General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Well, 14 Broad Street, BLAENAVON, Gwent, NP4 9ND

Pharmacy reference: 1043355

Type of pharmacy: Community

Date of inspection: 26/09/2019

Pharmacy context

This is a community pharmacy in the old mining town of Blaenavon in south-east Wales. The pharmacy dispenses NHS and private prescriptions and sells over-the-counter medicines. They also supply medicines in multi-compartment compliance aids to help vulnerable people in their own homes to take their medicines.

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	N/A	N/A	N/A
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 met

Summary findings

The pharmacy's working practices are generally safe and effective. The pharmacy keeps the up-to-date records that it must by law. It is appropriately insured to protect people if things go wrong. The team keep people's private information safe and they know how to protect vulnerable people. But, they don't do enough to learn from mistakes to prevent them from happening again.

Inspector's evidence

The pharmacy team identified and managed most risks. But, there had been two dispensing errors in August 2019. The staff could not report any actions taken following these to reduce the risk of similar recurrences. In addition, whilst near misses were recorded, there was insufficient information to allow any useful analysis. General trends could be identified, but in the August 2019 review, this was not done. Only the number of near misses was recorded and not the most frequent types of mistakes.

The dispensary was large and organised. There were four areas, largely divided by stock shelves. The front area had a labelling computer, pharmacist checking bench and an area for prescriptions waiting to be checked. The second area had a further bench for prescriptions waiting to be checked. The third area was used for the assembly of multi-compartment compliance aids and the fourth for stock and assembled prescriptions for delivery. There was no dedicated area for the checking of compliance aids, despite the large dispensary, and these were checked on the front checking bench.

Coloured baskets were used and distinguished prescriptions for patients who were waiting, those calling back, prescriptions for collection, those for delivery and those sent to the off-site dispensing hub. There was a clear audit trail of the dispensing process and all the 'dispensed by and checked by' boxes on the labels examined had been initialled.

Up-to-date, signed and relevant standard operating procedures (SOPs), including SOPs for services provided under patient group directions were in place and these were reviewed every two years, or sooner, if necessary, by the superintendent pharmacist. The roles and responsibilities were set out in the SOPs and the staff were clear about their roles. The questions to be asked of customers requesting to buy medicines were displayed on the till. And, there were prompts for the sale of certain medicines at the point of sale, to consult the pharmacist. The staff were aware of 'prescription only medicine' (POM) to 'pharmacy only medicine' (P) switches but they did not know about the NFA-VPS (non-food animal, veterinarian, pharmacist, suitably qualified person) status of veterinary medicines, such as Front-line Plus.

The staff were clear about the complaints procedure and reported that feedback on all concerns was encouraged. The pharmacy did an annual customer satisfaction survey. But, the results of the most recent survey were not displayed and had not been uploaded to the pharmacy's website. The staff reported that they received very few complaints. One customer at the time of the visit asked to speak to the inspector. He was highly complimentary about the service he received from the pharmacy.

Current public liability and indemnity insurance was in place. The responsible pharmacist log, controlled drug (CD) records, including patient-returns, private prescription records, emergency supply records, specials records and date checking records were in order. The fridges were not being re-set on a daily

basis and one recorded temperatures which were outside the required range (see further under principle 4).

There was an information governance procedure and the staff had also recently completed training on the new data protection regulations. The computers, which were not visible to the customers, were password protected. Confidential information was stored securely. Confidential waste paper information was collected for appropriate disposal. No conversations could be overheard in the consultation room.

The staff understood safeguarding issues and had completed level 1 training provided by the Wales Centre of Professional Pharmacy Education (WCPPE). The pharmacist and technician had completed the level 2 training. Local telephone numbers to escalate any concerns relating to both children and adults were not displayed but these were available electronically. Some staff had completed 'Dementia Friends' training.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. And, the company provides help when people are on holiday. The team members do the company's compulsory learning, but generally do not do any other regular on-going learning. This means that their skills may not be up to date. They are comfortable about providing feedback to their manager to improve services and this is acted on.

