

Registered pharmacy inspection report

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

Pharmacy reference: 1043355

Type of pharmacy: Community

Date of inspection: 29/11/2022

Pharmacy context

This is a community pharmacy located the high street in Blaenavon in Gwent. It serves its local population which is mostly elderly. The pharmacy opens five days a week. It sells a range of over-the-counter medicines, dispenses NHS prescriptions and supplies medicines in multi-compartment compliance aids for people to use living in their own homes.

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	4.1	Good practice	The pharmacy team increased the accessibility of flu vaccination services to their local population.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy has satisfactory written procedures to help make sure the team works safely. Pharmacy team members have procedures in place to record and review mistakes when they happen. They use this information and learning to avoid future mistakes. Pharmacy team members are clear about their roles and responsibilities. The pharmacy asks its customers and staff for their views and uses this to help improve services. It manages and protects people's confidential information, and it tells people how their private information will be used. The pharmacy has appropriate insurance to protect people when things do go wrong.

Inspector's evidence

The pharmacy team had taken measures to mitigate the risk of transmission of COVID-19. Risk assessments had been completed assessing the impact of COVID-19 on the pharmacy premises and the individual pharmacy staff members. The pharmacy team had all received at least three COVID-19 vaccinations.

Processes were in place for identifying and managing risks. Near misses were recorded and reviewed when they occurred and the pharmacist would discuss the incident with the members of the dispensary team. Examples of near miss error logs were seen from previous months and were kept in the dispensary. 'Sound alike' and 'look alike' medicines such as amitriptyline and amlodipine had been separated on the dispensary shelves.

Dispensing incidents were recorded electronically and this included a root cause analysis as part of the error investigation. Every month, a review was carried out by the pharmacist looking for trends as well as any changes that need to be made to reduce the risk of errors. Following one of these reviews, the team had a general discussion about the areas that they need to be aware of.

There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches. The team used stackable containers to hold dispensed medicines to prevent the mixing up different prescriptions. Dispensing labels were also seen to have been signed by two different people indicating who had dispensed and who had checked a prescription.

Standard operating procedures (SOPs) were in place for the services provided and these were reviewed regularly. The pharmacy team understood what their roles and responsibilities were when questioned. There was a complaints procedure in place and staff were all clear on the processes they should follow if they received a complaint. The pharmacy team had completed Pharmacy Patient Questionnaires (CPPQ) to gather feedback from people about their services. A certificate of public liability and indemnity insurance was displayed and was valid and in date.

Electronic records of controlled drugs (CD) were kept. The CD balances were checked weekly. There were patient returned CDs that had been separated from regular CD stock and labelled appropriately. A patient returned CD record was kept. A responsible pharmacist (RP) record was kept, and the RP notice was displayed in pharmacy where people could see it. The fridge temperatures for both fridges were recorded daily and were within the two to eight degrees Celsius range. Date checking was carried out in

a manner which meant the whole pharmacy was date checked four times in a year and records of this were seen to be completed appropriately. The private prescription records, emergency supply and specials records were retained and were in order.

Confidential waste was separated from general waste and disposed of appropriately. An information governance policy (IG) was in place and the healthcare team was required to complete training on programme on IG. Staff had all completed a training package on the General Data Protection Regulation (GDPR).

The pharmacy team had completed safeguarding children and vulnerable adults training. The pharmacist had completed the CPPE level 2 safeguarding package. Staff were aware of the signs to look out for that may indicate safeguarding concerns. The pharmacy team could locate local contact details to raise safeguarding concerns or ask for advice about them.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members have the appropriate skills, qualifications and training to deliver services safely and effectively. The pharmacy team members work well together. They are comfortable about providing feedback and raising concerns and are involved in improving pharmacy services.

Inspector's evidence

There was one pharmacist and two dispensing assistants present during the inspection. There was sufficient staff for the services provided during the inspection. Staff were seen to be working well together and supporting each other when required. All staff had completed appropriate training courses for their roles or were on a training course.

Staff performance was monitored and reviewed formally annually where key performance indicators were discussed. In these reviews, a development plan would be introduced to help further develop and train the members of staff. Staff would also get the opportunity to give feedback about the place that they work.

The staff reported they were required to complete online training modules when they became available. The pharmacist had recently completed training about new Gina pessaries which are used to relieve symptoms of the menopause. The pharmacy team had access to third party materials, such as pharmacy magazines, to help keep their knowledge refreshed about new medicinal products. The pharmacy team did not always receive protected time to complete training as they had been busy recently.

