

Registered pharmacy inspection report

Pharmacy Name:Whiteladies Pharmacy, Whiteladies Medical Centre,
Whatley Road, Clifton, BRISTOL, Avon, BS8 2PU

Pharmacy reference: 1103304

Type of pharmacy: Community

Date of inspection: 10/10/2024

Pharmacy context

This is a community pharmacy which is based in a medical centre in the Clifton area of Bristol. It serves its local population which is mixed in age range and background. The pharmacy opens six days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions, supplies medicines in multi-compartment compliance packs for people to use living in their own homes and provides COVID-19 and flu vaccinations to the local population.

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 does not identify and manage risk appropriately. The pharmacy team do not routinely record near miss mistakes.
		1.2	Standard not met	The pharmacy team did not have adequate processes in place to monitor the safety and quality of their services.
		1.6	Standard not met	The pharmacy team do not keep and adequately maintain all of the records necessary for the safe provision of pharmacy services.
2. Staff	Standards not all met	2.2	Standard not met	The pharmacy team have staff members who were not appropriately trained and not on an accredited training course.
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 not all met

Summary findings

The pharmacy does not have satisfactory written procedures for its services to help make sure the team works safely. Pharmacy team members do not have up-to-date procedures in place to record and review mistakes when they happen. 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 had processes in place for identifying and managing risks. The pharmacy manager reported that near miss mistakes were recorded and reviewed when they occurred, and the pharmacist would discuss the incident with the members of the dispensary team. But near miss mistakes had not been recorded for some time. Dispensing errors were recorded when they occurred but often omitted a root cause analysis into why the error had happened.

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 kept in the pharmacy, but some of them were many years out of date and may not reflect current practice in the pharmacy. 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 encouraged people to submit feedback online. There was also an electronic device used to gather feedback from people that was found in the retail area of the pharmacy. A certificate of public liability and indemnity insurance was displayed and was valid and in date.

Records of controlled drugs (CD) and patient-returned controlled drugs were kept. The CD balances had not been checked since July. A responsible pharmacist (RP) record was kept, and the RP notice was displayed in pharmacy where people could see it. The RP record often omitted the time that the pharmacist ceased responsibility. There was one fridge that was used to store medicines, but records indicated that one fridge slightly exceeded the maximum temperature range of eight degrees Celsius. The pharmacist reported that pharmaceutical stock was date checked four times a year, but there were no records kept showing this. A private prescription records book and specials record were retained, but entries often omitted the prescriber's name and address. The emergency supply records were kept but often omitted the reasons for the supply when the request was made by a patient.

Confidential waste was separated from general waste and shredded using a cross-cut shredder. An information governance policy (IG) was in place. 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 local contact details to raise safeguarding concerns or ask

for advice about them.

Principle 2 - Staffing Standards not all met

Summary findings

The pharmacy's team members do not have the appropriate skills, qualifications and training to deliver services safely and effectively. The pharmacy team members appear to work well together. They are comfortable about providing feedback and raising concerns to the superintendent pharmacist.

Inspector's evidence

There were three pharmacists, one medicines counter assistant dispensing assistants and two untrained members of staff at the time of the inspection. The staff were observed to be working well together and providing support to one another when required.

The pharmacist explained that performance was reviewed on an ad-hoc basis. But there were two untrained members of staff that were dispensing medicines who had not been put on an appropriate accredited training course. These pharmacy staff had been at the pharmacy for over three months. The pharmacy team had completed training on the conditions treated using the new Pharmacy First service. They reported that this had made them more confident when identifying these common conditions and giving advice about their treatment. One of the pharmacists explained that they had also completed training to use an otoscope to diagnose minor ear infections.

The pharmacy manager reported that the pharmacy team would hold meetings on an ad-hoc basis to update all staff about patient safety issues. The pharmacy team explained that they felt comfortable with raising any concerns they had with the superintendent pharmacist. There were targets in place at the pharmacy, but the pharmacy team explained that they did not feel any pressure to deliver these targets and would never compromise their professional judgement to achieve them.

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, and the pharmacy is secure and protected from unauthorised access.

Inspector's evidence

The pharmacy was based in a medical centre. It had a retail area toward the front and a dispensary area toward the back separated by a medicines counter to allow for the preparation of prescriptions in private. The pharmacy was clean, tidy, and presented a professional image. There was a sink available in the dispensary with running water to allow for hand washing and preparation of medicines. Medicines were stored on the shelves in a generic and alphabetical manner.

There was a consultation room in use which was soundproofed when closed. Patient information was stored securely. The ambient temperature was suitable for the storage of medicines. The lighting throughout the store was appropriate for the delivery of pharmacy services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible, effectively managed and delivered safely. The pharmacy team helps people manage their high-risk medicines well. The pharmacy obtains, stores and manages medicines safely and ensures that all of the medicines it supplies are fit for purpose. The pharmacy team takes appropriate action where a medicine is not fit for purpose.

Inspector's evidence

Information about the services provided was detailed in posters and leaflets around the pharmacy. Access to the pharmacy was via steps but there was also an accessibility ramp that people could use if necessary. There was adequate seating for patients and customers who were waiting for services. There was sufficient space for wheelchair and pushchair users.

The pharmacy team offered treatment for a range of seven common conditions. This included treatment for sinusitis, sore throat, impetigo, and urinary tract infections. People could access this service by requesting treatment from the pharmacy team or by being referred by NHS 111 and GP practices. The pharmacist had completed the appropriate training to provide the service and had access to the necessary equipment. The pharmacy team completed an average of two or three of these consultations per week.

The pharmacy team also administered COVID-19 vaccinations in the pharmacy. These could be booked in by people or completed on a walk-in basis. The amount of these administered varied, but could be up to 40 vaccinations per day. The pharmacy team had received good feedback about the accessibility of the vaccination services because there was a lack of GP practice appointments in the area. The pharmacy team had a patient group direction document outlining the specifications of this service.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent valproate exposure during pregnancy. Valproate patient cards were available for use during valproate dispensing to female patients. The pharmacist reported that she would check that the patient's prescriber had discussed the risks of exposure in pregnancy with them and that they were aware of these and query if they had effective contraception in place. The team were also aware of the new regulations requiring valproate medicines to be supplied in original packs.

The pharmacy used recognised wholesalers such as AAH, Alliance Healthcare and Trident to obtain medicines and medical devices. Specials were ordered via Colorama specials. Invoices from some of these wholesalers were seen. Destruction kits for the destruction of controlled drugs were available. Designated waste bins were available and being used for out-of-date medicines. A bin for the disposal of hazardous waste was not available during the inspection.

Medicines and medical devices were stored in an organised fashion 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 fridge was in good working order and the stock inside was stored in an orderly manner. MHRA alerts came to the pharmacy electronically and the pharmacy team explained that these were actioned appropriately. But audit trails were not kept to verify this.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has access to the appropriate equipment and facilities needed to provide the services it offers. It uses these 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. A counting triangle was 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. The pharmacy team could access references sources such as the BNF and BNF for Children online or on their mobile devices. 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.