

# Registered pharmacy inspection report

**Pharmacy Name:** Williams; J.R.G., 31 High Street, Llandybie,  
AMMANFORD, Dyfed, SA18 3HX

**Pharmacy reference:** 1043214

**Type of pharmacy:** Community

**Date of inspection:** 12/11/2020

## Pharmacy context

This is a rural village pharmacy. It sells a range of over-the-counter medicines and dispenses NHS and private prescriptions. It offers a limited range of services including treatment for minor ailments and a basic smoking cessation service. Substance misuse services are also available. This inspection was carried out during the COVID-19 pandemic.

## Overall inspection outcome

### Standards not all met

**Required Action:** Improvement Action Plan

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 not all met	1.2	Standard not met	The pharmacy team do not make records of patient safety incidents and there is no evidence of learning from mistakes
		1.6	Standard not met	Records of controlled drugs are not well-maintained
<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 not all met

### Summary findings

The pharmacy has written procedures to help make sure the team works safely. Its team members talk about things that go wrong. But they do not record their mistakes or take action to help stop them from happening again. So they may miss some opportunities to learn. The pharmacy generally keeps the records it needs to by law. But some details are missing, so it may not always be able to show exactly what has happened if any problems arise. It asks people to give their views about the services it provides. And its staff know how to keep people's private information safe. The pharmacy's team members understand how to recognise and report concerns about vulnerable people to help keep them safe.

### Inspector's evidence

A range of written Standard Operating Procedures (SOPs) had been signed by all staff, although these were overdue for review. There were many slightly different versions of SOPs which was confusing. It was difficult to tell which SOPs were current and if they accurately reflected the activities carried out in the pharmacy. However, the pharmacy team were able to give detailed and appropriate descriptions of their roles and responsibilities. There were no records of dispensing errors or near misses. The pharmacist owner said that he could not remember the last time there had been a dispensing error. Staff said that the pharmacist discussed near misses with them at the time of each occurrence. They said that they often shared examples of similar packaging that they thought might lead to selection errors. However, they could not cite any specific examples of action that had been taken to reduce risk.

The Responsible Pharmacist notice displayed included both the pharmacist's obsolete RPSGB number and his GPhC number required by legislation, which was confusing. It was not easily visible from the retail area. A new GPhC notice was printed and conspicuously displayed as soon as this was pointed out.

The pharmacy received regular customer feedback from annual patient satisfaction surveys. The pharmacist said that feedback was mostly positive or cited issues that were beyond the pharmacy's control. The pharmacy used the NHS formal complaints procedure 'Putting Things Right' to manage complaints. Information about how to make complaints was included in the practice leaflet, although this was not displayed in the retail area.

Evidence of current professional indemnity insurance was available. All necessary records were kept and most were properly maintained, including Responsible Pharmacist (RP), private prescription and emergency supply records. However, some electronic emergency supply records stated that they had been made at a prescriber's request when in fact they had been made at the request of a patient. There had been no entries made in the patient-returned controlled drug (CD) register since February 2017. However, the pharmacist said that he did not remember having received any patient-returned CDs after this date.

Staff had signed confidentiality agreements. They were aware of the need to protect confidential information, for example by being able to identify confidential waste and dispose of it appropriately. The pharmacist and staff had undertaken formal safeguarding training and had access to local guidance and contact details via the internet. Staff were able to identify different types of safeguarding concerns

and said that they would refer these to the pharmacist, who gave assurances that he would report concerns via the appropriate channels where necessary.

## 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 pharmacist owner worked at the pharmacy from Monday to Saturday each week. The pharmacy was very quiet at the time of the inspection and there were enough suitably qualified and skilled staff present to comfortably manage the workload. The staffing level appeared adequate for the services provided. The support team consisted of two dispensing assistants and a medicines counter assistant (MCA). Staff had the necessary training and qualifications for their roles. Part of the MCA's role was to check dispensary stock against wholesaler invoices before putting it away and she had been enrolled on an appropriate training course to allow her to do this. One dispensing assistant had been declared competent under the grandparent clause. She had trained as an accuracy checker but did not currently use this qualification.

There were no specific targets or incentives set for the services provided. Staff worked well together and had an obvious rapport with customers since they served a small and close-knit community. They said that they were happy to make suggestions within the team and felt comfortable raising concerns with the pharmacist owner. A whistleblowing policy in the Information Governance file advertised a confidential helpline for reporting concerns outside the organisation.

A member of staff working on the medicines counter was observed to use appropriate questions when selling over-the-counter medicines to patients. She referred to the pharmacist on several occasions for further advice on how to deal with a transaction. Staff had access to informal training materials such as articles in trade magazines and information about new products from pharmaceutical representatives. There was no formal appraisal system in place, but all staff could discuss performance and development issues informally with the pharmacist whenever the need arose. The lack of a structured training and development programme increased the risk that individuals might not keep up to date with current pharmacy practice and that opportunities to identify training needs could be missed.

## 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 housed in an old building but was clean, fairly tidy and well-organised. The dispensary was small but had sufficient space to allow safe working. The sink had hot and cold running water and soap and cleaning materials were available. A plastic screen had been installed at the medicines counter to reduce the risk of viral transmission between staff and customers. A consultation room was available for private consultations and counselling. However, it was not visible from the retail area and its availability was not clearly advertised. The lighting and temperature in the pharmacy were adequate. One prescription retrieval area was not well-lit, but a torch was available for use if necessary. The dispensary felt slightly cold.

## 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. The pharmacy's working practices are generally safe and effective and it stores most medicines appropriately.

