

Registered pharmacy inspection report

Pharmacy Name: W S & B Rees, 20 High Street, LEOMINSTER,
Herefordshire, HR6 8LZ

Pharmacy reference: 1031987

Type of pharmacy: Community

Date of inspection: 29/11/2022

Pharmacy context

This is a pharmacy in a market town. It sells a range of over-the-counter medicines and dispenses NHS and private prescriptions. It provides medicines in multi-compartment compliance aids to a number of people. It offers a range of services including smoking cessation and a seasonal 'flu vaccination service for NHS and private patients.

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	1.8	Good practice	Safeguarding is an integral part of the culture within the pharmacy
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. Its team members record their mistakes so they can learn from them. And they take action to help stop mistakes from happening again. The pharmacy keeps the records it needs to by law. And it keeps people's private information safe. The pharmacy's team members are good at recognising and reporting concerns about vulnerable people to help keep them safe.

Inspector's evidence

The pharmacy had systems in place to identify and manage risk, including the recording of dispensing errors and near misses. Learning points from patient safety incidents were shared within the pharmacy team to reduce risks that had been identified. Members of the pharmacy team were able to give examples of action they had taken to reduce the risk of errors when selecting medicines. For example, stickers had been used on dispensary shelves to alert staff to the risk of selection errors with various medicines, including different pack sizes of gliclazide. Different strengths of bendroflumethiazide and different forms of aspirin had been separated on dispensary shelves. The pharmacy technician had printed out some information on 'Look-Alike, Sound-Alike' or 'LASA' drugs and had used this as a training tool for the apprentice dispenser following a near miss with amitriptyline and amlodipine. Butec and Butrans 10mcg/hr patches had been separated in a storage basket in the CD cabinet as their packaging was very similar.

A range of written standard operating procedures (SOPs) underpinned the services provided and these were regularly reviewed. Two new staff members were in the process of reading and signing SOPs relevant to their role. An appendix of the Staff Roles and Responsibilities SOP which showed the tasks that each staff member was expected to perform had not been completed, although staff were able to clearly describe their roles and responsibilities when questioned.

Evidence of current professional indemnity insurance was available. All necessary records were kept and were properly maintained, including responsible pharmacist (RP) records, private prescription and emergency supply records, unlicensed specials records and controlled drug (CD) records. CD running balances were typically checked at each time of dispensing. Some items that were not frequently dispensed had not been subject to a balance check for two or three months, and there was a risk that concerns such as dispensing errors or diversion might be missed.

The pharmacy team said that they received a lot of positive verbal feedback from people using the pharmacy. A formal complaints procedure was in place and was advertised in the practice leaflet, which was available in the retail area, as well as in posters displayed behind the medicines counter and in the consultation room. The posters also advertised the Patient Advice and Liaison Service (PALS) and the Independent Complaints Advocacy Service (ICAS).

Members of the pharmacy team had signed confidentiality agreements and most staff except for the two newest members of the team had undertaken training on the General Data Protection Regulations (GDPR). They were able to identify confidential waste and understood how to dispose of it appropriately. A poster describing the GDPR principles was displayed in the dispensary and behind the medicines counter. The company's confidentiality policy was advertised in the retail area. A privacy

notice in the consultation room described how the pharmacy used and managed personal data and gave details of how to make a complaint to the Information Commissioner's Office (ICO). Another notice in the consultation room advised people that any information they shared with the pharmacist would be kept confidential.

The pharmacist and most staff members had undertaken formal safeguarding training. They had access to guidance and local contact details that were displayed in the dispensary. A summary of the pharmacy's chaperone policy was advertised in a poster inside the consultation room. The team were able to give examples of how they had identified and supported a potentially vulnerable person, which had resulted in a positive outcome.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. They are properly trained for the jobs they do. And they feel comfortable speaking up about any concerns they have.

