

Registered pharmacy inspection report

Pharmacy Name: Easton Pharmacy, 116 Stapleton Road, Easton,
BRISTOL, Avon, BS5 0PS

Pharmacy reference: 1094061

Type of pharmacy: Community

Date of inspection: 25/11/2019

Pharmacy context

This is a community pharmacy in a busy shopping street in the north-eastern suburbs of the city of Bristol. It is a culturally diverse area and a wide variety of people use the pharmacy. The pharmacy dispenses NHS and private prescriptions and sells over-the-counter medicines. It also supplies medicines in multi-compartment compliance aids to help vulnerable people in their own homes to take their medicines.

Overall inspection outcome

Standards not all 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
1. Governance	Standards not all met	1.1	Standard not met	The pharmacy team members do not identify and manage some risks.
		1.2	Standard not met	The pharmacy team do not routinely assess the safety and quality of the services it provides. And, the standard operating procedures are overdue a review.
2. Staff	Standards not all met	2.1	Standard not met	The pharmacy does not always have enough staff to manage its workload safely. The staffing rota means that sometimes the pharmacist is working on his own.
3. Premises	Standards not all met	3.1	Standard not met	Not all areas of the pharmacy present a professional pharmacy image.
4. Services, including medicines management	Standards not all met	4.2	Standard not met	Not all the pharmacy services are effectively managed to make sure that they are provided safely.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance Standards not all met

Summary findings

The pharmacy team members do not identify and manage some risks. The pharmacy's written procedures are out of date. And, they have not all been signed to show that the team members have read and understood them. Also, the pharmacy cannot show sufficient reflection from mistakes to prevent them from happening again. The pharmacy is appropriately insured to protect people if things go wrong. The team members keep people's private information safe and they know how to protect vulnerable people.

Inspector's evidence

The pharmacy did not identify and manage some risks. The standard operating procedures (SOPs) were highly generic and should have been reviewed in October 2016. Not all the staff members had signed the out-of-date procedures to demonstrate that they had read them. The pharmacist said that he had started reviewing the procedures. There was no clinical governance or other folder to show that appropriate incident reports, containing learning points and actions to reduce the likelihood of similar recurrences, had been completed, following any errors or other incidents. There were no clear near miss records. The labels of mistakes were kept, but one seen had insufficient information to allow any useful analysis.

The front dispensary was small. There were no clear dedicated assembly and checking areas. Baskets were not always being used and this increased the risk of errors. Some assembled medicines were stored on the floor. A back area was used for the assembly of multi-compartment compliance aids. This was tidy and organised. There was no audit trail of the dispensing process for some high-risk medicines (see further under principle 4).

There was no displayed sales protocol but the NVQ2 qualified dispenser was aware of 'prescription only medicine' (POM) to 'pharmacy only medicine' (P) switches such as Viagra Connect and would refer all requests for these to the pharmacist. She would also refer medicines for pregnant women, children under two and any anything that she was uncertain of.

The pharmacy had not done a customer satisfaction survey in 2019. The pharmacist said that it was on his list 'to do'. In the 2018 survey, the customers who completed the questionnaire were generally satisfied with the service from the pharmacy. But, there had been some feedback about the provision of advice on exercise and the pharmacist said that he had not done anything specific to address this.

Current public liability and professional indemnity insurance, provided by the National Pharmacy Association (NPA), was in place. The responsible pharmacist log, controlled drug (CD) records, including patient-returns, private prescription records, emergency supply records and specials records were in order. The fridge was seen to be recording a temperature of 9.4 degrees Celsius at the time of the visit (see further under principle 4). No remedial action, to bring it back within the required limits, had been recorded. The pharmacist said that the fridge was not re-set each day.

The staff seen, the pharmacist and a dispenser, were aware of information governance issues and the new data protection regulations. The pharmacy computer, which was not visible to the customers, was password protected. Confidential waste paper information was shredded.

The staff seen understood safeguarding issues. The pharmacist said that he had completed the Centre for Pharmacy Postgraduate Education (CPPE) module on safeguarding but, that this was some time ago. Local telephone numbers were available to escalate any concerns relating to both children and adults.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy does not always have enough staff to manage its workload safely. The staffing rota means that sometimes the pharmacist is working on his own. The team members do some learning, but there are no regular appraisals and so gaps in their knowledge may not always be identified. They are comfortable about providing feedback to the owner.

Inspector's evidence

The pharmacy was in a busy shopping area in the north-eastern suburbs of Bristol city. They mainly dispensed NHS prescriptions with the majority of these being repeats. Some domiciliary patients their medicines in multi-compartment compliance aids. Few private prescriptions were dispensed.

The current staffing profile was one pharmacist, the owner, two part-time NVQ2 qualified dispensers (one not seen) and one part-time medicine counter assistant (MCA) trainee (not seen and also the delivery driver). At the beginning of the visit, the pharmacist was working on his own. He said that this was generally the case between 2.30 and 3.00pm. On the day of the visit, the dispenser arrived at 3.10pm. He was seen to struggle to serve customers and deal with prescriptions and queries in this period. He also said that he worked for a short time on his own at the end of the day.

The staff were said to be flexible and tried to cover any unplanned absences. But they had child-care commitments and so this was not always possible. The pharmacist said that if any staff member was unexpectedly ill, he probably would have to work on his own. Planned leave was booked well in advance and only one member of staff could be off at one time.

The staff had no formal performance appraisals. The member of staff seen said that she was supported by the pharmacist and did do some learning in work time, mainly during quiet times. The staff did not do regular on-going learning. The pharmacist said that he recorded all learning on his continuing professional development (CPD) record.