Staff meetings to discuss any important business or patient safety updates were held monthly. The pharmacy head office team regularly released updates which were read and actioned by the pharmacy team. Staff were aware of the whistleblowing policy and felt comfortable to use this if necessary. There were targets in place but the team explained that they did not feel pressurised to deliver the targets and would never compromise their professional judgement to do so.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe and appropriate environment for the provision of pharmacy services. The pharmacy team generally protects people's private information, and the pharmacy is secure and protected from unauthorised access.

Inspector's evidence

The pharmacy was based on a parade of shops. It was clean, bright, and presented in a professional manner. The dispensary areas were separated from the retail area by a counter to allow for the preparation of prescriptions in private. There was a plastic screen covering a proportion of the medicines counter. There was some water damage to the ceiling tiles in the dispensary. The pharmacy team reported that extra cleaning had been implemented in response to the COVID-19 pandemic.

There was a sink available in the pharmacy with hot and cold running water with hand sanitiser to allow for hand washing. Medicines were organised in a generic and alphabetical manner. There was a consultation room in use at the pharmacy and patient information was stored securely. The ambient temperature and lighting throughout the pharmacy was appropriate for the delivery of pharmaceutical services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible, effectively managed and delivered safely. The pharmacy team helps people manage their high-risk medicines well. The pharmacy obtains, stores and manages medicines safely and ensures that all of the medicines it supplies are fit for purpose. The pharmacy team takes appropriate action where a medicine is not fit for purpose.

Inspector's evidence

Information about the services provided was detailed in posters and leaflets around the pharmacy. Access to the pharmacy was step free. There was adequate seating for patients and customers who were waiting for services. There was sufficient space for wheelchair and pushchair users. There was a hearing loop available for people with hearing difficulties. Large label printing was available for people with sight difficulties.

The pharmacy team offered both private and NHS flu vaccinations. At the time of the inspection, they had administered around 130 flu vaccinations. The pharmacist reported that he completed face to face training on how to do the vaccinations annually. The pharmacist noted that people had provided positive feedback about the accessibility of the flu vaccine in the pharmacy, as GP surgeries in the area were particularly busy. The pharmacist had the appropriate patient group directions for both the private and NHS flu vaccination services.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent valproate exposure during pregnancy. Valproate patient cards were available for use during valproate dispensing to female patients. The pharmacist reported that he would check that the patient's prescriber had discussed the risks of exposure in pregnancy with them and that they were aware of these and query if they had effective contraception in place.

The pharmacy used recognised wholesalers such as AAH, Alliance Healthcare and Bestway to obtain medicines and medical devices. Specials were ordered via IPS specials. Invoices from some of these wholesalers were seen. Destruction kits for the destruction of controlled drugs were available. Designated waste bins were available and being used for out-of-date medicines. A bin for the disposal of hazardous waste was also available for use during the inspection. Waste was collected regularly and the pharmacy team explained they would contact the contractors if they required more frequent waste collection.

In general, medicines and medical devices were stored in an organised fashion within their original manufacturer's packaging. However, there was a bottle of phenytoin 100mg capsules and a box of naproxen 250mg gastro-resistant tablets with no batch number or expiry date on the container. Pharmaceutical stock was subject to date checks which were documented and up to date. Short-dated products were appropriately marked. There were several medicines that had expired at the end of October that were still on the dispensary shelves, including prednisolone 2.5mg tablets, tolterodine prolonged release capsules and estradiol 2mg tablets. These were removed from the dispensary shelves during the inspection.

The fridges were in good working order and the stock inside was stored in an orderly manner. MHRA

alerts came to the pharmacy electronically and the pharmacist explained that these were actioned appropriately. Records were kept to verify this.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has access to the appropriate equipment and facilities needed to provide the services it offers. These are used in a way that helps protect patient confidentiality and dignity.

Inspector's evidence

There was a satisfactory range of crown stamped measures available for use. Separate crown stamped measures were used for methadone dispensing. Amber medicines bottles were capped when stored. A counting triangle and a capsule counter were available for use. Electrical equipment appeared to be in good working order and was PAT tested annually. Pharmacy equipment was seen to be stored securely from public access.

Up-to-date reference sources were available in the dispensary and the consultation room, including a BNF, a BNF for Children and a Drug Tariff. Internet access was also available should the staff require further information sources.

There were two fridges in use which were in good working order. The maximum and minimum temperatures were recorded daily and were seen to be within the correct range. Designated bins for storing waste medicines were available for use and there was enough space to store medicines. The computers were all password protected and patient information was safeguarded.

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.