

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: 05/01/2023

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	N/A	N/A	N/A
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	N/A	N/A	N/A
5. Equipment and facilities	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 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. Processes were in place for identifying and managing risks. Near misses were recorded and reviewed when they occurred and the pharmacist would discuss the incident with the members of the dispensary team. Examples of near miss error logs were kept electronically. 'Sound alike' and 'look alike' medicines such as procyclidine and prochlorperazine had been separated on the dispensary shelves. Dispensing incidents were recorded electronically and this included a root cause analysis as part of the error investigation. Reviews were carried out by the pharmacist looking for trends as well as any changes that need to be made to reduce the risk of errors.

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 of different prescriptions. 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 the services provided. But these had not been reviewed since 2019. The pharmacy manager had plans to review these processes. 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 encouraged people to submit feedback online. A certificate of public liability and indemnity insurance was displayed and was valid and in date until April 2023.

Records of controlled drugs (CD) were kept. The CD balances were generally checked every few months. There were patient returned CDs that had been separated from regular CD stock and labelled appropriately. A patient-returned CD record was kept. A responsible pharmacist (RP) record was kept and an RP notice was displayed in the pharmacy. 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 regularly. But records to verify this could not be located during the inspection. The private prescription records, emergency supply and specials records were retained and were in order.

Confidential waste was separated from general waste and disposed of appropriately. An information governance policy (IG) was in place and the healthcare team was required to complete a

training programme on IG. Staff had all signed confidentiality agreements and understood the importance of keeping people's sensitive information private.

The pharmacy team had completed safeguarding children and vulnerable adults training. Staff were aware of the signs to look out for that may indicate safeguarding concerns. The pharmacy team could locate local contact details to raise safeguarding concerns or ask for advice about them.

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 two dispensing assistants present during the inspection. There were sufficient staff for the services provided 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 or were on a training course. The pharmacy had recently recruited a new dispensing assistant and second pharmacist to help with increasing workload demands.

Staff performance was monitored and formally reviewed annually where key performance indicators were discussed. In these reviews, a development plan would be introduced to help further develop and train the members of staff. Staff would also get the opportunity to give feedback about the place where they work.

The staff reported they were required to complete online training modules when they became available. The pharmacy team gave an example of having refreshed their knowledge about the responsible use of antibiotics by completing an antimicrobial stewardship training module. The pharmacy team had access to third party materials, such as pharmacy magazines, to help keep their knowledge refreshed about new medicinal products. The pharmacist team had access to a WhatsApp group with other local pharmacies so they could check stock between branches.

Staff meetings to discuss any important business or patient safety updates were held on an ad-hoc basis. Staff reported that they felt comfortable with approaching the pharmacy manager or 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 premises provide a safe and appropriate environment for the provision of pharmacy services. The pharmacy suitably protects people's private information. And it keeps its premises secure 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 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 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

The pharmacy was closed to the public. Medicines were assembled by the pharmacy team and a schedule would be given to the driver. 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 not be posted if there were.

The pharmacy team dispensed multi-compartment compliance packs for 272 patients. These were usually assembled by the pharmacy team two weeks in advance of the supply. One compliance pack 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 compliance packs. Audit trails to demonstrate who had dispensed and checked each pack were present. Patient information leaflets were regularly supplied. Information sheets were kept for each patient which kept a record of any changes to their medicines.

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 he 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 confirm that they had effective contraception in place.

The pharmacy used recognised wholesalers such as AAH, Alliance Healthcare, Trident and OTC Direct to obtain medicines and medical devices. Specials were ordered via Rokshaw Laboratories. 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 not available for use during the inspection. Waste was collected regularly and the members of the pharmacy team explained they would contact the contractors if they required more frequent waste collection.

Medicines and medical devices were stored in an organised fashion within their original manufacturer's packaging. Pharmaceutical stock was subject to date checks which were documented and up to date. Short-dated products were appropriately marked.

The fridge was 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.

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 were also 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, including 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. 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.