Inspector's evidence

The regular pharmacist worked at the pharmacy on Tuesdays, Wednesdays and Thursdays and was present during the inspection. The superintendent pharmacist, another regular pharmacist and a regular locum pharmacist each worked at the pharmacy on one day a week. The support team consisted of a pharmacy technician, a trainee dispensing assistant (DA) who was employed on an apprenticeship and two medicines counter assistants (MCAs), one of whom was a trainee. Four other members of the pharmacy team were absent: a trainee pharmacy technician, two DAs (one of whom was a trainee) and a new member of staff who worked on the medicines counter on alternate Saturdays. There were enough suitably qualified and skilled staff present to comfortably manage the workload during the inspection and the staffing level appeared adequate for the services provided. Staff members worked well together and had an obvious rapport with customers. Trainees worked under the supervision of the pharmacist and other trained members of the pharmacy team. The member of staff who worked on Saturdays had been employed at the pharmacy for nearly three months. The pharmacist confirmed that she would shortly be enrolled on an accredited training course relevant to her role.

There were no specific targets or incentives set for the services provided. Staff said that they were happy to make suggestions within the team and felt comfortable raising concerns with the pharmacists. A whistleblowing policy in the SOP file had been read and signed by all except the two newest members of staff. It included contact details for reporting concerns outside the organisation.

A member of staff working on the medicines counter were observed to use appropriate questions when selling over-the-counter medicines to patients. They referred to the pharmacist on several occasions for further advice on how to deal with transactions. A list of WWHAM questions was displayed near the medicines counter, as were lists of patient risk groups, warning signs and over-the-counter medicines that required referral to the pharmacist.

Staff had access to public health resources provided monthly by a pharmacy training provider. They had recently completed a training module on the identification and management of sepsis. They said that much of their learning around new products or services was via informal discussions with the pharmacists. The pharmacy technician understood the revalidation process and based her continuing professional development entries on situations she came across in her day-to-day working environment. All staff were subject to annual appraisals and could informally discuss performance and development issues with the superintendent pharmacist whenever the need arose.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is clean, tidy and secure. It has enough space to allow safe working and its layout protects people's privacy.

Inspector's evidence

The pharmacy was clean, tidy and well-organised, with enough space to allow safe working. Some dispensed prescriptions awaiting collection were being temporarily stored on the floor, but they did not pose a trip hazard. The sinks had hot and cold running water and soap and cleaning materials were available. A poster describing hand washing techniques was displayed above the sink. Hand sanitiser was available for staff and customer use. A plastic screen had been installed at the medicines counter to reduce the risk of viral transmission between staff and customers. A consultation room near the dispensary was available for private consultations and counselling and its availability was clearly advertised. The lighting in the pharmacy was appropriate. The temperature in the pharmacy was a little cold, as it was a cold day, and heaters were being used to keep the dispensary warm.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy for people to access. If it can't provide a service, it directs people to somewhere that can help. Its working practices are safe and effective. And it stores medicines appropriately and carries out checks to make sure they are in good condition and suitable to supply.

Inspector's evidence

The pharmacy offered a range of services that were appropriately advertised. There was wheelchair access into the pharmacy and consultation room. Members of the pharmacy team said that they would signpost people requesting services they could not provide to nearby pharmacies or other healthcare providers such as the local surgery. Some health promotional material was displayed in the retail area.

Dispensing staff used a colour-coded basket system to help ensure that medicines did not get mixed up during dispensing and to differentiate between prescriptions. Dispensing labels were initialled by the dispenser and checker to provide an audit trail. The pharmacist said that she sometimes self-checked prescriptions when other members of the dispensing team were busy. After dispensing and checking a prescription, she took a short mental break before checking the items a second time whilst placing them into a bag. She was aware that self-checking could increase the risk of errors and confirmed that she never self-checked prescriptions for high-risk medicines.

Prescription tokens were attached to bags of dispensed medicines awaiting collection. Stickers and messages were added to prescription bags to alert staff members if a fridge item needed to be added, or if the pharmacist wished to speak to the patient or their representative at the point of handout. Controlled drugs (CDs) requiring safe custody were not dispensed until the patient or their representative came to collect them. An owing note was attached to the prescription to alert staff to the fact that a CD item was outstanding. Prescription tokens for Schedule 3 and 4 CDs were marked with a printed label to ensure that they were not supplied to a person or their representative more than 28 days after the date on the prescription.

