

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: 26/08/2021

Pharmacy context

This is a neighbourhood pharmacy. 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 treatment for minor ailments and provides 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 record their mistakes so they can learn from them. But they do not always review everything that goes wrong. 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

The pharmacy had systems in place to identify and manage risk, including the recording of dispensing errors and near misses. Only one record of a dispensing error was available to view: this had been made in 2019. However, the superintendent pharmacist said that he could not remember any errors having been made since then. He 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 some recent action that had been taken to reduce risk. They had used a shelf marker to highlight different pack sizes of aspirin tablets after some near misses involving incorrect quantities. A range of written Standard Operating Procedures (SOPs) underpinned the services provided. However, these were overdue for review, which meant that they might not accurately reflect the activities carried out in the pharmacy. Two responsible pharmacist notices were displayed, which was confusing and did not comply with legislation. The locum pharmacist removed an incorrect notice and ensured that her own notice was conspicuously displayed as soon as this was pointed out.

The pharmacy usually received regular customer feedback from annual patient satisfaction surveys, but this process had been paused during the pandemic. The pharmacist said that results from these surveys had been mostly positive. 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. A survey commissioned by the local Community Health Council which asked for feedback about NHS care during the pandemic was displayed in the retail area.

A current certificate of professional indemnity insurance was on display. Pharmacy records were generally properly maintained, including responsible pharmacist (RP), private prescription, emergency supply, unlicensed specials and controlled drug (CD) records. However, 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 had signed to show they understood the patient confidentiality SOP. They 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. Information about support groups

and services for carers was displayed in the consultation room.

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. He was absent during some of the inspection and his role was being covered by a locum pharmacist. The support team consisted of two part-time dispensing assistants and a part-time medicines counter assistant. Two other part-time dispensing assistants 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. Certificates were displayed as evidence that staff members had the necessary training and qualifications for their roles.

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 superintendent and locum pharmacists. 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 transactions. 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 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 clean, tidy and well-organised, with enough space to allow safe working. Some empty boxes were being temporarily stored on the floor in the retail area, but these did not pose a trip hazard. 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. It was visible from the retail area but its availability was not clearly advertised. The lighting and temperature in the pharmacy were generally appropriate. But the light in the consultation room did not work. The pharmacist said that he had not realised this and would fix the light as soon as possible.

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 initialled by the dispenser and checker to provide an audit trail. Prescription bags were marked to alert staff to the fact that a CD requiring safe custody or fridge item was outstanding, or that the pharmacist wished to speak to the patient or their representative at the point of handout. 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.

Prescriptions were not always retained for dispensed items awaiting collection. This meant that an accurate and complete record of the prescription details might not be available for reference at the time of supply. Most prescriptions were scanned, and the image remained available for reference. However, this was not the case for all prescriptions. Prescriptions attached to bags containing Schedule 3 and 4 CDs awaiting collection were marked with the date after which the prescription was invalid and could no longer be supplied. This practice helped ensure that prescriptions were checked for validity before handout to the patient. 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 superintendent pharmacist said that one patient prescribed valproate who met the risk criteria had been identified and was counselled and provided with information. 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.

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 large number of patients. Compliance aids were labelled with descriptions to enable identification of individual medicines and patient information leaflets were routinely supplied. 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 by Welsh Government in light of the COVID-19 pandemic. It had recently begun to provide the Welsh Government's COVID-19 lateral flow test supply service. It also continued to provide the Choose Pharmacy common ailments service and the discharge medicines review service, although uptake of these services was low. The pharmacist was planning to provide the influenza vaccination service during the 2021/22 season and was shortly to attend refresher training to allow him to do so. The locum pharmacist was unable to access the Choose Pharmacy software platform, which meant that she could not provide some of the pharmacy's usual services.

Stock medicines were obtained from licensed wholesalers and were 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. A CD cabinet was used to store controlled drugs. However, it was clear that the cabinet's stock levels were at capacity. This led to different products and different strengths of the same product being stored very closely together, increasing the risk of errors. Cash was also stored in the cabinet, which further reduced storage space. There was also a risk that unnecessary access might increase the risk of accidental loss or diversion of CDs. Obsolete CDs were segregated from usable stock. The cabinet was secured to the wall with screws rather than rag-bolts, contrary to legislative requirements.

Stock was subject to regular documented expiry date checks. However, the most recent check of the entire dispensary on 20 May 2021 had not been completed. This created a risk that out-of-date medicines might be overlooked, which was reinforced by the discovery of two date-expired creams in the external preparations section. 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 pharmacists were able to describe how they 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 was potentially unsafe as it had a broken base. 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.

Personal protective equipment and hand sanitiser were available for staff use and the pharmacy team were wearing face masks and using gloves. All electronic equipment was in good working order 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.