

Registered pharmacy inspection report

Pharmacy Name: Elders Chemist, St Anne's Road, Hakin, MILFORD HAVEN, Dyfed, SA73 3LL

Pharmacy reference: 1043300

Type of pharmacy: Community

Date of inspection: 30/11/2020

Pharmacy context

This is a neighbourhood pharmacy. It sells a range of over-the-counter medicines and dispenses NHS and private prescriptions. It offers treatment for minor ailments and substance misuse services. This inspection visit 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
1. Governance	Standards not all met	1.6	Standard not met	Records of controlled drugs are not well-maintained
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 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 so that they can learn from them. But they do not always record their mistakes. 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) was available although these were overdue for review. They had been signed by all staff except for the medicines counter assistant (MCA). She was not present, and it was unclear if she understood and followed SOPs relevant to her role. However, the pharmacist explained that he had discussed the relevant SOPs with her and she had undergone training on similar procedures as part of her previous job.

There were no records of dispensing errors. However, the pharmacist owner said that he could not remember the last time an error had been made. Near misses were recorded on a sporadic basis and the most recent record had been made in June 2018. The pharmacist tended to discuss near misses with relevant staff at the time of each occurrence rather than analyse all patient safety incidents on a regular basis to identify patterns and trends. Staff were able to describe recent action that had been taken to reduce risk. For example, a shelf marker had been used to highlight different pack sizes of apixaban after some near misses involving incorrect quantities.

The pharmacy received regular customer feedback from annual patient satisfaction surveys and the results were mostly positive. A card received from a patient thanked the pharmacy team for their help and support. A formal complaints procedure was in place and information about how to make complaints was included in the practice leaflet, which was displayed in the retail area. An insurance certificate was provided as evidence that appropriate indemnity arrangements were in place. Pharmacy records were generally properly maintained, including Responsible Pharmacist (RP), private prescription, emergency supply, specials procurement and Controlled Drug (CD) records. However, some CD records were incomplete and the RP record had not been completed that day or on the previous working day. This was in breach of legislation and there was a risk that there would not be enough information available to provide a complete audit trail in the event of an error or incident. This meant that it might be difficult for the pharmacy team to fully resolve queries or deal with errors effectively. Some emergency supply records did not include the nature of the emergency and it was often unclear if the supply had been made at the request of the patient or the prescriber, as most electronic entries were simply headed 'Emergency Supply, Script To Follow'. Staff present said that they had read and understood the patient confidentiality SOP although not all had signed to show this. However, they had discussed the importance of confidentiality with the pharmacist and were aware of the need to protect confidential information, for example by identifying confidential waste and disposing of it appropriately. Information in the practice leaflet explained how and when patient information was recorded and shared.

The pharmacist had undertaken formal safeguarding training and had access to local guidance and

contact details via the internet. Staff had received in-house training. They were able to identify different types of safeguarding concerns and said that they would refer these to the pharmacist, who confirmed that he would report concerns via the appropriate channels where necessary. A poster advertising sources of information and support for carers was displayed near the medicines counter.

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 superintendent pharmacist worked at the pharmacy on most days. His support team consisted of three part-time dispensing assistants and a part-time medicines counter assistant. 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. Certificates were displayed as evidence that staff members had the necessary training and qualifications for their roles. The pharmacist had recruited a fourth part-time dispensing assistant who was due to begin work at the branch in January 2021.

There were no specific targets or incentives set for the services provided. Staff worked well together. The pharmacy served a small and close-knit community and staff had an obvious rapport with customers. They were happy to make suggestions within the team and felt comfortable raising concerns with the pharmacist. There was no whistleblowing procedure in place and there was a risk that staff might not know who to speak to if they wished to raise a concern outside the company.

Staff members working on the medicines counter were 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. There was no formal training programme in place. However, staff were self-motivated and read informal training materials such as articles in trade magazines and information about new products from pharmaceutical representatives. Much of their learning was via informal discussions with the pharmacist. There was no formal appraisal system, but staff could discuss issues informally with the pharmacist whenever the need arose. The lack of a structured training and development programme increases 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 clean, tidy and well-organised, with enough space to allow safe working. The sink had hot and cold running water and soap and cleaning materials were available. Personal protective equipment and hand sanitiser was available for staff use and the pharmacy team were wearing face masks and using gloves. 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 although this was not clearly advertised. The lighting and temperature in the pharmacy were generally appropriate. The dispensary felt a little cold, but it was a cold day.

