

Registered pharmacy inspection report

Pharmacy Name: Well, 13-14 Cross Square, St. Davids,
HAVERFORDWEST, Dyfed, SA62 6SE

Pharmacy reference: 1043253

Type of pharmacy: Community

Date of inspection: 28/01/2020

Pharmacy context

This is a pharmacy located in the centre of the small cathedral city and popular summer tourist destination of St Davids. It sells a range of over-the-counter medicines and dispenses NHS and private prescriptions. Some NHS prescriptions are assembled off-site at another pharmacy owned by the company. It offers a wide range of services including emergency hormonal contraception, smoking cessation, treatment for minor ailments and a limited 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	1.2	Good practice	Information about risk is reviewed and analysed to improve the safety and quality of pharmacy services
		1.8	Good practice	Safeguarding is an integral part of the culture within the pharmacy
2. Staff	Good practice	2.2	Good practice	Staff have the appropriate skills, qualifications and competence for their roles and are supported to address their learning and development needs
		2.4	Good practice	A culture of continuous improvement through learning exists within the team
		2.5	Good practice	Staff are encouraged to provide feedback and raise concerns in order to improve pharmacy services
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.1	Good practice	The pharmacy works closely with local healthcare providers to ensure its services are accessible to patients and the public.
		4.2	Good practice	The pharmacy has robust systems in place to ensure that people prescribed high-risk medicines are appropriately counselled.
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 and review 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. It asks people to give their views about the services it provides. 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

A range of electronic standard operating procedures (SOPs) underpinned the services provided. These were regularly reviewed. The pharmacy had systems in place to identify and manage risk, including the recording of dispensing errors and near misses. The pharmacist prepared monthly patient safety reports that included a comprehensive analysis of errors and near misses and these had been read and signed by all staff. Weekly informal meetings were held with all staff to discuss dispensing errors, near misses and other patient safety issues such as case studies provided by the superintendent's office. The discussions were documented, with the most recent document displayed in the dispensary. The pharmacist said that action had been taken to reduce risks that had been identified: for example, hydralazine and hydroxyzine tablets had been separated on dispensary shelves following a selection error. Haloperidol 0.5mg tablets were stored in a clear bag with a caution sticker attached that reminded staff not to select these if the prescription was for the more common capsule form. Staff were aware of the risks of picking errors with 'Look-Alike, Sound-Alike' or 'LASA' drugs. A list of the most common LASA drugs was displayed in the dispensary, as was information provided by the superintendent's office that listed examples of common LASA errors and their consequences. The 'HELP' acronym was displayed in both the main dispensary and MDS area, reminding staff and the pharmacist that they should check the quantity ('H' = 'How much?'), expiry date, label and product during the dispensing process.

The pharmacy received regular customer feedback from annual patient satisfaction surveys. Results of the most recent survey displayed at the medicines counter showed that this was overwhelmingly positive. Many comments praised the pharmacy team for their friendly and compassionate service. A formal complaints procedure was in place and information about how to make complaints was included in posters displayed at the medicines counter, on the consultation room door and inside the consultation room itself. A poster advertising the NHS complaints procedure 'Putting Things Right' was displayed at the medicines counter.

Evidence of current professional indemnity insurance was available. All necessary records were kept and generally properly maintained, including responsible pharmacist (RP), private prescription, emergency supply, unlicensed specials and controlled drug (CD) records. However, the RP record had not been completed that day to show the time at which the pharmacist had taken charge of the safe and effective running of the pharmacy. He remedied this immediately. Alterations made to the RP register were not always accompanied by a clear audit trail. This meant that it might be difficult to fully resolve queries or deal with errors effectively. CD running balances were checked weekly.

Staff received annual training on the information governance policy and 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. Individual staff members had unique passwords to access the pharmacy computer system. Privacy notices displayed in the consultation room and at the medicines counter signposted people to the company's website for information about the way in which their personal data was used and managed.

The pharmacist and pharmacy technicians had undertaken level two safeguarding training and had access to guidance and local contact details that were displayed in the dispensary. Staff had undertaken level one safeguarding training. All staff were trained Dementia Friends. The pharmacist was able to give examples of how he had identified and supported potentially vulnerable people, which had resulted in positive outcomes. A summary of the chaperone policy was advertised in posters displayed near the medicines counter, on the consultation room door and inside the room itself. A notice provided by the local health board displayed at the medicines counter encouraged people to scan QR codes with their mobile phone. This allowed them to receive information about local services for carers and local substance misuse services.

