

Registered pharmacy inspection report

Pharmacy Name: Chew Pharmacy, 4 South Parade, Chew Magna,
BRISTOL, BS40 8SH

Pharmacy reference: 1126289

Type of pharmacy: Community

Date of inspection: 10/12/2019

Pharmacy context

This is a small community pharmacy located in the rural village of Chew Magna. It serves its local population which is generally affluent and elderly. The pharmacy opens six days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions, provides flu vaccination services and supplies medicines in multi-compartment medicine devices for people to use 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 written procedures to help make sure the team works safely. Pharmacy team members record and review some mistakes that happen. But the pharmacy team do not always look into detail about why errors have happened which may mean that 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 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

Some processes were in place for identifying and managing risks. There was a near miss log which was displayed in the main dispensary but near misses had not been recorded since October. The pharmacist reported that this was reviewed regularly and any learning points were analysed and discussed.

There was a procedure in place to learn from dispensing errors. The pharmacist reported that dispensing errors were recorded and a root cause analysis would be carried out to identify learning points. But some previous errors that had been recorded did not have a sufficiently detailed root cause analysis so learning opportunities may be missed.

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 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 and these had been read and signed by staff. 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 carried out a Community Pharmacy Patient Questionnaire annually as part of their NHS contract. A certificate of public liability and indemnity insurance from NPA was displayed and was valid and in date until February 2020.

Records of controlled drugs (CD) and patient returned controlled drugs were retained. The address that a CD was received from was often omitted from the records. Annotations to the CD register were not always dated. A sample of a random CD was checked for record accuracy and the balance was correct at the time of the inspection. The CD balance was checked inconsistently with the last check being completed in May.

The responsible pharmacist (RP) record was retained. The RP notice was displayed where the public could see it clearly. 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 carried out regularly and a date checking matrix was retained. Short dated stock was highlighted. The private prescription records were retained but entries sometimes omitted the date of dispensing and the prescriber's address details. The specials records were retained and were in order. The pharmacist reported that emergency supplies were given very seldomly and so no recent records were seen.

The pharmacist was seen to be following the company's information governance procedures during the inspection. The computer screens were all facing away from the public and were password protected. The pharmacist reported that confidential waste was removed regularly and destroyed by an appropriate contractor.

The pharmacy team reported that she had been trained on safeguarding children and vulnerable adults. On questioning, she was able to explain how she may identify and refer safeguarding concerns appropriately. Contact details for local safeguarding advice, referral and support were not immediately available to staff and the pharmacist agreed to address this.

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 present during the inspection. The pharmacist reported that she worked by herself two mornings a week and had to self check during these times. But she said that this was manageable because the pharmacy had a low number of items. She reported that she was aware of the risk of self checking and would only do this if necessary. She would also endeavour to take a small mental break between the dispensing and checking processes.

The pharmacist reported she kept her knowledge up to date in various ways, including using CPPE packages for continuing professional development and by reading third party materials. The pharmacist had completed a CPPE package on safeguarding children and vulnerable adults and she reported that this had helped her become more aware of issues around this. Staff would receive time to complete any required training. Staff meetings would take place on an ad-hoc basis where any significant errors, learning and business issues would be discussed with the team.

Staff reported that they felt comfortable to approach the superintendent pharmacist with any issues regarding service provision. There were no formalised targets in place in 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 protect private information and the pharmacy is secure and protected from unauthorised access.

Inspector's evidence

The pharmacy had a small retail area toward the front and a larger dispensary area toward the back separated by a medicines counter to allow for the preparation of prescriptions in private. Fixures and fittings were modern and the pharmacy was clean, tidy and presented in a professional manner. There was a sink available in the dispensary with running water to allow for hand washing and preparation of medicines. Medicines were stored on the shelves in a generic and alphabetical manner.

There was one large consultation in use which was well soundproofed. The consultation room was not lockable and contained some patient confidential information. The pharmacist agreed to address this.

The ambient temperature was suitable for the storage of medicines. The lighting throughout the store was appropriate for the delivery of pharmacy services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible, effectively managed and delivered safely. The pharmacy obtains, stores and manages medicines safely and ensure that all of the medicines it supplies are fit for purpose. The pharmacy team take appropriate action where a medicine is not fit for purpose.

Inspector's evidence

Access to the pharmacy was via a step but staff were on hand to assist if required. There was seating for patients or customers waiting for services. There was a range of leaflets and posters available to the public about services on offer in the pharmacy.

The pharmacy team dispensed multi-compartment compliance aids for one care home with 40 patients and for 3 patients for use in their own homes. One compliance aid was examined and an audit trail to demonstrate who dispensed and checked it was complete. Descriptions were provided for the medicines contained within the compliance aids. Patient information leaflets (PILs) were regularly supplied. BNF advisory warning labels were not regularly included for the medicines in the compliance aids but the pharmacist agreed to address this.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent against valproate exposure during pregnancy. Valproate patient cards were not available for use during valproate dispensing to all female patients and the pharmacist agreed to address this. The pharmacist reported that she would check that 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.

The pharmacy obtained medicinal stock from suppliers such as AAH, Alliance, Colorama and Trident. Specials were ordered from Colorama specials. The pharmacist was aware of the European Falsified Medicines Directive (FMD). The pharmacy team had the scanning equipment in place and was in the process of rolling out the software.

There were destruction kits for the destruction of controlled drugs and designed bins for storing waste medicines were available and seen as being used for the disposal of medicines returned by patients. A bin for the disposal of hazardous waste medicines was also available for use.

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. The fridges were in good working order and the stock inside was stored in an orderly manner. MHRA alerts came to the team electronically through their email system. But records to demonstrate this were not always complete.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities to provide the services offered. The pharmacy uses its facilities to protect patient privacy.

Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Amber medicines bottles were seen to be capped when stored and there was a counting triangle. 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 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 which was used for the storage of thermolabile medicines. It was in good working order and the maximum and minimum temperatures were recorded daily and were seen to always be within the correct range. Designed bins for storing waste medicines 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.