

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: 17/08/2020

Pharmacy context

This is an independently owned community pharmacy. It is located in the diverse north-eastern suburbs of the city of Bristol. A wide variety of people visit the pharmacy. The pharmacy team members dispense prescriptions, sell over-the-counter medicines and give advice. They also supply some medicines in multi-compartment compliance packs to help vulnerable people in their own homes to take their medicines. The pharmacy offers the Community Pharmacy Consultation Service (CPCS). 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
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's working practices are safe and effective. It has put some physical measures in place to reduce the risk of transmission of coronavirus and is in the process of updating its written procedures. The pharmacy is appropriately insured to protect people if things go wrong. It mainly keeps the required records. The pharmacy team members keep people's private information safe and they know how to protect vulnerable people.

Inspector's evidence

The pharmacy team members identified and managed the risks associated with providing its services. They have made some physical changes as a result of the COVID-19 pandemic to reduce the risk of transmission of the disease. The pharmacy was in the process of updating its standard operating procedures (SOPs) with changes relating to the pandemic. It had yet to update its business continuity plan to accommodate any potential issues relating to the current NHS 'test and trace' scheme. The superintendent will liaise with a close by, independently owned pharmacy to ensure that there was no disruption in the supply of medicines to their patients in the event of the pharmacy having to close. He had conducted risk assessments of the premises and occupational risk assessments of all the staff. But, the team members were not asked about any potentially vulnerable people in their households. The superintendent will re-do the assessments.

The pharmacy team members recorded any near miss mistakes, that is, mistakes that were detected before the medicines left the pharmacy. The team members documented learning points and actions taken to prevent future recurrences, such as, labelling mistakes where the medicine was labelled from the person's prescription medication record (PMR) and not from the prescription. The dispensary team reviewed and discussed the near miss log each month. The pharmacy had had no recent errors where incorrect medicines had left the pharmacy.

The main dispensary was small, but tidy and organised. There was a separate checking bench. The pharmacist only had one prescription at a time in the checking area to reduce the risk of errors. The pharmacy also had an area at the rear of the main dispensary which the staff used for the assembly of multi-compartment compliance aids for domiciliary people. This was also tidy. And, the pharmacy had been able to transfer some people, who in the past, had received their medicines in compliance aids, to more conventional original packs. This reduced the workload at the pharmacy and also addressed fears about the viability of coronavirus on plastic packaging.



All the staff were clear about their roles and responsibilities. A NVQ3 trainee technician knew that codeine-containing medicines should not be sold for more than three days use. She referred requests for pseudoephedrine-containing medicines to the pharmacist. The medicine counter assistant knew that she could not sell any 'pharmacy only' (P) medicines when the pharmacist was not on the premises.

The pharmacy team were clear about their complaints procedure but they had received little feedback and no complaints since the beginning of the pandemic. The team members said that most of the recent feedback had been positive. At the beginning of the pandemic, people were asking for multiple packs of paracetamol which the pharmacy team had denied. The superintendent and his staff were well known to all their customers and they mainly accepted the explanation for not selling multiple packs of paracetamol.

The pharmacy had current public liability and indemnity insurance provided by the National Pharmacy Association (NPA). The pharmacy mainly kept the required up-to-date records: the responsible pharmacist (RP) log, controlled drug (CD) records, private prescription records, emergency supply records and specials records. The pharmacy recorded their private prescriptions electronically. One record did not document the details of the prescriber. The pharmacy had fridge temperature records, date checking records, patient-returned CD records and cleaning rotas.

All the staff understood the importance of keeping people's private information safe. They stored all confidential information securely. The computers, which were not visible to the customers, were password protected. The correct NHS smartcards were seen in the appropriate computers. The pharmacy team members shredded all confidential wastepaper. The pharmacy was currently not offering any face-to-face services. They did supervise some substance misuse clients. This was done in the consultation room. The room was being refurbished. There was a gap in the door yet to be filled with frosted glass. The pharmacist was aware of this but, currently only the supervised substance misuse clients were allowed into the pharmacy. And so, their confidentiality was not compromised. The superintendent planned to complete the re-fitting of the consultation room in the very near future.

