

# Registered pharmacy inspection report

**Pharmacy Name:** Bridge Cottage Ltd, 41 High Street, WELWYN,  
Hertfordshire, AL6 9EF

**Pharmacy reference:** 1109308

**Type of pharmacy:** Community

**Date of inspection:** 03/09/2020

## Pharmacy context

The pharmacy is situated within a surgery building. The surgery and pharmacy share the same entrance, but the pharmacy can be open when the surgery is closed. The pharmacy has a 100 hours contract with the NHS. It provides NHS and private prescription dispensing, mainly to local residents. The pharmacy supplies medications in multi-compartment compliance packs for lots of people who need help taking their medicines. It also offers a home delivery service to the surrounding villages. This inspection took place 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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	Standards met	N/A	N/A	N/A

## Principle 1 - Governance ✓ Standards met

### Summary findings

Overall, members of the pharmacy team work to professional standards and they identify and manage risks effectively. The pharmacy generally keeps its records up to date. Team members are clear about their own roles and responsibilities. And they know how to protect vulnerable people. The pharmacy team members keep people's private information safe. They discuss mistakes they make during the dispensing process with the regular pharmacist. And they try to learn from these to avoid problems being repeated. But the pharmacy doesn't always record these mistakes. So, team members may be missing out on opportunities to learn and could find it harder to know how to prevent a recurrence.

### Inspector's evidence

Standard operating procedures (SOPs) were up to date and there was one covering COVID-19. Members of the team had read and signed SOPs relevant to their roles. Team roles were defined within the SOPs. The superintendent pharmacist said that the SOPs were in the process of being reviewed. There was a risk assessment for COVID-19 and measures had been put in place to reduce the risks to the team and the people using the pharmacy. People were asked to queue outside the pharmacy, along the path to the door, where two metre markings were clearly marked. People were asked into the pharmacy one at a time, as the space was very small. Staff sometimes wore masks in the dispensary, but always when they were serving on the counter. Staff were observed to clean their hands regularly, using either hand gel or soap and water. The pharmacist and the superintendent pharmacist both knew that if a member of the team had COVID-19 they should inform the appropriate authorities.

The written procedures said that the team members should log any mistakes made in the dispensing process in order to learn from them. Recording was inconsistent and there was no recorded learning from these mistakes. But the pharmacist said that the individual incidents were discussed with the member of staff who had made them, and action was taken to prevent a recurrence such as separating stock with similar names. The individual mistakes were not discussed with the whole team. The pharmacy conspicuously displayed the correct responsible pharmacist notice. The responsible pharmacist record required by law was up to date and filled in correctly. The pharmacy team members were aware of their roles and they were observed asking the pharmacist for advice when needed.

The pharmacy had current professional indemnity insurance. The superintendent pharmacist was an independent prescriber and he confirmed that he was covered for his prescribing activities through his personal cover. The pharmacy had a complaints procedure and also completed annual patient satisfaction surveys. Previous feedback had been in relation to prescriptions not being ready on time and the time taken for the pharmacy to answer the phone. The pharmacist said that these issues had mostly been resolved.

Records for unlicensed medicines and controlled drugs (CD) registers were well maintained. CD running balance checks were carried out regularly. The pharmacy team members made private prescription records using the patient medication record (PMR). The private prescription records on the PMR were up to date but the prescriber details were not always accurate as required by law. Emergency supply records did not always have a reason recorded as to the nature of the emergency. This could make it harder for the pharmacy to show why the supply was made if there was a query.

Assembled prescriptions were stored away from the view of people who used the pharmacy. Team members had had training about the General Data Protection Regulation. An information governance toolkit was in place which was reviewed annually. The dispensary team members had individual smartcards and only used their own. The pharmacists had completed level 2 safeguarding training and details for the local safeguarding boards were displayed in the dispensary. Team members had watched a video about safeguarding.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff with relevant qualifications to provide its services safely. Team members do some ongoing training, but this is not structured or recorded. This could make it harder for the pharmacy to identify and address any gaps in the team's knowledge or skills.

### Inspector's evidence

At the time of the inspection the pharmacy team comprised of the responsible pharmacist, another part-time pharmacist and the superintendent pharmacist. The superintendent pharmacist worked partly in the pharmacy and for some time at the surgery as a pharmacist prescriber. There were also three dispensers and an accuracy checking technician and three medicines counter assistants (MCA). All the staff had relevant qualifications for their roles. One of the dispensers concentrated on the management of the multi-compartment compliance packs. There were also two full-time delivery drivers.

The superintendent pharmacist said that there were enough team members for the services provided. The pharmacy was supplying medicines to 150 people in a nearby care home and extra staff had been recruited for this. Staff performance was managed informally by the superintendent pharmacist who gave team members feedback.

There was no formal process for ongoing structured training. Team members were given pharmacy magazines which they looked through, but no records were kept for this. Team members did not have numerical targets.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The premises are generally clean and provide a safe, secure and professional environment for patients to receive healthcare. The pharmacy has added physical screens to help reduce risks posed by the COVID-19 pandemic.