The pharmacy had some strategies in place to identify people prescribed high-risk medicines so that they could be counselled. Stickers were used to routinely identify patients prescribed warfarin and evidence showed that relevant information about blood tests and dose changes was recorded on the patient medication record (PMR). Prescriptions for methotrexate were stored in a separate basket. Steroid cards, insulin passports, valproate information and methotrexate and warfarin monitoring booklets were available to provide to patients. The pharmacy team were aware of the risks of valproate use during pregnancy and an information notice which described action to be taken by pharmacists supplying valproate was displayed in the dispensary for reference. The pharmacist confirmed that anyone prescribed valproate who met the risk criteria would be counselled appropriately and provided with information at each time of dispensing.

The pharmacy provided a prescription delivery service. Signatures were obtained for deliveries of CDs. The pharmacist said that patients due to receive a CD delivery were telephoned beforehand to ensure that they would be at home. In the event of a missed delivery, the delivery driver put a notification card through the door and brought the prescription back to the pharmacy.

Disposable compliance aid trays were used to supply medicines to some people. New patients

requesting the compliance aid service were assessed for suitability. Patient information leaflets were routinely supplied, and compliance aids were labelled with descriptions to enable identification of individual medicines. However, some descriptions were abridged, such as the term 'torp', which was used instead of 'torpedo-shaped' when describing a capsule, and there was a risk that people might not understand what this referred to. Each person receiving a compliance aid had a section in a dedicated file that included their personal and medication details, collection or delivery details and any relevant documents such as current prescription tokens, hospital discharge summaries and any messages or changes. A book in the compliance aid assembly area was also used to record details of queries or changes in date order. Some people were supplied medicines that were added to compliance aids in their blister packaging. The pharmacist confirmed that the risks and benefits of this practice had been discussed with the patient or their representative and that a professional decision had been made to supply the medicine in this way with regular review to ensure the situation was still safe and appropriate.

The pharmacy provided a range of services. There was a good uptake of the New Medicines Service (NMS) and the influenza vaccination service. The pharmacy had carried out about 250 influenza vaccinations during the 2021/22 season. Uptake of the discharge medicines service and the community pharmacy consultation service (CPCS) was relatively low, as the pharmacy received very few referrals for these services. The pharmacy also provided a UTI service to symptomatic females between the ages of 18 and 64 and an EHC service.

Medicines were obtained from licensed wholesalers and were stored appropriately. Medicines requiring cold storage were stored in two well-organised drug fridges. Maximum and minimum temperatures were recorded daily and were consistently within the required range. CDs were stored appropriately in a well-organised safe and obsolete CDs were segregated from usable stock. A recent police exemption certificate was displayed as evidence that the safe was suitable for CD storage.

Stock was subject to regular expiry date checks. These were documented, and short-dated items were highlighted with stickers. Date-expired medicines were disposed of appropriately, as were patient returns, waste sharps and clinical waste. The pharmacy produced leaflets which encouraged people to return unwanted inhalers for recycling, and to return old or unused antibiotics for disposal. It received drug alerts and recalls via emails which were printed and filed for reference. The pharmacist was able to describe how she would deal with drug recalls by contacting patients where necessary, quarantining affected stock and returning it to the relevant supplier.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services. It makes sure these are always safe and suitable for use. The pharmacy's team members use equipment and facilities in a way that protects people's privacy.

Inspector's evidence

The pharmacy used a range of validated measures to measure liquids. Oral syringes were used to measure volumes under 5ml. Triangles and a capsule counter were used to count tablets and capsules. A separate triangle was available for use with loose cytotoxics. The pharmacy had a range of up-to-date reference sources. All equipment was in good working order, clean and appropriately managed. Evidence showed that it had recently been tested. Personal protective equipment was available, including gloves and masks. Equipment and facilities were used to protect the privacy and dignity of patients and the public. For example, the computer was password-protected and the consultation room was used for private consultations and counselling. Dispensed prescriptions could be seen from the retail area but no confidential information was visible.

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.