The pharmacy team understood safeguarding issues. The pharmacist had completed the Centre for Pharmacy Postgraduate Education (CPPE) module on safeguarding. The pharmacy had local telephone numbers to escalate any concerns relating to both children and adults. The superintendent had heard of the national 'safe space' initiative for victims of domestic violence. He said that he would investigate offering this service once his consultation room was finished.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. The team members are flexible and cover holidays and sickness. The pharmacy team are encouraged to progress their careers and they are supported with this. The team members keep up to date with all the information relating to COVID-19. They are comfortable about providing feedback to their manager to improve services and he acts on this.

Inspector's evidence

The pharmacy's current staffing profile was one pharmacist, two part-time NVQ3 trainee technicians and one part-time medicine counter assistant (MCA) trainee. The MCA trainee also delivered medicines. The staff were flexible and generally covered any unplanned absences. Planned leave was booked well in advance and only one member of staff could be off at one time. The pharmacy had a regular locum it could call on if the superintendent became ill or had to self-isolate due to contact or infection with coronavirus.

The staff worked well together as a team. The superintendent monitored the performance of the team members. The staff felt able to raise any issues or concerns. One team member had recently raised an issue about all the current information which was available about COVID-19. As a result of this, she had prominently displayed various posters so that people could easily see the information before they entered the pharmacy. The staff held regular meetings and they discussed any new information, guidance and advice relating to COVID-19.

The staff were encouraged with learning and development. They were all trainees, enrolled on accredited courses. The trainee technicians were allocated two hours of learning time towards their courses each week. The medicine counter assistant trainee also received a similar amount of learning time, usually on Saturdays. The dispensary staff were supported to learn from errors. The pharmacist recorded any learning on his continuing professional development (CPD) records. No targets or incentives were set.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is suitable for the services it offers. It is clean, tidy and organised. Few people are currently coming into the pharmacy. Most people are served at the door. But the pharmacy team are planning ahead to reduce the risk of transmission of the virus when they do allow more people in. The physical barrier in place to prevent people from entering the premises could look more professional.

Inspector's evidence

The main dispensary was small but tidy and organised. There was a spacious area behind this where compliance aids were dispensed for people using these in their own homes. This too was tidy and organised. Because of COVID-19, the staff were mainly serving people at the door. A table was used to prevent people from entering the premises. This did not present a professional image. The staff had placed alcohol sanitiser gel on the table and they used this after each transaction with anyone.

Only supervised substance misuse clients were being seen in the pharmacy. The consultation room was being re-fitted but the substance misuse clients had their medicines supervised in the room. There was a gap in the door, due to be filled with frosted glass. Because just one person, the client, was in the pharmacy, this did not cause any issues with confidentiality. The superintendent hoped to complete the refurbishment to the consultation room soon.

The pharmacy was clean. It was thoroughly cleaned every day. The superintendent said that when people were allowed back into the premises, this would be changed to at least twice a day with the hard surfaces wiped over more frequently than that.

The pharmacy had a cordless telephone and the staff took all sensitive calls out of earshot. The temperature in the pharmacy was below 25 degrees Celsius. There was good lighting throughout.

Principle 4 - Services ✓ Standards met

Summary findings

People can access the services the pharmacy offers. It manages its services effectively to make sure that they are delivered safely. The pharmacy team members make sure that people have the information they need to use their medicines properly. The pharmacy gets its medicines from appropriate sources and stores them safely. The team members make sure that people only get medicines or devices that are safe.

Inspector's evidence


People could access the pharmacy and the consultation room. There was a bell on the door to alert staff to anyone who may need assistance. But, since the outbreak of the pandemic, only supervised substance misuse clients were coming into the pharmacy. And, the consultation room was unfinished and not currently suitable for consultations. Only the supervised substance misuse clients were being seen in the consultation room. The staff could access an electronic translation application for any non-English speakers. And, the pharmacist spoke the common Asian languages. The team members could print large labels for sight-impaired people.

The pharmacy was located in a diverse area in the north-eastern suburbs of Bristol. Most of its prescriptions were electronically transferred from the two local surgeries. The dispensary staff initialled the 'dispensed by' and 'checked by' boxes on the labels, so providing a clear audit trail of the dispensing process. They assembled the compliance aids in a spacious area at the back of the pharmacy and when it was quiet. This was usually in the afternoon.

