

# Registered pharmacy inspection report

**Pharmacy Name:** Bruton Pharmacy Limited, 19 High Street, Bruton, Somerset, BA10 0AH

**Pharmacy reference:** 9011142

**Type of pharmacy:** Community

**Date of inspection:** 04/11/2019

## Pharmacy context

The pharmacy is located on the high street of Bruton, a town in Somerset. It sells over-the-counter medicines and dispenses NHS and private prescriptions. And it delivers medicines to people's homes. The pharmacy team offers advice to people about minor illnesses and long-term conditions. The pharmacy offers services including Medicines Use Reviews (MURs), the NHS New Medicines Service (NMS), flu vaccinations and a minor ailments service. It also offers services for substance misusers. The pharmacy supplies medicines in multi-compartment compliance aids to people living in their own homes and to the residents of care 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
<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 identifies and manages its risks appropriately. Team members record their errors and learn from them to stop them happening again. The pharmacy reviews its practices to make them safer and more effective. But it does not always document these reviews which may make it difficult to identify themes and trends. Staff are clear about their roles and responsibilities. They work in a safe and professional way. The pharmacy asks people for their views and acts appropriately on the feedback. It has adequate insurance for its services. The pharmacy keeps up-to-date records as required by the law. The pharmacy keeps people's private information safe and explains how it will be used. Pharmacy team members know how to protect the safety of vulnerable people and act quickly to do so when needed.

### Inspector's evidence

The pharmacy had appropriate processes in place to monitor and reduce risks. Near misses were routinely recorded on the online reporting system, Pharmapod. Entries contained details of the error and a root cause analysis. Dispensing incidents were also recorded on Pharmapod. When errors were identified, they were discussed as a team to identify the potential contributing factors. Shelf-edge alerts had been placed at the locations of drugs commonly subject to errors, including carbamazepine.

The responsible pharmacist (RP) had been in post for two months. She had not yet completed a formal review of errors since she had worked in the pharmacy. The inspector spoke to the superintendent pharmacist (SP) after the inspection, and he confirmed that he reviewed near misses and incidents on Pharmapod monthly and discussed them with staff. But he did not record these reviews. He did complete a formal yearly patient safety review in order to meet contractual requirements.

The pharmacy had developed a good working relationship with the nearby GP practice. Team members could enter the practice and place notes with queries on the screen for the GP to review. Recent queries had included whether dose changes were correct and suggesting alternative products when the prescribed drug was unavailable. The RP said that this had improved the speed at which queries were resolved and had improved safety. Records of any queries were placed on the patient medication record (PMR).

Standard operating procedures (SOPs) were in place to cover all activities carried out in the pharmacy. They were up to date and were regularly reviewed. They were in the process of being signed by the regular RP. Team members had signed the SOPs to show that they had read and understood them. A dispenser could describe the activities that could not be undertaken in the absence of the RP.

The RP described how, before implementing a new service, she would ensure the pharmacy would be able to accommodate the work, and that it would be applicable to the local population. She would review staffing levels to ensure provision of the service could be maintained and would check that she and her staff had access to the appropriate tools and training to provide the service.

Feedback was obtained by a yearly Community Pharmacy Patient Questionnaire (CPPQ) survey, and by handing customers cards inviting them to complete an online survey. 99% of respondents to the most recent CPPQ survey had rated the pharmacy as very good or excellent. A complaints procedure was

available but was not displayed in the retail area. Team members said that they could print it off and give to people as needed. The pharmacy had responded to feedback that people did not always receive advice on living a healthy lifestyle but ensuring that their health promotion zone was always up to date with information on national campaigns.

Professional indemnity and public liability insurances were provided by Numark with an expiry of 31 August 2020.

RP records were maintained on the PMR and were in order. The correct RP certificate was displayed. Records of emergency supplies and private prescriptions were written in a book and were in order. Records of the supply of unlicensed specials medicines were kept and certificates of conformity contained the details of to whom the product had been supplied. Controlled drug (CD) registers were maintained as required by law. But not all entries of the receipt of CDs contained the address of the supplier. Balance checks were completed weekly. A random stock balance check of Zomorph 100mg capsules was accurate. Patient returns were recorded in a separate register and were destroyed promptly, and records were kept with two signatures.

All staff had completed training on information governance and the General Data Protection Regulation. Patient data and confidential waste was dealt with in a secure manner to protect privacy. A privacy policy and a fair data use statement were displayed in the patient area and confidential waste was segregated appropriately. Verbal consent was obtained from patients prior to accessing their summary care record and a note was placed on the PMR stating the reason for access. NHS Smartcards were used appropriately.

