI, 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 were aware of the internal escalation process for concerns and a whistleblowing policy was in place.

The SI said that she did not set formal targets. She used her professional judgement to make decisions and described that all services undertaken were clinically appropriate.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. There is a dedicated area used to provide COVID-19 vaccinations. 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 Kingswood area of Bristol. There was a large, well-presented retail area which led to a large dispensary. The pharmacy had a consultation room that was clearly advertised. It was of an adequate size and was soundproofed to allow conversations to take place in private. No confidential information or clinical waste was stored in the consultation room.

To comply with social distancing requirements and to limit the spread of COVID-19, the pharmacy restricted the number of people entering at any time. Marshalls controlled the entrance and directed people to enter when safe to do so. There was one queue for people attending for their vaccination and a second queue for people who wished to access the usual pharmacy services. The queues were separated by barriers. Perspex screens had been installed on the healthcare counter. And there was hand sanitiser available at the entrance for people to use. The pharmacy was cleaned throughout the day. An area of the retail space had been cordoned off with barriers and was used to run the COVID-19 local vaccination site. The barriers provided privacy for people receiving their vaccinations. A well-organised waiting area had been created, with chairs positioned two metres apart.

The pharmacy had two separate dispensaries. The ground floor dispensary was well organised and there was plenty of bench space. Stock was stored neatly on shelves. A second large dispensary on the first floor was used for the preparation of multi-compartment compliance aids. The fixtures and fittings in both dispensaries were well maintained. Maintenance issues were resolved promptly.

Prescriptions awaiting collection were stored using a retrieval system and confidential information was not visible to waiting customers. Lighting was appropriate and the temperature was satisfactory for the provision of healthcare and the storage 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 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 stores them securely 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. The consultation room was 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 RP 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 written down and stored in a folder. The RP planned to start making records of referrals and interventions on the new PMR system when additional training had been received.

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 and those collected from the GP practice. 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 routinely recorded on a log which was kept with the monthly safety review. The pharmacy provided substance misuse services to a small number of people. The RP described that she 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 used a range of people to run the COVID-19 local vaccination site. These included pharmacists, dispensers and nurses to administer vaccinations. And marshals to co-ordinate the flow of people. All had completed the required training on the NHS portal, eLearning for Health. 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). 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.

Multi-compartment compliance aids were prepared by the pharmacy for approximately 300 people based in the community. And the pharmacy also supplied medicines to the residents of five care homes. 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. But the compliance aids did not bear the date that they had been dispensed. Patient information leaflets (PILs) were supplied each month. '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.

The dispensary shelves used to store stock were well organised and tidy. The stock was arranged alphabetically. Date checking was undertaken regularly and records were kept. Spot checks revealed no date-expired medicines or mixed batches. 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 and were stored with the patient safety reviews.

The fridges in the dispensary were clean, tidy and well organised. Records of temperatures were maintained. 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.

Logs were kept 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. 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 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 and PAT test stickers were visible. The dispensary sink was clean and in good working order.

The equipment supplied by NHS England to support the delivery of the COVID-19 local vaccination site was in good working order. The pharmacy had access to a helpline if any technical issues arose.

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 on shelves 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.