

# Registered pharmacy inspection report

**Pharmacy Name:** Easton Day Night Chemist, 192 Stapleton Road,  
Easton, BRISTOL, Avon, BS5 0NY

**Pharmacy reference:** 1107030

**Type of pharmacy:** Community

**Date of inspection:** 02/10/2019

## Pharmacy context

This is a community pharmacy in the diverse inner, eastern area of the city of Bristol. It is located on a busy shopping road. A wide variety of people use the pharmacy. They are open extended hours and dispense NHS and private prescriptions and sell over-the-counter medicines. The pharmacy also supplies medicines in multi-compartment compliance aids to help vulnerable people in their own homes to take their medicines.

## 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	2.4	Good practice	The pharmacy team are encouraged to keep their skills up to date and they do this in work time. The team members who are in training are well supported.
<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 offers a good range of services and it is open for long hours. Everyone can access the services it offers.
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

The pharmacy's working practices are generally safe and effective. The working areas are tidy and organised. The pharmacy asks customers for their views and use the feedback to improve services. It keeps the up-to-date records that it must by law. 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. But, they could be better at learning from mistakes to prevent them from happening again.

### Inspector's evidence

The pharmacy team identified and managed most risks. Dispensing errors and incidents recorded, reviewed and appropriately managed, such as, a recent delivery error to the wrong patient. Because of this, the delivery driver now initialled the second part of the post code to show that the address had been thoroughly checked. Near misses were recorded but insufficient information was documented to allow any useful analysis, such as, a recent mistake with Humulin S. It was not recorded what was on the prescription and what was picked. No learning points and actions taken to reduce the likelihood of similar recurrences were recorded. General trends could be identified, but whilst the log was signed as being reviewed, the outcome of the review was not documented.

The dispensary was small but the space was well utilised. There was a front labelling area and a rear dedicated assembly and checking area. Multi-compartment compliance aids were assembled and checked in an organised and tidy separate back room. Baskets were used but different colours did not distinguish different types of prescriptions. This meant that it was difficult for the pharmacist to prioritise the workload.

There was mainly a clear audit trail of the dispensing process but assembled methadone and buprenorphine, for supervised consumption, assembled in advance, was seen to have no dispensing audit trail. The owner gave assurances that this practice would stop immediately.

Up-to-date, signed but somewhat generic standard operating procedures (SOPs), including SOPs for services provided under patient group directions, were in place. These were reviewed every two years, or sooner if necessary, by the superintendent pharmacist. The roles and responsibilities were set out in the SOPs and the staff were clear about their roles. The questions to be asked of customers requesting to buy medicines were displayed on the till. The medicine counter assistant said that she would refer any requests for multiple sales and those for children under two to the pharmacist. The staff were aware of 'prescription only medicine' (POM) to 'pharmacy only medicine' (P) switches such as Zantac and all requests for these would be referred to the pharmacist.

The staff were clear about the complaints procedure and reported that feedback on all concerns was encouraged. The pharmacy did an annual customer satisfaction survey. In the 2019 survey, 98 % of customers who completed the questionnaire were completely satisfied with the service they received from the pharmacy. 3% of customers had commented on the time it took to receive their medicines. The staff said that the major reason for this was the recent issues with the supplies of some stock. The staff explained the recent difficulties to the customers and contacted the prescriber, if necessary, to obtain an alternative product.

Public liability and indemnity insurance provided by the National Pharmacy Association (NPA) and valid until 14 April 2020 was in place. The responsible pharmacist log, controlled drug (CD) records, including patient-returns, private prescription records, emergency supply records, specials records, fridge temperature records and date checking records were all in order.

There was an information governance procedure and the staff had also completed training on the new data protection regulations. The computers, which were not visible to the customers, were password protected. Confidential information was stored securely. Confidential waste paper information was collected for appropriate disposal. No conversations could be overheard in the consultation room.

The staff understood safeguarding issues and had completed the level 1 training provided by the Centre for Pharmacy Postgraduate Education (CPPE) on the safeguarding of both children and vulnerable adults. The pharmacists had completed level 2 training. Local telephone numbers were available to escalate any concerns relating to both children and adults. All the staff had completed 'Dementia Friends' training.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload safely. They are encouraged to keep their skills up to date and they do this in work time. The team members who are in training are well supported. The pharmacy team work well together. They are well supported by the owner and the manager. And, are comfortable about providing feedback to improve services which is acted on.