All staff were trained to an appropriate level on safeguarding. The RP and the pharmacy technician had completed the Centre for Pharmacy Postgraduate Education (CPPE) level 2 safeguarding training. The remaining staff had completed level 1 e-Learning provided by the company. Local contacts for the escalation of concerns were displayed on the wall of the dispensary. Staff were aware of the signs requiring referral and gave several examples of when they had made appropriate referrals, particularly to the life coaches employed by the GP practice.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff. Team members are appropriately trained for their roles. They keep their skills and knowledge up to date and are supported in their development. Team members suggest and make changes to improve their services. They communicate well with each other.

### Inspector's evidence

Staffing levels were adequate on the day of the inspection. In addition to the RP, there were two NVQ2 trained dispensers and a medicines counter assistant (MCA). There were also two further members of staff, an accredited checking pharmacy technician and a trainee MCA who were not present during the inspection. The pharmacy also employed two part-time delivery drivers. The pharmacy team reported that the SP visited weekly, as did the owner. The team had a good rapport and felt they could manage the workload with no undue stress and pressure. The staff had clearly defined roles and accountabilities, and tasks and responsibilities were allocated to individuals on a daily basis. Rotas were completed in advance to plan for absences, which were usually covered rearranging shifts, or by part-time staff increasing their hours.

The pharmacy team reported that they usually completed learning in their own time, but they were reimbursed financially. Resources accessed included Numark e-Learning modules, CPPE packages and revised SOPs. Staff were set yearly development plans and received regular ad-hoc feedback on their performance. Team members were seen to offer appropriate advice when selling medicines over the counter and were observed referring to the pharmacist when additional information was required.

Team members felt able to raise concerns and give feedback to the RP, the SP and the owner, all of whom they found to be receptive to ideas and suggestions. Team members were aware of the escalation process for concerns and a whistleblowing policy was in place. The pharmacy advisor described that she felt supported by the store manager and the stores in the wider area. The RP said that no targets were set. She said that she was able to use her professional judgement to make decisions. She would only undertake services such as MURs that were clinically appropriate.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy provides a safe, secure and professional environment for people to receive healthcare. The pharmacy has a soundproofed room where people can have private conversations with members of the pharmacy team.

### Inspector's evidence

The pharmacy was located on the high street of Bruton. It had relocated to its current premises in May 2019. There was a retail area which led to the healthcare counter and the dispensary. A large consultation room was available in the pharmacy so that people could have conversations in private. The room was soundproofed and conversations could not be overheard from outside. But it was not locked and it contained an open sharps bin and flu vaccinations and adrenaline pens, which are prescription-only medicines.

The main dispensary was of an adequate size and was tidy and well organised. All fixtures and fittings were well maintained. Stock was stored neatly on shelves and in pull out drawers. The dispensing benches were generally clear of clutter. A large room to the rear of the pharmacy was dedicated to the preparation of multi-compartment compliance aids. It was also spacious and well-maintained. It was also used to store retail stock and returned medicines, and this area was a little disorganised and cluttered. Cleaning was undertaken by pharmacy staff and the pharmacy was clean on the day of the inspection. The pharmacy was light and bright, and temperature was appropriate for the storage and assembly of medicines.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy is accessible and advertises its services appropriately. Medicines are supplied safely and the pharmacy gives additional advice to people receiving high-risk medicines. It makes a record of this additional advice to demonstrate that it has been given. The pharmacy offers a range of additional services and the pharmacy team deliver these services safely. Team members providing the services ensure that their training is up to date. The pharmacy obtains its medicines from reputable suppliers. It stores them securely and makes regular checks to ensure that they are still suitable for supply. The pharmacy delivers medicines to people safely and keeps appropriate records of this. The pharmacy accepts unwanted medicines and disposes of them appropriately.

### Inspector's evidence

The pharmacy had step-free access but no automatic door. Pharmacy team members said that they would offer assistance to anyone needing help to enter the pharmacy. The consultation room was off the retail area and was wheelchair accessible. Adjustments could be made for people with disabilities, such as producing large print labels. A range of health-related posters and leaflets were displayed and advertised details of services offered both in store and locally. Services provided by the pharmacy were advertised in the pharmacy and the RP was accredited to provide all of the promoted services. The MCA described how if a patient requested a service that could not be offered by the pharmacy at that time, she would refer them to other nearby pharmacies, calling ahead to ensure the service could be provided there. A sign-posting folder was available with details of local agencies and support networks. Further up-to-date signposting resources were accessed online.

Dispensing tubs were used to store prescriptions and medicines to prevent transfer between patients as well as organise the workload. There were designated areas to dispense walk-in prescriptions and those collected from the GP practice. The labels of dispensed items were initialled when dispensed and checked.

