

# Registered pharmacy inspection report

**Pharmacy Name:** Graham Road Pharmacy, Graham Road Surgery, 22  
Graham Road, WESTON-SUPER-MARE, Avon, BS23 1YA

**Pharmacy reference:** 1120405

**Type of pharmacy:** Community

**Date of inspection:** 22/04/2022

## Pharmacy context

This is a community pharmacy which is based in a GP surgery in Weston-super-Mare. It serves its local population which is mostly elderly. The pharmacy opens six days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions, provides flu vaccinations and supplies medicines in multi-compartment compliance packs for people to use living in their own homes. 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

The pharmacy has 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 and to learn from these. 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 team had taken measures to mitigate the risk of transmission of COVID-19. Risk assessments had been completed assessing the impact of COVID-19 on the pharmacy premises and the individual pharmacy staff members. The pharmacy suspended some of its face-to-face services during the peak of the pandemic. Staff were wearing face coverings in the pharmacy. People were encouraged to wear face coverings when attending the pharmacy. Processes were in place for identifying and managing risks. There was a near miss mistake log in the main dispensary and this was used regularly by staff. The pharmacy staff gave an example of separating different strengths of codeine tablets based on a previous near miss mistake.

There was a procedure in place to learn from dispensing errors. Dispensing errors were recorded electronically and reported to the superintendent pharmacist. The pharmacy would investigate errors so that they could learn from these and reduce the risk of these occurring in the future. Records of dispensing errors were kept, and the majority of these included a root cause analysis to assess why the error had happened and to reduce the risk of it happening again.

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 generally signed by two different people indicating who had dispensed and who had checked a prescription.

Standard operating procedures (SOPs) were in place for the services provided and these were reviewed regularly. 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 had not recently completed a Community Pharmacy Patient Questionnaire (CPPQ) but intended to start these again in the future. However, staff said that they encouraged patients to provide feedback through social media. A certificate of public liability and indemnity insurance from the NPA was held and was valid and in date until the end of April 2023.

Records of controlled drugs (CD) and patient returned controlled drugs were kept. Some of the CD balance checks were inconsistent, and some CD balances had not been checked for many months. The superintendent pharmacist agreed to address this. The responsible pharmacist (RP) record was kept and the RP notice was displayed and could be clearly seen by the public. There was one fridge in use and temperatures were recorded daily and were within the appropriate temperature range of two to eight degrees Celsius. Date checking was completed regularly and records were kept to demonstrate this. The private prescription, emergency supply and specials records were kept and were in order.

An information governance policy was in place. There was a computer screen on the medicines counter which potentially could be seen by people leaning over the counter to talk to staff. The superintendent pharmacist agreed to get a privacy screen for this monitor. All of the other computer screens in the dispensary were all facing away from the public and were password protected. Confidential waste was collected separate to normal waste and disposed of appropriately. People's confidential information was stored securely.

The pharmacist had completed a Centre for Pharmacy Postgraduate Education (CPPE) training package on safeguarding children and vulnerable adults. On questioning, staff were clear about how they may identify and refer safeguarding concerns appropriately. Contact details for local safeguarding advice, referral and support were readily available in the pharmacy.

## 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, one trainee technician, one dispensing assistant and one healthcare assistant present during the inspection. They were seen to be working well with each other and there was generally enough staff to deal with the workload. The pharmacist reported that staff meetings would take place on an ad-hoc basis to discuss any business updates or significant errors.

The staff reported that they kept their knowledge up to date by reading third party materials, such as pharmacy magazines, and would ask the pharmacist if they had any queries. The pharmacy team utilised an online training platform to record and monitor the training packages that each staff member had completed. There was a trainee technician who was making good progress during her course. She received regular one to one meetings with her pharmacist mentor and sufficient protected time to complete her training. During the COVID-19 pandemic, pharmacy staff reported that they had consulted some online resources from the PSNC and Public Health England. This included learning more details about the virus, how it is transmitted and the significance of testing and tracing.

The pharmacy team reported that they felt comfortable in approaching the superintendent pharmacist with any issues regarding service provision. 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. The pharmacy is secure and protected from unauthorised access.

