

Registered pharmacy inspection report

Pharmacy Name: The Bath Pharmacy Company Limited, Unit 32,
Burnett Business Park, Gypsy Lane, Keynsham, BRISTOL, BS31 2ED

Pharmacy reference: 1122585

Type of pharmacy: Community

Date of inspection: 04/04/2019

Pharmacy context

This is a pharmacy located on a business park in Keynsham that is closed to visitors to its premises. But it delivers medicines out to its local population which is varied in age range and background. The pharmacy operates five days a week. The pharmacy dispenses NHS prescriptions and supplies medicines in multi-compartment medicine devices to assist vulnerable people taking medication and living in their own homes.

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
1. Governance	Standards met	1.8	Good practice	The pharmacy team have robust safeguarding procedures in place and can demonstrate having used these for the benefit of protecting vulnerable people.
2. Staff	Standards met	2.4	Good practice	The pharmacy team maintain a clear and embedded culture of openness, honesty and learning.
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.1	Good practice	The pharmacy team offer multiple compliance aids to help patients take their medicines and offer a comprehensive, well organised delivery service to patients in their homes.
5. Equipment and facilities	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 record and review some mistakes that happen and use this to learn from their mistakes. But not all mistakes are investigated in a timely manner which may mean that some opportunities for learning are missed. Pharmacy team members are clear about their roles and responsibilities. The pharmacy asks its customers and staff for their views and uses this to improve services. It generally manages and protect people's confidential information well and it tells people how their private information will be used. The pharmacy generally maintains all the records that it must keep by law. However, some details were missing from its records. This means the pharmacy may not have a complete audit trail or be able to show exactly what has happened if any problems arise.

Inspector's evidence

Processes were in place for identifying and managing risks. Near misses were recorded electronically and some examples were demonstrated to the inspector. The pharmacist reported that these were reviewed monthly. Based on previous near misses, prednisolone and propranolol had been clearly separated on the dispensary shelf.

There was a procedure for dealing with dispensing errors detailed in the standard operating procedures (SOPs). Staff demonstrated that dispensing errors were routinely recorded. However, a dispensing error that had taken place in February had still not been subject to a root cause analysis at the time of the inspection. The inspector proffered advice about this. Dispensing errors were also reported to the National Reporting and Learning System and superintendent pharmacist.

There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches. 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 in place for all the dispensary tasks. SOPs were reviewed every 2 years. On questioning, the members of staff were all able to explain their roles and responsibilities.

A complaints procedure was in place and the staff were all aware of the complaints procedure. The pharmacy carried out a Community Pharmacy Patient Questionnaire (CPPQ) annually as part of their NHS contract and previous feedback. These questionnaires were delivered and then picked up from patients.

An indemnity insurance and public liability certificate was displayed and was valid and in date until the end of April 2020. Records of controlled drugs (CD) and patient returned CDs were seen as being kept. The address that a CD was received from was often omitted from the examined records. Patient returned CDs were separated from regular CD stock and labelled appropriately.

Date checking was carried out regularly and records were kept to demonstrate this. The fridge temperatures were recorded daily and were always in the 2 to 8 degrees Celsius range. A responsible pharmacist (RP) record was retained and the responsible pharmacist notice was displayed in the dispensary.

The private prescription, emergency supply and specials records were retained and were in order. There were examples of signed orders from doctors where the pharmacy team had not recorded the doctor's name and address. Staff were seen to be following the company information governance policy. Confidential waste was separated and disposed of appropriately. Access to patient confidential records was password protected.

Staff explained that they were aware what signs to look out for that may indicate safeguarding issues in children and vulnerable adults. Contact details were available for safeguarding referrals, advice and support. A dispensing assistant gave an example of having called an ambulance for a patient who she had found in a hypoglycaemic coma when delivering their medicines.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy staff 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 two dispensing assistants present during the inspection. They were all seen to be working well together. Staffing levels were seen to be sufficient for the level of the services provided during the inspection.

Staff meetings would take place on an ad-hoc basis where any significant errors and learning would be discussed with the team. A dispensing assistant reported that locums were useful as a resource to share good practice knowledge from other pharmacies.

