

Registered pharmacy inspection report

Pharmacy Name: Keynsham Pharmacy, 13-15 High Street, Keynsham, Bristol, Somerset, BS31 1DP

Pharmacy reference: 9012369

Type of pharmacy: Community

Date of inspection: 15/10/2024

Pharmacy context

This is a community pharmacy which is based in the town of Keynsham near Bristol. It serves its local population which is mixed in age range and background. The pharmacy opens seven 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 COVID-19 and 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	N/A	N/A	N/A
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.1	Good practice	The pharmacy team help improve the accessibility of vaccinations to people in their local area.
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. Near miss mistakes were recorded and reviewed when they occurred, and the pharmacist would discuss the incident with the members of the dispensary team. Any trends noticed by the team were discussed on a regular basis. Gabapentin and pregabalin had been separated on the dispensary shelves due to previous near miss mistakes. 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. These were in the process of being updated and signed by the pharmacy team at the time of the inspection. Staff understood what their roles and responsibilities were when questioned. They also described the processes they should follow if they received a complaint. People were encouraged to submit feedback online. A certificate of public liability and indemnity insurance was held and was valid and in date until February 2025.

Records of controlled drugs (CD) and patient-returned controlled drugs were kept. Although the procedure to check the CD balances was weekly, this was being completed monthly at the time of the inspection. The pharmacy team agreed to address this. There were expired and patient returned 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 but records were not kept verifying this. Short-dated stock was highlighted as being short-dated. The private prescription and specials records were retained and were in order. The emergency supply records were retained but often omitted the reason for the supply when it was made at the request of a patient.

Confidential waste was separated from general waste and disposed of appropriately. An information governance policy (IG) was in place. 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. 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 were two pharmacists, one foundation year pharmacist, five dispensing assistants and one medicines counter assistant present during the inspection. The pharmacy team were observed to be working well together and providing support to one another when required. All staff were on a training course or had completed training courses appropriate for their roles.

The staff reported that they had completed some training which had increased their knowledge and understanding of the services and medicinal products provided. But the pharmacy team admitted that when service levels were busy, there would be periods where staff training hours had to be reduced as a result. The superintendent pharmacist agreed to set consistent training and update schedules for the pharmacy team. The pharmacist had also 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 explained that she had also completed face-to-face training to use an otoscope to diagnose minor ear infections.

The pharmacy team reported that they would hold meetings on an ad-hoc basis and advise all staff of any patient safety issues. Staff explained that they felt comfortable with raising any concerns they had with the superintendent pharmacist. There were targets in place at the pharmacy, but the pharmacy team explained that they did not feel any pressure to deliver these targets and would never compromise their professional judgement to achieve them.

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 large 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. The pharmacy had new fixtures and fittings and it was clean, tidy, and presented a professional image. There was a dedicated dispensing area for the preparation of multi-compartment compliance aids. There was a staff room towards the rear of the dispensary. 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 two consultation rooms in use which were 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 step free. 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 offered treatment for a range of seven 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. The pharmacy team completed an average of ten to twenty of these consultations per week.

The pharmacy team dispensed multi-compartment compliance aids for approximately 160 patients and five care homes. The multi-compartment compliance aids were organised on a four-weekly rota. One compliance aid was examined. Audit trails to demonstrate who had dispensed and checked the compliance aid were present. Descriptions were provided for the medicines contained within the compliance aids. Patient information leaflets (PILs) were supplied to people regularly.

The pharmacy team also administered out COVID-19 and flu vaccinations in the pharmacy. These could be booked in by people or completed on a walk-in basis. The pharmacy team had received good feedback about the accessibility of the vaccination services because there was a lack of GP practice appointments in the area. The pharmacy team had a patient group direction document outlining the service and this was held in the pharmacy.

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 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 team were also aware of the new regulations requiring valproate medicines to be supplied in original packs.

The pharmacy used recognised wholesalers such as AAH, Alliance Healthcare 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 not available during the inspection.

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. But there was an out-of-date bottle of gabapentin 50mg/ml on the dispensary shelf. This was removed during the inspection and placed into the CD cupboard to await destruction.

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 pharmacy team explained that these were actioned appropriately. But audit trails were not kept to verify this.

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 a satisfactory range of crown stamped measures available for use. 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. The pharmacy team could access references sources such as the BNF and BNF for Children online or on their mobile devices.

There were two fridges in the pharmacy which were 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.