General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Well, 150-152 Station Road, LLANELLI, Dyfed, SA15 1YU

Pharmacy reference: 1043283

Type of pharmacy: Community

Date of inspection: 30/07/2019

Pharmacy context

This is a neighbourhood pharmacy near a town centre. 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 large number of patients who live in the surrounding area. It offers a range of services including emergency hormonal contraception, treatment for minor ailments and a seasonal 'flu vaccination service for NHS and private patients. Substance misuse services are also available.

Overall inspection outcome

✔ **Standards met**

Required Action: None

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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	2.2	Good practice	Staff have the appropriate skills, qualifications and competence for their role and are supported to address their learning and development needs
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. 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 understand how to recognise and report concerns about vulnerable people to help keep them safe. Its team members record and review their mistakes so they can learn from them. But there is not much evidence to show that action is taken to try and stop the same mistakes from happening again.

Inspector's evidence

The pharmacy had systems in place to identify and manage risk, including the recording and monthly analysis of dispensing errors and near misses. Some action had been taken to reduce risks that had been identifie: staff said that different forms of ramipril had been separated on dispensary shelves to reduce the incidence of picking errors. However, one pack of tablets was being stored in the section for capsules; staff said that this was an oversight and moved the tablets to their correct storage position. Staff were aware of the risks of picking errors with 'Look-Alike, Sound-Alike' drugs and demonstrated that these were not stored closely together on dispensary shelves.

A range of electronic standard operating procedures (SOPs) underpinned the services provided and these were regularly reviewed. One dispensing assistant was in the process of reading and completing online declarations and assessments for some new versions of SOPs. Another was in the process of being trained on the SOPs for the new pharmacy software system and the hub-and-spoke dispensing procedure. Staff present could describe their roles and responsibilities and understood the tasks that could and could not be carried out in the absence of the responsible pharmacist.

The pharmacy received regular customer feedback from annual patient satisfaction surveys. The pharmacist and pharmacy manager said that the results of the most recent survey showed that feedback was mostly positive. A formal complaints procedure was in place and information about how to make complaints was included in a poster displayed near the medicines counter.

Evidence of current professional indemnity insurance was available. All necessary records were kept and properly maintained, including responsible pharmacist (RP), private prescription, emergency supply, specials procurement and controlled drug (CD) records. CD running balances were typically checked weekly.

Staff received annual training on the information governance policy and had signed confidentiality agreements as part of this training. 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 software system.

The pharmacist had undertaken formal safeguarding training and had access to guidance and local contact details that were available via the internet. One staff member had received external safeguarding training provided as part of her role as a sports coach. Other staff members said they had not completed recent training. However, they were able to identify different types of safeguarding concerns and said that they would refer these to the pharmacist, who confirmed that she would report

concerns via the appropriate channels where necessary. A summary of the chaperone policy was detailed in a poster displayed near the medicines counter and inside the consultation room.

Principle 2 - Staffing ✔ Standards met

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

A regular pharmacist oversaw most professional activities and her absences were covered by relief or locum pharmacists on one or two days each week. She was assisted in the day-to-day operation of the pharmacy by the branch manager, a qualified dispensing assistant. The staffing level appeared adequate for the services provided. The pharmacy was quiet at the time of the inspection and there were enough suitably qualified and skilled staff present to comfortably manage the workload. Two dispensing assistants had passed their NVQ level 3 qualification

Targets were set for MURs and the discharge medicines review (DMR) service (a service that provides support to patients recently discharged from hospital or another care setting to ensure that changes made to their medicines are followed up in the community). Targets were managed appropriately, and the pharmacist said they did not affect her professional judgement or patient care. Staff worked well together and had an obvious rapport with customers since they served a close-knit community. They said that they were happy to make suggestions within the team and felt comfortable raising concerns with the pharmacist or Regional Development Manager. The company whistleblowing policy included a confidential helpline for reporting concerns outside the organisation. Staff were unsure where to find the policy and the manager printed it out and displayed it in the retail area during the inspection.