The pharmacy was not offering any face-to-face services. They had received some referrals under the Community Pharmacy Consultation Service. The pharmacy had not ordered any stock for the upcoming flu season. And, they had not planned how to deliver this service safely.

The pharmacy had several substance misuse clients who usually had their medicines supervised. Due to COVID-19, most of these clients now all collected their medicines. A few were still supervised. This took place in the consultation room. The client disposed of the container themselves into a dedicated bin. The supervising pharmacist washed their hands after the supervision.

The pharmacy had plastic folders where it kept the information for the people who had their medicines in compliance aids. The pharmacy team recorded any changes or other issues on cards. The assembled compliance aids were stored tidily. The pharmacist had done risk assessments of the people who had their medicines in compliance aids. He



identified several people who could cope with their medicines in original packs and they now received them in this way.

The dispensary team highlighted prescriptions containing potential drug interactions, changes in dose or new drugs to the pharmacist. The pharmacist targeted anyone he was concerned about for counselling. He routinely counselled people prescribed high-risk medicines such as warfarin and lithium and also those prescribed antibiotics, multiple medicines and those whose first language was not English. All the pharmacy team members were aware of the pregnancy protection programme regarding sodium valproate. The pharmacy currently had no 'at risk' patients who were prescribed sodium valproate.

The pharmacy delivered several medicines to people. Because of the pandemic, the delivery driver was currently not asking people to sign for their medicines to indicate that they had been safely received. The driver knocked or rang the doorbell and left the medicines on the doorstep. She retreated and waited until the medicines had been taken safely inside. The driver annotated the delivery sheets accordingly.

The pharmacy got its medicines from Alliance Healthcare, AAH and Colorama. Invoices for all these suppliers were available. The pharmacy had a scanner to check for falsified medicines as required by the Falsified Medicines Directive (FMD) but this was not yet operational. It stored its CDs tidily in accordance with the regulations and access to the cabinet was appropriate. The pharmacy had no out-of-date CDs. It had one patient-returned CD. This was clearly labelled and separated from usable stock. Appropriate CD destruction kits were on the premises. The pharmacy stored its fridge lines correctly and it had date checking procedures. The pharmacy team members were accepting patient-returned medicines but they did not 'double-bag' them. The inspector signposted the superintendent to recent joint advice about dealing with patient-returned medicines during the pandemic. The team members placed any medicines, considered hazardous for waste purposes, into a separate dedicated waste bin.

The pharmacy had procedures for dealing with concerns about medicines and medical devices. It received drug alerts electronically. They were printed off and the stock was checked. The pharmacy had been affected by recent alerts about ranitidine. It had returned all the affected stock to the wholesaler.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy mainly has the appropriate equipment and facilities for the services it provides. It has made some changes to reduce the risk of transmission of COVID-19.

Inspector's evidence

As a result of the pandemic, the superintendent had done a risk assessment of the premises. He had placed a table at the entrance to the pharmacy to prevent people from entering. They were mainly being served at the door. Only supervised substance misuse clients were currently allowed into the pharmacy. The superintendent had erected two plastic screens, at 90 degrees to each other, on the medicine counter. But these were flimsy and there were large gaps between the two barriers. The superintendent planned to have a more robust Perspex screen made which would also provide better protection from coronavirus. He had put marks on the floor and created a one-way direction of flow of people for the time in preparation for when he allowed more people into the pharmacy. The staff were wearing Type 2R fluid resistant face masks.

The pharmacy used British Standard crown-stamped conical measures but it did not have a small measure. The superintendent ordered a 10ml measure during the visit. There were tablet-counting triangles, one of which was kept specifically for cytotoxic substances. These were cleaned with each use. The pharmacy had up-to-date reference books, including the British National Formulary (BNF) 78 and the 2019/2020 Children's BNF. The staff could access to the internet.

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 the staff took any sensitive calls out of earshot. The pharmacy team members shredded all confidential waste information.



What do the summary findings for each principle mean?

✓ **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.