### Inspector's evidence

The pharmacy was clean in the main. There was ample workbench space available which was organised. Multi-compartment compliance packs were prepared in a room upstairs. The fitting of this room had been completed about a week before the inspection and the superintendent pharmacist said that he was going to send in new plans to the GPhC to ensure that this area was registered as part of the pharmacy. A sink was available in the dispensary. Medicines were stored on shelves in a generally tidy and organised manner. The premises were usually kept secure from unauthorised access. A side door into the surgery was reported to sometimes be left open. This would mean that members of the surgery could enter at will, which could compromise the confidentiality of information in the pharmacy. The pharmacist gave an assurance that it would be kept shut.

Due to the COVID-19 pandemic the pharmacy had installed a screen at the counter, between the people using the pharmacy and the staff to protect them, when social distancing was not possible.

The consultation room was not in use due to its size and the lack of ability to socially distance. The pharmacy was not carrying out any services which required one. The team had access to a room in the surgery, if a private consultation was required.

Room temperature and lighting were adequate for the provision of healthcare. Air conditioning was available to help regulate the temperature.

## Principle 4 - Services ✓ Standards met

### Summary findings

Overall, the pharmacy delivers its services in a safe and effective manner. It gets its medicines from reputable sources and stores them safely. It takes the right action in response to safety alerts so that people get medicines and devices that are safe to use. Pharmacy team members are helpful. They try to make sure that people have all the information they need so that they can use their medicines safely although this may not happen consistently when high risk medicines are delivered.

### Inspector's evidence

The pharmacy was accessible from the surgery through automatic doors. Services were displayed on a board outside the pharmacy. The superintendent pharmacist was an independent prescriber and worked in an out-of-hours service as well as his role in this pharmacy. He told the inspector that he did not prescribe and dispense for the same patient.

The pharmacists and team were aware of the change in guidance about pregnancy prevention when supplying sodium valproate. The pharmacy had put the additional safety materials such as warning stickers and cards with the stock to ensure they were provided to people in the at-risk group. For people collecting prescriptions for high-risk medicines such as warfarin, the superintendent pharmacist said that the INR and other blood tests were checked and recorded. People who came to the pharmacy were asked about their current dose and recent test result. But there was no process in place to check blood test results for people who had their medication delivered. The MCA described handing out prescriptions. She said that she would check with the responsible pharmacist before handing out a prescription for a CD and said that she would obtain two signatures on the prescription. She was unsure as to how long a prescription for CDs was valid for. She said that CD prescriptions were flagged with 'CD' stickers; however, this was not observed on all prescriptions for Schedule 4 CDs. This could make it harder for team members to know if one of these prescriptions was still valid when handing the medicine out. Prescriptions marked for the pharmacist to hand out were given to the pharmacist to do so. This ensured that appropriate counselling was given to people when needed.

The pharmacy used an electronic system to track prescriptions once they had been dispensed. If they were enrolled on the service, the system automatically sent people text messages to notify them that their prescription was ready. This also helped team members know where the prescription was stored. Multi-compartment compliance packs were prepared by a dispenser in a room above the pharmacy. Prepared packs were checked in the pharmacy, downstairs. They would be moved using the lift. The packs were dispensed by referring to the prescription. Assembled multi-compartment compliance packs were observed labelled with product descriptions and the required cautionary and advisory warnings. The Local Pharmaceutical Committee had issued guidance about assessing people using packs to ensure that the packs were the best way of supplying their medicines. The pharmacist said that they were looking into how to do these assessments.

Deliveries were carried out by one of two designated drivers who both worked full time due to an increase in deliveries due to the pandemic. Deliveries were electronically tracked. The system helped the pharmacy show that the medicines had been delivered safely. Signatures from recipients were not obtained, due to the pandemic. The branch surgery at Kimpton had closed, and those people who had previously collected their medicines from a collection point now had their medicines delivered to them.

Medicines were obtained from licensed wholesalers. There were two fridges and the staff monitored the temperatures, and maximum and minimum temperatures were recorded daily. Medicines were generally stored tidily. Date-checking of stock was done by the dispensers every three months and this was supported by records. No date-expired medicines were observed on the shelves sampled.

With regards to the Falsified Medicines Directive (FMD), the pharmacy had recently upgraded the computers and received new scanners. A software update was required before the system would work. Out-of-date and other waste medicines were kept separate from stock and then collected by licensed waste collectors. Drug recalls were received on Pharmasmart. These could be accessed by any of the pharmacists. Previous recalls had been actioned appropriately.



## Principle 5 - Equipment and facilities ✔ Standards met

### Summary findings

The pharmacy has the right equipment for its services. And it maintains it properly.

### Inspector's evidence

There were various sizes of glass, crown-stamped measures, with separate ones labelled for specific use, reducing the risk of cross-contamination. Tablet counting equipment was available. Up-to-date reference sources were available including access to the internet. The pharmacy had a domestic fridge and a larger pharmacy fridge with adequate storage for their medicines. The computers in the dispensary were password protected and out of view of people using the pharmacy. Confidential waste was collected in a separate labelled bin and sent for destruction.

### What do the summary findings for each principle mean?

Finding	Meaning
<span style="color: green;">✔</span> <b>Excellent practice</b>	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.
<span style="color: green;">✔</span> <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✔</span> <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.