The staff member seen knew how to raise concerns and said that this was encouraged and acted on. There were 'ad hoc' staff meetings. The pharmacist said that it was difficult to arrange staff meetings because of the work rotas. He was the owner and said that no formal targets or incentives were set.

Principle 3 - Premises Standards not all met

Summary findings

Not all areas of the pharmacy present a professional pharmacy image. People cannot use the consultation room because it is unfinished. And so, people cannot talk privately to the pharmacist or to other team members.

Inspector's evidence

The pharmacy was small. The front dispensing area had no clear dedicated work areas. But, the back area, where the compliance aids were assembled, was spacious and organised. There was a hole in the door of the room that was supposed to be the consultation room. It appeared that this should have been filled in with a frosted glass panel. This did not present a professional pharmacy image. Some work had been done on the room but, the walls were generally unpainted, bare plaster. And, the room was not being used.

There was a large office area which was mainly unused. The pharmacist said that this used to be used for wholesale activities but that he no longer did this. An area of floor, from the front dispensary to the back area, needed to be covered. It was bare concrete. A piece of cardboard covered this and this did not present a professional pharmacy image. The premises were clean.

The pharmacy computer screen was not visible to customers. The telephone was cordless and all sensitive calls were said to be taken out of earshot. There was good lighting throughout. The temperature in the pharmacy was below 25 degrees Celsius. Most items for sale were healthcare related.

Principle 4 - Services Standards not all met

Summary findings

The pharmacy offers few extra services. And, people with specific mobility needs may have difficulty entering the pharmacy. Not all the pharmacy services are effectively managed to make sure that they are provided safely. And, the pharmacy does not have a clear audit trail to show that people only get medicines or medical devices that are safe. The pharmacy does get its medicines from appropriate sources and they are generally stored and disposed of safely.

Inspector's evidence

There was wheelchair access to the pharmacy but no bell on the door to alert the staff to anyone who may need assistance. In addition, the consultation could not be used as such at the time of the inspection because it was unfinished. There was access to a translation application on the pharmacy computer for use by non-English speakers. The pharmacy could print large labels for sight-impaired patients.

Advanced and enhanced NHS services offered by the pharmacy were Medicines Use Reviews (MURs), New Medicine Service (NMS) and supervised substance misuse services. But, the pharmacist said that he had not any MUR or NMS reviews recently. He said that he had started the training for the new Community Pharmacy Consultation Service (CPCS) but had not yet signed up to provide this service.

Several substance misuse patients had their medicines supervised and others took their medicines home. There was no dedicated folder for these patients where any relevant information or concerns were recorded. Concerns or issues were not recorded electronically. The telephone numbers of key workers were not available. The clients were not offered water or engaged in conversation to reduce the likelihood of diversion. The inspector had sent the pharmacist the local shared care guidelines, The Recovery Orientated Alcohol and Drugs Service (ROADS) guidance some months ago. He had still to read these.

The inspector saw three assembled, but unlabelled bottles of methadone in the cabinet. After pointing this out, the pharmacist was then seen to print labels from the patients' electronic prescription record without any reference to the current prescription. This increased the likelihood of errors and was against the labelling requirements of medicines. In addition, there was no audit trail of the dispensing process. The pharmacist said that he did all the assembly of the methadone.

A few domiciliary patients received their medicines in compliance aids. These were assembled in a separate area at the back of the pharmacy, on a four-week rolling basis and evenly distributed throughout the week to manage the workload. The patients had individual wallets. Some changes of dose were recorded but most did not have a clear concise, chronological audit trail of changes or issues. This denied the pharmacist a clear clinical history of the patient. Tablet descriptions and patient information leaflets were provided. The assembled compliance aids were stored tidily.

The pharmacist said that he had just started an audit about patients who may become pregnant and were also prescribed sodium valproate. He also said that he needed to do the pharmacy quality scheme (PQS) audit for patients who were prescribed methotrexate. The pharmacy had recently started using a book to record signatures demonstrating that medicines had been delivered safely. The pharmacy had no 'see the pharmacist' stickers. The dispensing staff did not print off interactions for the pharmacist. A

patient was seen to come in to collect some NovoRapid, a commonly prescribed insulin, that was owed to him. The stock was not in the fridge. This raised questions about suitable stock ordering systems.

Medicines and medical devices were mainly obtained from AAH and Alliance Healthcare. It was unclear if fridge lines were correctly stored because, on the day of the visit, the temperature of the fridge was seen to be 9.4 degrees Celsius. Designated bins for storing waste medicines were available for waste and used. There was a cytotoxic bin and a list of substances that should be treated as hazardous for waste purposes. Stock was generally stored tidily on the dispensary shelves. The pharmacist was aware of the Falsified Medicines Directive. He had a scanner to check for any falsified medicines but this was not yet operational.

There was said to be a procedure for dealing with concerns about medicines and medical devices. But, whilst the pharmacist was aware of recent alerts, such as ranitidine, there was no dedicated folder where these were stored and no audit trail demonstrating that recent alerts had been appropriately acted on.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy generally has the appropriate equipment for the services it provides. And, the team members make sure that it is clean.

Inspector's evidence

The pharmacy used British Standard crown-stamped conical measures (10 to 100ml). There were tablet-counting triangles which were cleaned with each use. There were up-to-date reference books, including the British National Formulary (BNF) 76 and the 2018/2019 Children's BNF. There was access to the internet.

It was unclear if the fridge was in good working order (see under principle 4). It was not re-set each day. The pharmacist gave assurance that this would be done and that the fridge temperature remained within the required limits.

The pharmacy computer was password protected and not visible to the public. There was a cordless telephone and any sensitive calls were said to be taken out of earshot. Confidential waste information was shredded. The consultation room was not being used at the time of the visit.

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.