

Registered pharmacy inspection report

Pharmacy Name: Bridge Castle Health Clinic, 126 High Street, Staple Hill, Bristol, Gloucestershire, BS16 5HH

Pharmacy reference: 9012210

Type of pharmacy: Internet / distance selling

Date of inspection: 26/06/2024

Pharmacy context

This is a pharmacy which is based on a parade of shops in northeast Bristol. It serves its local population which is mixed in age range and background. Most of its activity is dispensing NHS prescriptions. The pharmacy also provides private weight management services. The premises are normally not open to the public to visit in person.

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

Processes were in place for identifying and managing risks. The pharmacy manager reported that near miss mistakes were recorded and reviewed when they occurred, and the pharmacist would discuss the incident with the members of the dispensary team. A record of these was kept in the dispensary. Dispensing incidents were recorded electronically, and this included a root cause analysis as part of the error investigation. The pharmacist planned to carry out monthly reviews looking for trends as well as any changes that need to be made to reduce the risk of errors. The pharmacy was dispensing a small number of items and so the pharmacist was unable to give examples of any trends in near miss mistakes or dispensing 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. Stackable containers were used to hold dispensed medicines to prevent the mixing up different prescriptions. Dispensing labels were also signed indicating who had dispensed and who had checked a prescription.

Standard operating procedures (SOPs) were in place for the services provided and those examined had been reviewed within the past two years. There was a complaints procedure in place and the pharmacist explained how he deals with any concerns raised. The pharmacist encouraged people to submit feedback online. A certificate of public liability and indemnity insurance was held and was valid and in date until April 2025.

A responsible pharmacist (RP) record was kept. 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 four times in a year, but records to demonstrate this were not kept. Short-dated stock was highlighted with stickers. The private prescription records and emergency supply records were retained and were in order. There were no specials records at the time of the inspection.

Confidential waste was collected in confidential waste bins and was disposed of appropriately. An information governance policy (IG) was in place and the healthcare team was required to complete an e-learning programme on IG. The pharmacist had completed the CPPE level 2 safeguarding package. He was aware of the signs to look out for that may indicate safeguarding concerns. He could also 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 present during the inspection. There were no other staff employed at the pharmacy at the time of the inspection. The pharmacist had plans in place to ensure that all new staff members would be put on a training course as the pharmacy continued to grow.

The pharmacist was an independent prescriber (PIP) and explained that he had completed training online and had regular updates to their knowledge and understanding of the services and medicinal products provided. The pharmacist had completed training on the conditions treated using the new Pharmacy First service. They reported that this had made them more confident when identifying these common conditions and giving advice about their treatment. The pharmacist had completed a CPPE course in weight management and he outlined how this had informed his implementation of a weight management service. The PIP was very experienced and worked in other roles within the NHS where they prescribed regularly. The PIP explained how they shared any learning from their other NHS roles and looked to help improve their own service as a result. The PIP explained that he had previously engaged in peer to peer learning with other healthcare professionals, but no evidence was provided to demonstrate this.

The pharmacy manager reported that he planned would hold regular meetings when he began recruiting more staff. There 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. The pharmacy is secure and protected from unauthorised access.

Inspector's evidence

The pharmacy was based on a parade of shops and was not open to the public. The pharmacy was clean, bright, and presented in a professional manner. 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 by generic name and in alphabetical order. The pharmacy had a website which outlined the services provided by the pharmacy. It also contained details about who owned the pharmacy, its location and contact details. People were then able to book consultations for services via the website.

There were three consultation rooms which the pharmacist explained would be used for services. They were well soundproofed and signposted. Patient 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

Information about the services provided was detailed on the pharmacy website. There was also a list of services displayed in the pharmacy window. The pharmacy was usually closed to the public. The pharmacist explained that he had liaised with local GP surgeries to advertise pharmacy services.

The pharmacy was providing a weight loss service. Every person seeking treatment had a face-to-face consultation, and the pharmacist only prescribed Mounjaro if appropriate. There was a set of screening questions that the person answered before the pharmacist would undertake a weight check to work out the BMI. This included an identification check to ensure the person was over 18. The consultation covered all the key information and records of BMI were documented. There was a clinical guideline in place which the pharmacist followed. People had to have a BMI of above 30 to qualify for the various weight loss treatments, or a BMI of above 27 with at least one weight-related co-morbidity. The pharmacist weighed people himself in the pharmacy. There was a comprehensive risk assessment in place supporting service delivery.

The pharmacist offered treatment for a range of common conditions. This included treatment for sinusitis, sore throat, impetigo, and urinary tract infections. People could access this service by requesting treatment from the pharmacy team or by being referred by NHS 111 and GP practices. The pharmacist had completed the appropriate training to provide the service and had access to the necessary equipment. These consultations took place over the phone.

The pharmacist 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. 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. The pharmacist was also aware of the new regulations requiring valproate medicines to be supplied in original packs.

The pharmacy used recognised wholesalers such as AAH, Ethegen and Bestway to obtain medicines and medical devices. Specials were ordered via AAH 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 patient returned and out-of-date medicines. A bin for the disposal of hazardous waste was not available for use at the time of the inspection and the pharmacist agreed to address this.

Medicines and medical devices were stored in an organised fashion within their original manufacturer's packaging. Pharmaceutical stock was subject to regular date checks. 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 via e-mail, but the pharmacist did not keep audit trails to show what action had been taken and when. The pharmacist agreed to address this.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the core services it offered. It is not clear that 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. A counting triangle and a capsule counter were 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, including a BNF, a BNF for Children and a Drug Tariff. The pharmacy was also equipped with blood pressure monitors and calibrated weighing scales.

There was one fridge in use which was in good working order. The maximum and minimum temperatures were recorded daily. The probe was non-functional during the inspection, but this was promptly fixed by the pharmacist. 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.