Principle 2 - Staffing ✓ Good practice

Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members complete regular training and have a good understanding about their roles and responsibilities. They feel comfortable speaking up about any concerns they have.

Inspector's evidence

The pharmacist manager worked at the pharmacy on most days and a regular relief pharmacist covered his day off every Wednesday. The support team consisted of a full-time pharmacy technician and two dispensing assistants. Another pharmacy technician and dispensing assistant were absent. 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 had the necessary training and qualifications for their roles.

Targets were set for MURs, but these were managed appropriately, and the pharmacist said that they did not affect his professional judgement or compromise patient care. Staff worked well together and had an obvious rapport with customers. They were happy to make suggestions within the team and said that they felt comfortable raising concerns with the pharmacist, regional development manager or superintendent's office. A poster advertising a confidential helpline for reporting concerns outside the organisation and another that included information on how to raise concerns were displayed in the staff area.

The pharmacist said that he often provided feedback to the superintendent's office if new guidance or initiatives were introduced. The company had presented him with an award to mark the fact that his contributions were valuable and had encouraged him to continue providing feedback to help improve services.

Members 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 a transaction. Staff undertook online training on new products, clinical topics, operational procedures and services. They had recently completed training on the company's new patient medication record (PMR) system. The pharmacy technician had been trained to provide the smoking cessation level three service (supply and monitoring). She had recently submitted her continuing professional development (CPD) portfolio and based her entries on situations she came across in her day-to-day working environment as well as external training. All staff were subject to annual performance and development reviews and could discuss issues informally with the pharmacist whenever the need arose. The pharmacy technician said that she had discussed the possibility of training as an accuracy checker with the pharmacist and was keen to become more involved in the provision of services.

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. 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 in the staff area. A lockable consultation room was available for private consultations and counselling and was advertised appropriately. The lighting and temperature in the pharmacy were appropriate.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy promotes the services it provides so that people know about them and can access them easily. If it can't provide a service it directs people to somewhere that can help. The pharmacy's working practices are safe and effective. It supports people taking higher-risk medicines by making extra checks and providing counselling where necessary. It stores medicines appropriately and carries out some checks to help make sure that 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. A hearing aid loop was available in the consultation room. Staff said that they would signpost people requesting services they could not provide to other local pharmacies. A notice provided by the local health board displayed at the medicines counter encouraged people to scan QR codes with their mobile phone. This allowed them to receive information about local healthcare services. Some health promotional material was on display in the retail area, as well as details of local community support groups and healthcare services. The pharmacist said that he had recently visited local surgeries and a nearby dentist to discuss and promote services as part of a health board funded collaborative working initiative. Recent visits had involved discussions around the repeat dispensing service, the influenza vaccination service, the emergency supply service, care home prescribing, high risk medicines and the Choose Pharmacy common ailments service. The pharmacy was located in a Welsh-speaking area and one member of staff was a fluent Welsh-speaker. The pharmacist and a pharmacy technician were learning Welsh and understood basic conversations.

Dispensing staff used a colour-coded basket system to help ensure that medicines did not get mixed up during dispensing and to differentiate between different prescriptions. Separate areas of the dispensary were used for the dispensing and checking processes. Dispensing labels were initialled by the dispenser and checker to provide an audit trail. Controlled drugs requiring safe custody, fridge lines and compliance aids were dispensed in clear bags to allow staff members to check these items at all points of the dispensing process and reduce the risk of a patient receiving the wrong medicine. Each bag label attached to a prescription awaiting collection included a barcode that was scanned at the handout stage to provide an audit trail.

The pharmacist said that a new pharmacy software system had recently been installed which allowed about 60% of their prescription items to be assembled at the company's hub pharmacy. The hub pharmacy could not assemble split packs, fridge lines, compliance aids or most controlled drugs, and these continued to be dispensed at the branch. Prescription items scanned to the hub before 3pm were generally returned to the branch within 48 hours, although there were occasional delays. A text messaging service was available to let patients know their medicines were ready for collection.