A member of staff working on the medicines counter was observed to use appropriate questions when selling over-the-counter medicines to patients and referred to the pharmacist on several occasions for further advice on how to deal with a transaction. They said that they would feel confident refusing a sale and had done so in the past when dealing with what they considered to be inappropriate requests for products containing codeine. Staff undertook online training provided by the organisation on new products, clinical topics, operational procedures and services. They had recently completed training modules on the new pharmacy software system and the Falsified Medicines Directive. They had also completed training provided by NHS Wales on improving the quality of services provided. All staff were subject to annual performance and development reviews and could discuss issues informally with the pharmacists or pharmacy manager 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, well-organised and spacious. The sink had hot and cold running water and soap and cleaning materials were available. A lockable consultation room was available for private consultations and counselling and its availability was clearly advertised. The lighting and temperature in the pharmacy were appropriate.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy provides services that are easy for people to access. If it can't provide a service it directs people to somewhere that can help. The pharmacy is well-organised and its working practices are generally safe and effective. It generally manages medicines well. But members of the pharmacy team do not always know when higher-risk medicines are being handed out. So they might not always check that medicines are still suitable, or give people advice about taking them.

Inspector's evidence

The pharmacy offered a range of services that were appropriately advertised. There was wheelchair access into the pharmacy and consultation room. Staff said that they would signpost patients requesting services they could not provide to other nearby pharmacies. Some health promotional material was on display in the retail area.

The pharmacy team said that a new pharmacy software system had recently been installed which allowed some prescription items to be assembled at the Well hub pharmacy in Stoke-on-Trent. The hub pharmacy could not assemble split packs, controlled drugs, fridge lines or monitored dosage system (MDS) trays 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.

The pharmacist said that the dispensing workload was easy to manage as most of it consisted of repeat prescriptions with occasional walk-ins. The dispensary was well-organised with a logical workflow. Dispensing staff used a colour-coded basket system to ensure that medicines did not get mixed up during dispensing and to differentiate between different prescriptions. Dispensing labels were initialled by the dispenser and checker to provide an audit trail. Controlled drugs requiring safe custody, fridge lines and MDS trays 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.

A text service was used to let patients know that their medicines were ready for collection. Each prescription 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 the patient's 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. There was no strategy in place to ensure that Schedule 3 or 4 CDs were not supplied to the patient or their representative more than 28 days after the date on the prescription. However, all staff were dispensary-trained and understood that they should check the date on the prescription before handout. 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.

Patients prescribed high-risk medicines such as warfarin, lithium and methotrexate were not routinely identified. The pharmacist said that lithium was not prescribed on a repeat basis and the surgery would

only issue this as an acute prescription when blood test results had been received. She said that she asked all walk-in patients prescribed warfarin for details of recent blood tests and dosage changes. The pharmacy team were aware of the risks of valproate use during pregnancy. They said that the pharmacy did not currently have any patients prescribed valproate who met the risk criteria. However, they understood that any such patients should be counselled appropriately and provided with patient information. The valproate information pack could not be located, and the pharmacist said that she would order a replacement. 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.

Signatures were obtained for prescription deliveries. Separate signatures were not obtained for controlled drugs. However, these were supplied in separate clear bags and the delivery sheet was marked with a CD sticker, which alerted the driver to notify the patient they were receiving a CD. If a patient or their representative was not at home to receive a delivery, the delivery driver either returned the medication to the pharmacy or took it to a Well branch near the patient's home address. A notification card informed the patient which branch the prescription had been returned to. It was unclear if patients had given consent for their prescription to be sent to another branch and there was a risk that this practice might compromise confidentiality.

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. However, most simply stated 'tablet' or 'capsule' and there was a risk that patients might not always have all the information they needed to make informed decisions about their own treatment. Patient information leaflets were typically supplied monthly. Each patient had a section in one of several dedicated files that included their personal details, medication details and details of any messages or queries. A list of patients and their collection or delivery arrangements was available for reference at the front of each file. A separate file was kept for patients who had been admitted to hospital.

Medicines were obtained from licensed wholesalers and generally stored appropriately. However, some different products and different strengths of the same product were stored very closely together and there was a possibility that this could increase the risk of errors. Medicines requiring cold storage were stored in a well-organised drug fridge. Maximum and minimum temperatures were recorded daily and were generally within the required range. Some discrepancies had been recorded but these had been documented and managed appropriately by the pharmacist. CDs were stored in three well-organised CD cabinets and obsolete CDs were segregated from usable stock.

Stock was regularly checked and 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. Staff were able to describe how the team had recently dealt with a recall for paracetamol tablets x 1000 by quarantining stock and returning it to the relevant supplier. They demonstrated that the PMR software flashed up a real-time alert on the screen when a recall was received. 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. The pharmacy ensures that these are 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. Triangles were used to count tablets and 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. 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.

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.