

# Registered pharmacy inspection report

**Pharmacy Name:** Redcliffe Hill Pharmacy, 8 Waring House, Redcliff Hill, BRISTOL, BS1 6TB

**Pharmacy reference:** 1119866

**Type of pharmacy:** Community

**Date of inspection:** 02/08/2023

## Pharmacy context

This is a community pharmacy which is located on a parade of shops in the Redcliffe Hill 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, provides treatment for a range of minor ailments and dispenses NHS prescriptions.

## 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

The pharmacy has satisfactory written procedures to help make sure the team works safely. Pharmacy team members have procedures in place to record and review mistakes when they happen. They use this information and learning to avoid future mistakes. 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 generally 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

Processes were in place for identifying and managing risks. Near miss mistakes were recorded and reviewed when they occurred and the pharmacy manager would discuss the incident with the members of the dispensary team. Dispensing incidents were recorded and this included a root cause analysis as part of the error investigation. Following one of these reviews, the team had a general discussion about the areas that they need to be aware of.

There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches in each of these rooms. The team used stackable containers to hold dispensed medicines to prevent the mixing up of different prescriptions. Dispensing labels contained barcodes which enabled the pharmacy to track and audit the processes involved in the dispensing and supply of prescriptions on the patient medical record system.

Electronic standard operating procedures (SOPs) were in place for the services provided and those examined had been reviewed within the past two years. 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 gathered feedback on a regular basis by encouraging people to submit comments and reviews online. A certificate of public liability and indemnity insurance was displayed and was valid until the end of February 2024.

Records of controlled drugs (CD) and patient-returned CDs were seen to be retained. CD balances were generally checked weekly. A responsible pharmacist (RP) record was kept and the RP notice was displayed in pharmacy where people could see it. The fridge temperatures were recorded daily and were within the two to eight degrees Celsius range. Date checking was carried out in a manner which meant the whole pharmacy was date checked four times in a year and records of this were seen to be completed appropriately. Short-dated stock was marked for with stickers. The private prescription, emergency supply and specials records were available and were in order.

Confidential waste was collected separately to normal waste and disposed of appropriately. An information governance policy (IG) was in place and the pharmacy team had read this. Staff had completed a training package on the General Data Protection Regulation (GDPR).

There was a safeguarding policy in place at the pharmacy. Staff were aware of the signs to look out for that may indicate safeguarding concerns in vulnerable adults. Local contact details to raise safeguarding concerns were kept in the dispensary and the pharmacy team knew how to locate these if required.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy's team members have the appropriate skills, qualifications and training to deliver services safely and effectively. The pharmacy team members work well together. They are comfortable about providing feedback and raising concerns and are involved in improving pharmacy services.

### Inspector's evidence

There was one pharmacist and five dispensing assistants present during the inspection. Staff were seen to be working well together and supporting each other when required. All staff had completed appropriate training courses for their roles. Staff performance was monitored and reviewed every three to six months. The pharmacy team could also provide feedback about the place that they worked.

The staff reported that they had completed training online and had regular updates to their knowledge and understanding of the services and medicinal products provided. The pharmacist explained that she had been carrying out blood pressure checks regularly and so had recently refreshed her knowledge of how high blood pressure is managed. The pharmacy team had scheduled training time this was displayed on the wall in the dispensary.

The pharmacy team reported that they would hold patient safety meetings regularly and advise all staff of any relevant learning. The pharmacy team discussed these during regular meetings and audit trails were kept to show that people had read them. Staff explained that they felt comfortable with raising any concerns they had with the superintendent pharmacist. There were no formalised targets in place at the pharmacy.

## 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 clean, bright, and presented in a professional manner. The dispensary areas were separated from the retail area by a counter to allow for the preparation of prescriptions in private.

There was a sink available in the pharmacy with hot and cold running water with hand sanitiser to allow for hand washing. Medicines were organised in a generic and alphabetical manner. There were two consultation rooms in use at the pharmacy and these were appropriately signposted. Patient information was stored securely. The ambient temperature and lighting throughout the pharmacy was appropriate for the delivery of pharmaceutical 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 step free. There was adequate seating for patients and customers who were waiting for services. There was sufficient space for wheelchair and pushchair users. Large label printing was available for people with sight difficulties.

The pharmacy team had been participating in the hypertension case-finding service. This was aimed at identifying people with high blood pressure who were over 40 years old. The pharmacist regularly completed blood pressure checks on people. If the patient's initial blood pressure reading was elevated, they would be offered 24-hour ambulatory blood pressure monitoring (ABPM). The pharmacy had access to an ambulatory blood pressure monitor and this was appropriately validated. The pharmacist reported that around four to six people would undergo ABPM per month. If necessary, people could then be referred to their own GP practice to start treatment to control their blood pressure.

The pharmacy team offered the Community Pharmacist Consultation Service (CPCS). As part of this service, the pharmacist explained that she received referrals from NHS 111 for emergency supplies of medicines or for the treatment of minor ailments. The pharmacy team could also receive referrals from GP surgeries. For the emergency supplies, the pharmacist would gain consent to check the summary care record of the patient and ensure that the medicine had previously been prescribed and it was clinically appropriate to make the supply.

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 pharmacy used recognised wholesalers such as AAH, Phoenix and Alliance Healthcare to obtain medicines and medical devices. Specials were ordered via Arcardia or 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 also available. Waste was collected regularly and the pharmacy team explained they would contact the contractors if they required more frequent waste collection.

The majority of medicines and medical devices were stored in an organised fashion within their original manufacturer's packaging. A strip of gabapentin 400mg capsules were stored on the shelf without any container. A container of Coracten sustained release 20mg capsules was stored without a batch number or expiry date. Pharmaceutical stock was subject to date checks which were documented and up to

date. Short-dated products were appropriately marked. The fridges were in good working order and the stock inside was stored in an orderly manner. MHRA alerts came to the pharmacy electronically and the pharmacist explained that these were actioned appropriately. Records were kept to verify this and these contained audit trails.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services offered. Facilities are used in a way that suitably protects people's 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. Counting triangles and capsule counters were also available for use. There was a separate counting triangle for cytotoxic medicines. 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. Up-to-date online reference sources were accessible to staff including a BNF, a BNF for Children and a Drug Tariff.

There were three fridges in use which were in good working order. The maximum and minimum temperatures were recorded daily and were seen to be within the correct range. 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.