Each prescription awaiting collection was assigned to a specific storage location in the dispensary. When staff needed to locate a prescription, the patient's name was typed into a handheld device and this brought up a list of locations in which their items were being stored, including the drug fridge or CD cabinet where applicable. In addition, stickers were placed on bags to alert staff to the fact that a CD requiring safe custody or fridge item was outstanding. Stickers were also used to identify dispensed

Schedule 3 and 4 CDs awaiting collection and were marked with the date after which the prescription was invalid and could no longer be supplied. Stickers were used on prescriptions awaiting collection to identify patients eligible for an MUR or to alert staff that the pharmacist wished to speak to the patient or their representative at the point of handout.

Stickers marked 'Therapy Check' were used to routinely identify prescriptions for patients prescribed high-risk medicines such as warfarin, lithium and methotrexate. Information about blood tests and dosage changes was recorded on the patient medication record (PMR). The pharmacist said that he was in the process of notifying local surgeries about new MHRA guidance for methotrexate, which stated that the day of administration should be added to the prescription. He said that he was obtaining this information from patients as they presented prescriptions and documenting it on their PMR. The information was then relayed to their GP. The pharmacy team were aware of the risks of valproate use during pregnancy. The pharmacist said that patients prescribed valproate who met the risk criteria had been counselled appropriately and provided with patient information, which was available in the dispensary. The pharmacy carried out regular high-risk medicines audits commissioned by the local health board. These audits were used to collect data about the prescribing, supply and record-keeping associated with high-risk medicines to flag up areas where risk reduction could be improved within primary care. Steroid cards and warfarin, lithium and methotrexate monitoring booklets were available for provision to patients.

Disposable compliance aid trays were used to supply medicines to a number of patients. The pharmacist said that any new patients requesting the service were assessed for suitability. Trays were labelled with descriptions to enable identification of individual medicines. Patient information leaflets were routinely supplied. Each patient had a section in one of four dedicated files that included their personal and medication details, contact details for representatives where appropriate, collection arrangements, details of any messages or changes and any relevant documents such as completed assessment forms, copies of backing sheets and repeat prescription order forms. A workload tracker at the front of each file showed the status of each patient's tray at any given time. One care home resident was supplied a tablet that was added to their compliance aid in its blister packaging. The pharmacist said that he had discussed the risks and benefits of this with the patient's carers and GP, and a professional decision had been made to supply the tablets in this way. He said that he had documented this on the PMR and reviewed the situation regularly to ensure it was still safe and appropriate. Patients or their representatives were required to sign a docket when collecting compliance aid trays as an audit trail.

The pharmacist said that there was a very high demand for the emergency supply of prescribed medicines service during the summer months from the large numbers of holiday makers visiting the area. He said that he also had many referrals for the common ailments scheme during this time, but in practice the uptake was not high as the service was only available to Welsh residents. The pharmacy technician said that she led the smoking cessation service. She said that uptake was high, and that the pharmacy had the highest quit rate in the local health board's area. She said that there were currently four clients registered with the service. The pharmacist said that the influenza vaccination service was only available on Wednesdays when the regular relief pharmacist was on duty. He said that the pharmacy had carried out approximately 40 influenza vaccinations during the 2019/20 season, mostly as part of the private service.

Medicines were obtained from licensed wholesalers and 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 two well-organised CD cabinets and obsolete CDs were segregated from usable stock.

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 and waste sharps. A scheme run in association with GSK allowed the pharmacy to recycle returned inhalers. The pharmacy received drug alerts and recalls via its NHS email account. The pharmacist explained that the PMR software also flashed up a real-time alert on the computer screen. He was able to describe how he would deal with medicines or medical devices that had been recalled as unfit for purpose by contacting patients where necessary, quarantining affected stock and returning it to the supplier. Drug recalls were printed, filed and signed to show that they had been actioned. The pharmacy had the necessary hardware and software to work in accordance with the Falsified Medicines Directive, but the team said that they were not currently compliant due to some problems with the software that needed to be resolved.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide 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. Separate measures were used for methadone and these were clearly marked. Triangles and a tablet counter were used to count loose tablets. A separate triangle was available for use with 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. Staff demonstrated that the tablet counter was calibrated before each use and said that it was cleaned regularly. 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. 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.