

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: 20/01/2023

Pharmacy context

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

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	2.2	Good practice	The pharmacy team can access training to keep their knowledge up to date and receive time to complete it.
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. But examples of these had not been recorded since August 2022 because the pharmacy had been busier than usual. The pharmacist agreed to restart the recording of near misses. 'Sound alike' and 'look alike' medicines such as amitriptyline and amlodipine had been separated on the dispensary shelves. Sumatriptan and sildenafil had similarly been separated.

Dispensing incidents were recorded, and this included an analysis of what had happened as part of the error investigation. Ad-hoc meetings carried out by the pharmacist looking for trends as well as any changes that need to be made to reduce the risk of errors. 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. 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. The pharmacy team were in the process of introducing new SOPs at the time of the inspection. 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 February 2023.

Records of controlled drugs (CD) and patient-returned controlled drugs were kept. The CD balances were generally checked monthly. There were expired CDs that had been separated from regular CD stock and labelled appropriately. 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 regularly and records of this were seen to be completed appropriately. Short-dated stock had the date of expiry marked. The private prescription records were

retained but some entries omitted the prescriber's details. The 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 training on programme on IG. Staff had all completed a training package on the General Data Protection Regulation (GDPR).

The pharmacist had completed the CPPE level 2 safeguarding package. Staff were aware of the signs to look out for that may indicate safeguarding concerns. But staff could not locate local contact details to raise safeguarding concerns or ask for advice about them. The pharmacist agreed to address this.

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 dispensing assistant and one medicines counter assistant present during the inspection. There was 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 currently had a vacancy for a part time dispensing assistant.

Staff performance was monitored and reviewed regularly 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 that they work.

The staff reported they were required to complete training modules when they became available. Staff received some time to complete required training. The pharmacy team had recently completed a course on identifying potential cases of domestic violence, and they reported that this made them aware of the potential issues around this. The pharmacy team had access to third party materials, such as pharmacy magazines, to help keep their knowledge refreshed about new medicinal products. Staff meetings to discuss any important business or patient safety updates were held on an ad-hoc basis.

The pharmacy team were comfortable to raise any concerns to the superintendent pharmacist if necessary. 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 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. There were plastic screens separating part of the retail area from the medicines counter. 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 were boxes of assembled prescriptions that were stored on the floor in the dispensary. This could represent a trip hazard to staff.

There was one large consultation in use which was well soundproofed when closed. 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 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 via small steps, but the pharmacy team were available to assist people if required. There was adequate seating for patients and customers who were waiting for services. There was sufficient space for wheelchair and pushchair users.

The pharmacy team dispensed multi-compartment compliance aids for approximately 70 patients. The multi-compartment compliance aids were organised on a four-weekly rota. One compliance aid was examined. But audit trails to demonstrate who had dispensed the compliance aid were not present. Descriptions were provided for some of the medicines contained within the compliance aids, but some were also omitted. The pharmacist agreed to address this. Patient information leaflets (PILs) were supplied to people.

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 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, Alliance Healthcare, Waymade and Trident to obtain medicines and medical devices. Specials were ordered via 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. There were six full containers of designated waste medicines, and the pharmacist was in the process of arranging the disposal of these.

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. Both the month and the year of expiry were marked with stickers on these medicines.

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 and these contained audit trails.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

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

Inspector's evidence

There was one 100ml and one 10ml of crown stamped measure available for use. The pharmacist was in the process of ordering a wider range of sizes of crown stamped measures. Separate crown stamped measures were used for methadone dispensing. Amber medicines bottles were capped when stored. A counting triangle was 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 twice 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.