### Inspector's evidence

The pharmacy offered a limited range of services that were advertised in its practice leaflet, although this was not displayed in the retail area. Information about coronavirus and related safety procedures was displayed on the pharmacy entrance door and at the medicines counter. There was wheelchair access into the pharmacy and consultation room. A signposting file provided by the local health board was available and staff said that they would signpost people requesting services they could not provide to nearby pharmacies or other providers such as the local surgery. Some health promotional material was available in the retail area.

Dispensing staff used a basket system for assembling repeat prescriptions to help ensure that medicines did not get mixed up during dispensing. Baskets were not used for walk-in prescriptions, but these were dispensed and bagged in the order that they were presented to reduce the risk of transposition of medicines. Dispensing labels were usually initialled by the dispenser to provide an audit trail. However, this was not always the case, and the pharmacist did not routinely initial labels to show that he had performed an accuracy check. The lack of a robust system for identifying staff involved in the dispensing process might lead to errors and prevent a full analysis of dispensing incidents.

The pharmacy offered a repeat prescription collection service from four local surgeries. A box near the medicines counter in the retail area allowed patients to drop their repeat order form into the pharmacy without needing to speak to a staff member. The pharmacy received some faxed prescriptions due to its rural location. One such fax included two Schedule 3 CDs: pregabalin and buprenorphine. These items had been annotated 'to follow' and the pharmacist gave assurances that a Schedule 2 or 3 CD would never be supplied against a fax.

Prescriptions for controlled drugs requiring safe custody and fridge lines were not dispensed until the point of handout. Dispensing labels were attached to alert staff to the fact that these items were outstanding. Prescriptions for Schedule 3 and 4 CDs awaiting collection were marked with an asterisk to remind staff that these should not be supplied more than 28 days after the date on the prescription. Patients on high-risk medicines such as warfarin, lithium and methotrexate were not routinely identified and there was a risk that opportunities for counselling might be missed. However, the pharmacist said that the two dispensing assistants could recognise prescriptions for these medicines and always alerted him before they were handed out. The MCA referred every prescription to the pharmacist before handout.

The pharmacy did not provide a routine delivery service, but the superintendent pharmacist delivered about ten prescriptions to vulnerable and housebound patients each week. In the event of a missed delivery, a note was put through the door and the prescription was brought back to the pharmacy.

Disposable compliance aid trays were used to supply medicines to a number of patients. Trays were

labelled with descriptions to enable identification of individual medicines. Patient information leaflets were not routinely supplied and there was a risk that people might not have all the information they needed to take their medicines safely. Each patient had a section in a dedicated file that included their personal and medication details, details of any messages or changes and relevant documents, such as discharge summaries. A list of patients was available for reference in the front of the file. A record of the date on which each patient's compliance aid had been collected was also kept for reference.

The pharmacy was not currently providing medicines use reviews, as this service had been suspended until April 2021 by Welsh Government in light of the COVID-19 pandemic. No discharge medicines reviews had been carried out in recent months. The pharmacy continued to provide the level two (supply only) smoking cessation service. The pharmacist said that uptake of the Choose Pharmacy common ailments service had been very low during the pandemic.

Stock medicines were obtained from licensed wholesalers and were generally stored appropriately. Medicines requiring cold storage were stored in a drug fridge and it was clear that stock levels were at capacity. The lack of space meant that some items such as different insulins were stored closely together, increasing the risk of picking errors. It also meant that fridge items could not be assembled until they were ready to be collected or delivered, as there was no room for them to be stored. The fridge temperature was within the required range during the inspection. However, maximum and minimum fridge temperatures were not routinely recorded. This made it difficult for the pharmacy team to know that medicines needing cold storage were stored properly and were safe and fit for purpose. CDs were stored in a safe that was secured to the fabric of the building. There was not a great deal of stock, but different products were stored in piles on top of one another, increasing the risk of picking errors.

Staff said that stock was regularly date-checked, but the frequency and scope of these checks were not documented. This created a risk that out-of-date medicines might be supplied, although none were found. However, the pharmacist and dispensing assistants said that they always included an expiry date check in their dispensing and checking processes. Date-expired medicines were disposed of appropriately, as were patient returns and waste sharps. There was no separate bin for disposing of cytotoxic waste, but the pharmacist said that he would segregate any cytotoxic waste he received and order a bin from the pharmacy's waste contractor.

The pharmacy received drug alerts and recalls via telephone calls from wholesalers or messages on wholesaler invoices. However, it was unclear how robust this process was and there was a concern that failure to receive drug alerts or recalls promptly might delay any action required to reduce risk to patients. The pharmacist was able to describe how he had dealt with recalls for medicines by contacting patients where necessary and returning quarantined stock to the relevant supplier. The pharmacy had the necessary hardware to work in accordance with the Falsified Medicines Directive but the software had not been installed and so the pharmacy was not able to comply with legal requirements.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to provide its services. The pharmacy's team members use these in a way that protects people's privacy.

### Inspector's evidence

The pharmacy used a range of validated measures to measure liquids. These were clean and the pharmacist said that they were washed after being used to measure methadone. Triangles were used to count tablets and staff said that these were washed after use with loose cytotoxics. The pharmacy had a range of up-to-date reference sources. Personal protective equipment was available for staff use and the pharmacy team were wearing face masks.

All equipment was clean and in good working order, although there was no evidence to show that it had recently been tested.

Equipment and facilities were used to protect the privacy and dignity of patients and the public. For example, the pharmacy software system was protected with a password and the consultation room was used for private consultations and counselling. Some 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
<span style="color: green;">✓</span> <b>Excellent practice</b>	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.
<span style="color: green;">✓</span> <b>Good practice</b>	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
<span style="color: green;">✓</span> <b>Standards met</b>	The pharmacy meets all the standards.
<b>Standards not all met</b>	The pharmacy has not met one or more standards.