The staff reported that they kept their knowledge up to date by reading third party materials and would ask the pharmacist if they had any queries. One of the dispensary assistants reported having recently learnt about how gabapentin and pregabalin had changed controlled drug schedule which meant that they had different requirements about how the prescriptions would have to be written.

Staff felt comfortable to exercise their professional judgement in the best interests of their patients. The pharmacist demonstrated how he had raised a prescription query to a GP that had prescribed codeine tablets for a patient who was already taking morphine modified release capsules. Staff reported that they felt comfortable to approach the pharmacy manager or superintendent pharmacist with any issues regarding service provision. There were no targets in place at the pharmacy.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy premises provide a safe and appropriate environment for the provision of pharmacy services. Patient confidentiality is protected and the premises can be secured and safeguarded from unauthorised access.

Inspector's evidence

The pharmacy was based in a building on a business park and was closed to the public. There was a sink available in the dispensary with hot and cold running water with hand sanitiser to allow for hand washing.

Medicines were generally organised in a generic and alphabetical manner. Patient confidential 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 safely delivered, pharmaceutical stock is appropriately obtained, stored and supplied. Where a medicinal product is not fit for purpose, the team take appropriate action and maintain audit trails to demonstrate this. The pharmacy does not currently have a hazardous waste bin to dispose of hazardous waste medicines and this may increase the risk to staff and the environment.

Inspector's evidence

The pharmacy was closed to the public. Large print labels were available for patients with sight difficulties. The pharmacy completed more than 100 deliveries per day. Medicines were assembled by the pharmacy team and a schedule would be given to the driver. The driver would then get patients to sign to say that they had received the medication. In some circumstances, medicines were posted through the patient's letterbox but the pharmacy team would ensure that explicit consent was received for this and noted on the patient's medical record. The pharmacist reported that the team would establish if children or pets were present in the home and medicines would never be posted if there were.

The pharmacy team dispensed monitored dosage system (MDS) trays for 220 patients. One MDS tray was examined and an audit trail to demonstrate who dispensed and checked the tray was complete. Complete descriptions were provided for the medicines contained within the MDS trays. Audit trails to demonstrate who had dispensed and checked the tray were present on the examined tray. Patient information leaflets were regularly supplied.

The pharmacy team also supplied medicines in Pivotell medicine dispensing machines to six patients. Pivotell medicine dispensers were also used to help patients with compliance issues. The Pivotell machines would be filled by the pharmacy team and could be programmed with alarms to indicate when the patient should take their medicine. Pivotell machines could be recommended to use by the pharmacy team where MDS trays had been unsuccessful. The pharmacist reported that Pivotell machines were particularly useful in vulnerable patients with memory problems.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. Valproate patient cards and leaflets were available for use during dispensing to valproate to all female patients. The pharmacist reported that he 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.

There were destruction kits available for the destruction of controlled drugs and drop bins were available and being used for the disposal of medicines returned by patients. A hazardous medicines waste bin was not 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.

The pharmacy was in the process of complying with the European Falsified Medicines Directive (FMD). The superintendent pharmacist reported that the hardware was in place and that the pharmacy planned to use 'RxWeb' system. Medicines were obtained from suppliers such as AAH, Alliance,

Phoenix, Colorama, Trident, Bestway, Wardles and NWOS. Specials were obtained via suppliers such as BCM specials, Rokshaw and Alliance specials.

Medicines and medical devices were stored within their original manufacturer's packaging. Pharmaceutical stock was subject to date checks which were documented and up to date. Short dated products were wrapped with elastic bands. However, a box of reboxetine 4mg tablets was found in the dispensary drawer which had been out of date since the end of February 2019. The inspector proffered advice about this.

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 pharmacist explained that these were actioned appropriately. Audit trails were kept to demonstrate this.

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 protects patient confidentiality and dignity.

Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Measures were seen to be clean. Amber medicines bottles were seen to be capped when stored and there were counting triangles and a capsule counter 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 online and this access included the BNF, the BNF for Children and the Drug Tariff. Internet access was available should the staff require further information sources.

There was one fridge which was in good working order and the maximum and minimum temperatures were recorded daily and were seen to always be within the correct range. Doop bins were available for use and there was sufficient storage for 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.