Inspector's evidence

The pharmacy was in the old mining town of Blaenavon in south-east Wales. They dispensed approximately 6,500 -7,000 NHS prescription items each month with the majority of these being repeats. They had recently started using a dispensary hub in Stoke-on-Trent. Currently, 55% of their prescriptions were sent to the hub for off-site dispensing. 47 domiciliary patients received their medicines in compliance aids. Few private prescriptions were dispensed.

The current staffing profile was one pharmacist, one part-time NVQ3 qualified technician (not seen – on holiday), one full-time NVQ2 qualified dispenser, the manager and one part-time NVQ2 qualified dispenser. There was no dedicated counter assistant and all the staff covered the medicine counter. On the day of the visit, there was an additional full-time NVQ2 trainee dispenser who was due to be a temporary manager at the branch because the current manager was leaving at the end of the week. Her post had been advertised.

The part-time staff were flexible and generally covered any unplanned absences. Planned leave was booked well in advance and only one member of staff could be off at one time. Help was given by the area's relief team of dispensers to cover holiday.

Staff performance was monitored, reviewed and discussed informally throughout the year. There was an annual performance appraisal where any learning needs could be identified. Review dates would be set to achieve this. The staff were encouraged with learning and development but generally only did the company's compulsory e-Learning. The technician did do extra training modules. The staff had all received training on their new computer system, Analyst, installed on 21 August 2019. The staff reported that they were supported to learn from errors. The pharmacist, a locum, said that all learning was documented on his continuing professional development (CPD) records.

The staff knew how to raise concerns and said that this was encouraged. There were weekly meetings and the staff said that they felt able to raise issues. They had recently raised concerns about the management of the Discharge Medicines Reviews (DMRs) which was a two-part process. Because of this, there was now a clear list showing the status of all the patients and who required the second part follow-up. The staff were aware of the company's whistle-blowing policy.

The pharmacist, a locum, said that he was asked to try to do two Medicines Use Reviews (MURs) each day. He said that he only did clinically appropriate reviews and did not feel unduly pressured by the targets.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy looks professional. The work areas are tidy and organised. There is good signposting to the consultation room so it is clear to people that there is somewhere private for them to talk.

Inspector's evidence

The pharmacy was well laid out and presented a professional image. The dispensing benches were uncluttered, tidy and organised. The floors were clear. The premises were clean and well maintained.

The consultation room was spacious and well signposted. It contained a computer but no sink. The pharmacy did offer a seasonal flu vaccination service. The chairs were covered with fabric which may make them difficult to clean. Conversations in the consultation room could not be overheard. The pharmacy computer screens were not visible to customers. The telephone was cordless and all sensitive calls were taken in the consultation room or out of earshot.

The temperature in the pharmacy was below 25 degrees Celsius. There was good lighting throughout. Most items for sale were healthcare related.

Principle 4 - Services ✔ Standards met

Summary findings

Most people can access the services the pharmacy offers. But, some people with specific mobility needs may have difficulty entering the pharmacy. The services are generally effectively managed to make sure that they are provided safely. The pharmacy gets its medicines from appropriate sources. The medicines are generally stored and disposed of safely and the team make sure that people only get medicines or devices that are safe.

Inspector's evidence

There was no independent wheelchair access to the pharmacy and the consultation room. There was a sign on the door for these people stating that they should use a key. But, the staff reported that it was not working. In addition, there was a steep slope to access the pharmacy. There was access to Google translate on the pharmacy computers for use by non-English speakers. The pharmacy could print large labels for sight-impaired patients. A portable hearing loop was available.

Advanced and enhanced NHS services offered by the pharmacy were Medicines Use Reviews (MURs), Discharge Medicines Reviews (DMRs), the Welsh Choose Pharmacy Scheme, supervised consumption of methadone and buprenorphine (six clients), and seasonal flu vaccinations. The latter was also offered under a private agreement. The pharmacy did not offer the free NHS emergency hormonal contraception service or a smoking cessation service. The staff were aware of the services offered.

The regular pharmacist (not seen) had completed suitable training for the provision of seasonal flu vaccinations including face to face training on injection technique, needle stick injuries and anaphylaxis. She had also completed suitable training for the provision of the Choose Pharmacy Scheme.