### Inspector's evidence

The pharmacy was on a busy shopping road in the eclectic inner, eastern area of the city of Bristol. They dispensed approximately 8,000 NHS prescription items each month with the majority of these being repeats. 128 domiciliary patients received their medicines in compliance aids. Several private prescriptions were dispensed, including an out-of-hours Medicspot service. The pharmacy was open for 100 hours each week.

The current staffing profile was one full-time pharmacist (the owner) and four part-time pharmacists, one pre-registration student, two full-time NVQ2 trained dispensers, one of whom was the manager, two part-time NVQ2 trained dispensers, one part-time NVQ2 trainee dispenser and one part-time medicine counter assistant trainee.

The part-time staff were flexible and generally covered any unplanned absences. Planned leave was booked well in advance and only one of member staff could be off at one time. Locum dispensers or pharmacists would be employed if necessary. A staffing rota was used to ensure appropriate staffing levels with the desired skill mix.

The staff were well qualified and clearly worked well together as a team. Staff performance was monitored, reviewed and discussed informally throughout the year. There was an annual performance appraisal where any goals or learning needs were identified. Review dates would be set to achieve any learning needs.

The staff were encouraged with learning and development. There was a dedicated training folder. The staff completed 'Virtual Outcomes' e-Learning, such as recently on diabetes and sepsis. They spent 20 to 40 minutes of protected time each month on learning. The staff discussed the completed learning modules. Staff enrolled on accredited courses, were allocated further time towards their courses. All the staff seen said that they were supported to learn from errors. The pharmacist reported that all learning was documented on his continuing professional development (CPD) records.

The staff knew how to raise a concern and reported that this was encouraged and acted on. A qualified dispenser had recently raised issues about how the pharmacy was managing the data collected for the new diabetic audit. Because of this, just one sheet, instead of the previous two sheets (one on the counter and one in the dispensary), was now kept to record the data. This was located on the medicine counter because, it was at the hand-out stage of medicines, that the staff asked the required questions. In addition, the staff said that the recording on just one sheet would be more accurate. There were three-monthly staff meetings. The manager said that she would consider having monthly meetings and tie these in with more robust discussion and review of the near miss log and any other issues.

The pharmacist seen said that he was not set any formal targets but he tried to provide as many

advanced NHS services as he could for the local population.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy generally looks professional. The work areas are organised. There is good signposting to the consultation room so it is clear to people that there is somewhere private for them to talk.

### Inspector's evidence

The pharmacy was well laid out and generally presented a professional image. The dispensing benches were mainly uncluttered and the floors were largely clear. A separate well organised area at the back of the pharmacy was used for the assembly and checking of compliance aids. The premises were clean but parts needed repair. A few areas had some plaster missing including on entry to the pharmacy. A part of the floor in the main dispensary was sunken, indicating an issue with the floor boards beneath the lino covering. The staff said that the owner of the pharmacy was in discussion with the landlord about this. He was hoping to buy the property.

The consultation room was spacious and well signposted. There was no computer or sink in here. Conversations in the consultation room could not be overheard. The pharmacy computer screens were not visible to customers. The telephone was cordless and all sensitive calls were taken in the consultation room or out of earshot.

The temperature in the pharmacy was below 25 degrees centigrade. There was good lighting throughout. Most items for sale were healthcare related.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy offers a good range of services and it is open for long hours. Everyone can access the services it offers. The services are generally effectively managed to make sure that they are delivered safely. The pharmacy gets its medicines from appropriate sources. The medicines are stored and disposed of safely. The pharmacy team makes sure that people only get medicines or devices that are safe. But, they need to have better procedures for some vulnerable people, including making sure that they are recording and acting on any concerns.

### Inspector's evidence

There was wheelchair access to the pharmacy and the consultation room. They had access to the NHS translation service and to Google translate 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, the new Community Pharmacy Consultation Service (CPCS), supervised consumption of methadone and buprenorphine (70 clients), emergency hormonal contraception (EHC) and seasonal flu vaccinations. The latter was also offered under a private scheme. The services were well displayed and the staff were aware of the services offered.