### Inspector's evidence

The pharmacy was based in a medical centre. It had a small retail area behind the medicines counter. The dispensary area was separated from the waiting area by a counter to allow for the preparation of prescriptions in private. There was a plastic screen covering approximately half of the medicines counter which was designed to help reduce the risk of COVID-19 transmission. The dispensary area was small and some boxes of stock were stored on the floor which may represent a trip hazard to staff. The pharmacy was cleaned daily and the pharmacy staff had disinfectant wipes and hand sanitiser and used these frequently throughout the day.

There was a sink available in the dispensary with hot and cold running water with hand sanitiser to allow for hand washing. Medicines were organised in a generic and alphabetical manner. The pharmacy consultation room was spacious, clean and had a professional appearance. 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 makes sure that its services are accessible, effectively managed and safely delivered. It generally obtains, stores and supplies its pharmaceutical stock appropriately. Where a medicinal product is not fit for purpose, the team takes appropriate action.

### Inspector's evidence

Information about the services provided were detailed in posters and leaflets around the pharmacy. Access to the pharmacy was step free. There was space for the movement of a wheelchair or pushchair in the GP surgery and seating for patients and customers who were waiting.

The pharmacy team dispensed multi-compartment compliance packs for 50 patients in their own homes. These were organised using four-weekly cycle. These compliance packs were mostly dispensed and checked in the evenings when the pharmacy was less busy. One compliance pack was examined and an audit trail to demonstrate who dispensed and checked the compliance pack was complete. Descriptions were routinely provided for the medicines contained within the compliance pack. Patient information leaflets (PILs) were regularly supplied.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent valproate exposure during pregnancy. There was a poster highlighting this to patients in the dispensary. Valproate patient cards and leaflets were available for use during valproate dispensing. The pharmacy team reported that they would check that the patient's prescriber had discussed the risks of exposure in pregnancy with them and they are aware of these and query if they were taking effective contraception.

Destruction kits for the destruction of controlled drugs were not available during the inspection but had been ordered by the superintendent pharmacist. Designated bins for storing waste medicines were available and being used for the disposal of medicines returned by patients. A hazardous medicines waste bin was also available for use during the inspection. Waste collection was regular and the team explained they would contact the contractors if they required more frequent waste collection. Medicines were obtained from suppliers such as AAH and Alliance. Specials could be obtained from a variety of suppliers.

There were some medicines which were stored outside of their original manufacturer's packaging and did not contain batch numbers or expiry dates on the container. These included codeine 30mg tablets, fenofibrate 200mg tablets, omeprazole 10mg capsules, co-codamol 15mg/500mg tablets and co-careldopa 12.5mg/50mg tablets. There was 5 vials of Levemir in the fridge that were not in a container and had been out of date since January 2021 and these were disposed of during the inspection. Pharmaceutical stock was subject to date checks which were documented and up to date, but the pharmacy team admitted that they had missed date checking liquids and medicines which had not been kept in the manufacturer's original packaging. The superintendent pharmacist gave assurances that this would be addressed in the future. Examples were given of short-dated products that had been appropriately marked. However, there was a bottle of morphine sulfate 10mg/5ml that had expired in February 2022. There was also a bottle of trazodone 50mg/5ml that had expired of October 2021. These were both destroyed during the inspection. The fridge was in good working order and the stock

inside was stored in an orderly manner. MHRA drug alerts and recalls came to the pharmacy electronically and the pharmacy manager explained that these were actioned appropriately. Records to demonstrate this were kept and these also contained audit trails to show what action had been taken and when.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services offered. These are used in a way that helps protect patient confidentiality and dignity.

### Inspector's evidence

There was a range of crown stamped measures available for use. But the pharmacy also kept a range of plastic measures which were not crown stamped. These were disposed of during the inspection. Amber medicines bottles were capped when stored. A counting triangle and a cytotoxic counting triangle were 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.

Up-to-date reference sources were available in the dispensary and the consultation room and included a BNF, a BNF for Children and a Drug Tariff. Internet access was also available should the staff require further information sources.

There was one fridge in use which was in good working order and 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.