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

There was a small step up to the pharmacy entrance but the pharmacy team explained that they would go out to wheelchair patients and help them into the pharmacy if necessary. There was wheelchair access into the consultation room. The pharmacy offered a range of services that were appropriately advertised. Staff signposted people requesting services they could not provide to other nearby pharmacies. Some health promotional material was on display near the pharmacy entrance. Information about coronavirus and related safety procedures was displayed on the pharmacy entrance door and at the medicines counter. Dispensing staff used a basket system to ensure that medicines did not get mixed up during dispensing. Dispensing labels were usually initialled by the dispenser and checker to provide an audit trail. However, some labels on doses for substance misuse clients were not marked in this way, which might prevent a full analysis of dispensing incidents. Prescriptions which included controlled drugs requiring safe custody or fridge lines were kept in a separate area of the dispensary and these items were not dispensed until the patient or their representative came to collect them.

The pharmacy dispensed medicines against some faxed prescriptions from local surgeries. The pharmacist gave assurances that medicines were not supplied against unsigned faxes and that Schedule 2 or 3 CDs were only ever supplied against the original prescription.

The pharmacist and staff said that prescription forms were usually retained for dispensed items awaiting collection but, apart from CDs requiring safe custody, there was no evidence of this during the inspection. This meant that prescriptions for some Schedule 3 CDs might not be marked with the date of supply at the time the supply was made, as required by legislation. There was also a risk that Schedule 3 and 4 CDs might be supplied to a patient after prescriptions had expired. However, most prescriptions were scanned, and the image remained available for reference. One dispensed owing item awaiting collection was no longer valid, as more than six months had elapsed since the date on the prescription. The pharmacist removed it from the storage area immediately. Patients on high-risk medicines such as warfarin, lithium and methotrexate were not routinely identified and there was a risk that counselling opportunities might be missed. The pharmacy team were aware of the risks of valproate use during pregnancy. The pharmacist said that the pharmacy did not currently have any patients prescribed valproate who met the risk criteria. However, he said that any such patients would be counselled and provided with appropriate information.

During the pandemic there had been a significant increase in demand for the prescription delivery service. Prior to March 2020, signatures had been obtained for prescription deliveries. However, to reduce the risk of viral transmission, this procedure had been changed. The driver now placed a package on the patients' doorstep, knocked or rang the doorbell and waited until it was collected. However, there was no audit trail to show who had received the item, which might make it difficult to resolve queries or deal with errors effectively. 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. The pharmacy

provided medicines in disposable multi-compartment compliance aids to a number of patients. The compliance aids were labelled with descriptions to enable identification of individual medicines. Patient information leaflets were not always supplied. This does not comply with legislation, and there is a risk that patients might not always have all the information they need for them to make informed decisions about their own treatment. Each patient had a section in a dedicated file that included their personal and medication details, arrangements for collection or delivery, notes of any changes or queries and documentation such as current prescriptions and hospital discharge summaries. A progress log for all patients was available for reference at the front of the file. It showed the status of each patient's compliance aid at any given time.

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. The pharmacist was trained to provide the influenza vaccination service but had been unable to source any vaccine stock, so had not yet carried out any vaccinations. He conducted face-to-face consultations for other services at the required two-metre distance or wore PPE where this was not possible.

Stock medicines were obtained from licensed wholesalers and generally stored appropriately. Medicines requiring cold storage were stored in a well-organised drug fridge. Maximum and minimum temperatures were recorded daily and were consistently within the required range. However, temperatures had not been recorded on the day of the inspection and could not be checked as the fridge thermometer had run out of battery power. This made it difficult for the pharmacy to be assured that the medicines were safe and fit for purpose. There were no spare batteries in the pharmacy, but the pharmacist gave assurances that he would obtain replacements and resume recording temperatures as soon as possible.

CDs were stored in a well-organised CD cabinet. The key was in the door of the cabinet when the inspection began, compromising the security of these medicines. The pharmacist secured the key on his person soon afterwards. Cash was also stored in the cabinet and there was a risk that unnecessary access might increase the risk of accidental loss or diversion of CDs. The cabinet was secured to the wall with screws rather than rag-bolts, contrary to legislative requirements. Obsolete CDs were segregated from usable stock in a large safe that appeared very secure.

There was some evidence to show that regular expiry date checks were carried out, but the frequency and scope of these checks were not always documented. This created a risk that out-of-date medicines might be supplied, which was reinforced by an out-of-date box of Champix tablets found on a dispensary shelf. However, the pharmacist explained that he always checked expiry dates as part of his final accuracy checking process. Date-expired medicines were disposed of appropriately, as were patient returns and waste sharps. The pharmacy received MHRA notifications via email for drug alerts and recalls. The pharmacist 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 and returning quarantined stock to the relevant supplier or manufacturer.

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 and oral syringes were used to measure volumes below 10ml. One measure had a broken base, but the pharmacist gave assurances that it was never used and said that he would dispose of it appropriately. Separate measures were used for methadone. Triangles were used to count tablets and a separate triangle was available for use with loose cytotoxics. The triangles were a little dusty, but the dispensing assistants cleaned them before use. 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 last been tested in 2016. 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.

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.