Coloured stickers were used to highlight fridge items and CDs in schedule 2 and 3. Prescriptions for schedule 4 CDs were annotated to highlight the 28-day expiry. Prescriptions containing high-risk medicines or paediatric medicines were also highlighted with stickers. The RP described that she checked if patients receiving lithium, warfarin and methotrexate had had blood tests recently, and gave additional advice as needed. She highlighted prescriptions that she had identified as requiring additional counselling by a pharmacist. Details of significant interventions were recorded on the patient medication record (PMR). Substance misuse services were provided for five people. The RP said she liaised with the prescriber or the key worker to report erratic pick-ups and to discuss any other concerns about users of the service. She made a note on the PMR of doses collected or missed, with a reason.

The pharmacy offered a range of additional services including flu vaccinations and a minor ailments service. The patient group directions covering these services were seen and had been signed by the pharmacists providing the service. The RP had a declaration of competence for the flu vaccination service, but the copy seen had not been completed. The RP had completed training on injection techniques and anaphylaxis and resuscitation within the last two years. The pharmacy was a Healthy Living Pharmacy and provided additional advice to people on living healthy lifestyles. It had a health

promotion zone displaying leaflets and information on both locally and nationally relevant topics. There was a poster displayed to support the current national campaign of Stoptober.

The pharmacy had completed the audit of people at risk of becoming pregnant whilst taking sodium valproate as part of the Valproate Pregnancy Prevention Programme. Appropriate conversations had been had with affected people and records were made on the PMR. Stickers were available for staff to highlight the risks of pregnancy to women receiving prescriptions for valproate. Information booklets and cards were available to be given to eligible women.

Multi-compartment compliance aids were prepared by the pharmacy for approximately 80 people based in the community and the residents of 2 care homes, totalling 30 beds. A sample of compliance aids was inspected. Each compliance aid had an identifier on the front, and dispensed and checked signatures were completed, along with a description of tablets. The date of dispensing was not automatically added to the backing sheet Patient information leaflets (PILs) were supplied each month. 'When required' medicines were dispensed in boxes and the dispenser was aware of what could and could not be placed in trays. A record of any changes made was kept on the patient information sheet, which was available for the pharmacist during the clinical checking process. Compliance aids were generally checked by the accredited checking pharmacy technician. Medication administration record sheets were supplied with medicines supplied to care homes.

The dispensary shelves used to store stock were organised and tidy. The stock was arranged alphabetically. Date checking was undertaken each week and the entire dispensary was checked every 3 months. Spot checks revealed no date expired stock or mixed batches. Prescriptions containing omissions were appropriately managed, and the prescription was kept with the balance until it was collected. Stock was obtained from reputable sources including Alliance and AAH. Invoices were seen to this effect. Records of recalls and alerts were seen and were annotated with the outcome and the date actioned. Stock held by the pharmacy had not been affected by the recent recall of ranitidine products.

Staff were aware of the Falsified Medicines Directive (FMD). The pharmacy had the hardware, software and scanners to be FMD compliant. They were not routinely scanning products as they had found things were not often on the database. They would check the anti-tampering device on each medicine was intact during the dispensing process.

CDs were stored in accordance with legal requirements in an approved cabinet. Denaturing kits were available for safe destruction of CDs. Expired CDs were clearly marked and segregated in the cabinet. Patient returned CDs were recorded in a register and destroyed with a witness with two signatures were recorded. The dispensary fridge was clean, tidy and well organised and records of temperatures were maintained. The maximum and minimum temperatures were within the required range of 2 to 8 degrees Celsius.

Logs were kept of deliveries made to people in their own homes with appropriate signatures. Confidentiality was maintained when obtaining signatures. A dispenser described the process followed in the event of failed deliveries to ensure that patients received their delivery in a timely manner, particularly those considered to be vulnerable, and this was found to be adequate.

Patient returned medication was dealt with appropriately. Confidential patient information was removed or obliterated from patient returned medication.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy uses appropriate equipment and facilities to provide its services. It keeps these clean and tidy. Computers are used in a way that protects people's private information.

### Inspector's evidence

Validated crown-stamped measures were available for liquids, with separate measure marked for the use of controlled drugs only. A range of clean tablet and capsule counters were present, with a separate triangle clearly marked for cytotoxics. All equipment, including the dispensary fridge, was in good working order and PAT test stickers were visible. The dispensary sinks were clean and in good working order.

Reference sources were available and the pharmacy could also access up-to-date information on the internet. Computers were positioned so that no information could be seen by members of the public and phone calls were taken away from public areas. Dispensed prescriptions were stored in a retrieval system on shelves with no details visible to people waiting.

### 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.