The pharmacy was open for 100 hours a week. It offered an out-of-hours 'Medicspot' service. This involved a face-to-face Skype consultation to General Medical Council registered doctors. General medical parameters were electronically assessed, such as blood pressure. If appropriate, the doctor issued an electronic private prescription. Most of the prescriptions were for antibiotics.

The pharmacy also offered the new CPCS service, due to be rolled out nationally at the end of October 2019. The pharmacists had completed CPPE training on this. They had also completed suitable training for the provision of seasonal 'flu vaccinations including face to face training on injection technique, needle stick injuries and anaphylaxis. And, suitable training for the provision of the free NHS EHC service.

There were 70 substance misuse patients that currently had their medicines supervised. These were prepared manually. At the time of the visit, there was no dispensing audit trail for these medicines. The owner gave assurances that this would be immediately changed. In addition, concerns or other issues for these patients were not recorded and the pharmacy did not have the key worker numbers for the patients. The pharmacy was open for longer hours than the service provider and so may not be able to contact anyone to report a concern or obtain advice out-of-hours. On the day of the visit, it was seen that the patients were not routinely offered water or engaged in conversation to reduce the likelihood of diversion. The inspector sent the pharmacy the current shared care guidelines for the area, the Recovery Orientated Alcohol and Drugs Service (ROADS) guidelines.

There were 128 domiciliary patients that received their medicines in compliance aids. These were assembled in a separate, organised area at the back of the pharmacy, mainly on a four-week rolling basis and evenly distributed throughout the week to manage the workload. There were dedicated folders for these patients where all the relevant information such as hospital discharge sheets and changes in dose were kept. These were referred to at the checking stage. The pharmacy ordered the



prescriptions on behalf of these patients. There was a clear audit trail of what had been ordered. The assembled dosettes were stored tidily on clearly named shelved above the assembly bench.

There was a good audit trail for all items ordered on behalf of patients by the pharmacy and all for items they dispensed, except for the supervised medicines (but see above). Green 'see the pharmacist' stickers were used. The pharmacists routinely counselled patients prescribed high-risk drugs such as warfarin and lithium. INR levels were asked about but not recorded. They also counselled patients prescribed amongst others, antibiotics, new drugs and any changes. CDs and insulin were checked with the patient on hand-out. All the staff were aware of the new sodium valproate guidance. They had one female patient who may become pregnant. She had been counselled and the guidance cards were included with each prescription for her.

All prescriptions containing potential drug interactions, changes in dose or new drugs were highlighted to the pharmacist. Signatures were obtained indicating the safe delivery of all medicines and owing slips were used for any items owed to patients.

Medicines and medical devices were obtained from AAH, Alliance Healthcare, Phoenix and Colorama. Specials were obtained from Thane Laboratories. Invoices for all these suppliers were available. CDs were stored tidily in accordance with the regulations and access to the cabinets was appropriate. There was one patient-returned CD. This was clearly labelled and separated from usable stock. Appropriate destruction kits were on the premises. Fridge lines were correctly stored with electronic records. Date checking procedures were in place with signatures recording who had undertaken the task. Dedicated bins were available for medicine waste and used. There was a separate bin for cytotoxic and cytostatic substances and a list of such substances that should be treated as hazardous for waste purposes.

There was a procedure for dealing with concerns about medicines and medical devices. Drug alerts were received electronically, printed off and the stock checked. They were signed and dated by the person checking the alert. Any required actions were recorded. The pharmacy had received an alert on 12 September 2019 about aripiprazole 1mg/ml liquid. The pharmacy had none in stock and this was recorded.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the appropriate equipment and facilities for the services it provides. And, the team members make sure that they are clean and fit-for-purpose.

### Inspector's evidence

The pharmacy used British Standard crown-stamped conical measures (10 - 100ml). There were two tablet-counting triangles, one of which was kept specifically for cytotoxic substances and one capsule counter. These 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.

The fridge was in good working order and maximum/minimum temperatures were recorded daily. The pharmacy computers were password protected and not visible to the public. There was a cordless telephone and any sensitive calls were taken in the consultation room or out of earshot. Confidential waste information was collected for appropriate disposal. The door was always closed when the consultation room was in use and no conversations could be overheard.

### 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.