Six substance misuse patients had their medicines supervised. There was a dedicated folder for these patients where any relevant information was kept. The telephone numbers of key workers were available but the patients were not routinely offered water to reduce the likelihood of diversion. The pharmacist seen did say that he tried to engage these patients in conversation after the supervision to reduce the likelihood of diversion.

47 domiciliary patients received their medicines in compliance aids. Half of these were assembled weekly and half monthly. There was a clear dispensing assembly audit trail but no audit trail of the items that were ordered on behalf of these patients. There were folders for these patients where all the relevant information such as hospital discharge sheets and changes in dose were kept. But, there was no concise audit trail of any changes or any other issues. And, these were not referred to at the checking stage. This meant that the checking pharmacist was not aware of the past clinical history of the patient. Procedures were in place to ensure that all the compliance aid patients, receiving high-risk drugs, were having the required blood tests.

There was a good audit trail for all items dispensed by the pharmacy. Interventions were seen to be recorded on the patient's prescription medication record. Green 'see the pharmacist' stickers were used. The pharmacist seen, a locum, said he routinely counselled patients prescribed high-risk drugs such as warfarin and lithium. INR levels were asked out but not recorded. He also counselled patients prescribed amongst others, antibiotics, new drugs and any changes. CDs and insulin were packed in

clear bags but only CDs were checked with the patient on hand-out. All the staff were aware of the new sodium valproate guidance. They had one female patient who may become pregnant. She had been counselled and guidance cards were sent with each prescription.

All prescriptions containing potential drug interactions, changes in dose or new drugs were highlighted to the pharmacist. Signatures were obtained indicating the safe delivery of all medicines and owing slips were used for any items owed to patients. Suitable patients were encouraged to use the company's managed repeat prescription service to reduce wastage, to optimise the use of medicines and to identify any non-adherence concerns. Non-adherence concerns were identified at hand-out but not necessarily at the labelling stage. The pharmacist reported that the pharmacy had several patients suffering with Type II diabetes and he gave them healthy living advice during MURs.

Medicines and medical devices were obtained from AAH, NDC and Alliance Healthcare. Specials were obtained from IPS Specials. Invoices for all these suppliers were available. The pharmacy had no scanner to check for falsified medicines as required under the Falsified Medicines Directive and they had received no training on this. CDs were stored tidily in accordance with the regulations and access to the cabinet was appropriate. There were no patient-returned or out of date CDs. Appropriate destruction kits were on the premises. The staff did not routinely re-set the fridge temperatures. One fridge had recorded temperatures in excess of 8 degrees Celsius on four occasions in September 2019. Date checking procedures were in place. But, these were recorded electronically and there was no audit trail demonstrating who had performed the task. Bins were available for waste and used. But, whilst there was a separate bin for cytotoxic and cytostatic substances, there was no list of these substances, which should be treated as hazardous for waste purposes. The staff gave assurance that this list would be printed off, displayed and all the staff trained on its contents.

There was a procedure for dealing with concerns about medicines and medical devices. Drug alerts were received electronically, printed off and the stock checked. Any required actions were recorded electronically. The pharmacy had received an alert on 25 September 2019 about bisacodyl suppositories. The pharmacy had none in stock and this was recorded.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

The pharmacy has the appropriate equipment and facilities for the services it provides. The team members make sure that they are clean and generally, that they are fit for purpose.

Inspector's evidence

The pharmacy used several British Standard crown-stamped conical measures (25 - 500ml). There were two tablet-counting triangles. These were cleaned with each use. There were reference books, including the British National Formulary (BNF) 76 and the 2017/2018 Children's BNF. The latter was out-of-date but the staff could access the information electronically. There was access to the internet.

Maximum/minimum temperatures were recorded daily but the temperatures were not re-set each day (see under principle 4). The pharmacy computers were password protected and not visible to the public. There was a cordless telephone and any sensitive calls were taken in the consultation room or out of earshot. Confidential was information was collected for appropriate disposal. The door was always closed when the consultation room was in use and no conversations could be overheard.

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.