

Registered pharmacy inspection report

Pharmacy Name: P C Merrick (Pharmacy), 12 - 13 Steep Street,
CHEPSTOW, Gwent, NP16 5PJ

Pharmacy reference: 1043362

Type of pharmacy: Community

Date of inspection: 17/09/2019

Pharmacy context

This is a busy community pharmacy in the centre of the town of Chepstow. A wide variety of people use the pharmacy. It dispenses NHS and private prescriptions and sells over-the-counter medicines. The pharmacy supplies medicines in multi-compartment compliance aids to help vulnerable people in their own homes to take their medicines. It also supplies medicines to people in a local care home.

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 safe and effective. They could learn more from mistakes but four independent people are involved in the dispensing process and this reduces the risk of errors. The working areas in the pharmacy are well organised and it generally keeps the up-to-date records that it must by law. The pharmacy is appropriately insured to protect people if things go wrong. The team generally keep people's private information safe and they know how to protect vulnerable people.

Inspector's evidence

The pharmacy team identified and managed most risks. But, there was little recording of near misses and those that were recorded included insufficient information to allow any useful analysis. Such as, a recent strength mistake with edoxaban. No learning points and actions taken to reduce the likelihood of similar recurrences were recorded. However, the last actual error from the pharmacy was many years ago. And, to mitigate the risk of errors, four independent people were involved in the dispensing process; labelling, assembly, accuracy check and bagging check.

There was a galley-style walk-in dispensary, a non-urgent dispensing area and a compliance aid and care home dispensing area. These had dedicated labelling, assembly and checking areas. Baskets were used and red baskets distinguished the prescriptions for people who were waiting. 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 and signed and standard operating procedures (SOPs) were in place but these were largely generic with few local additions specific to the business of the pharmacy. The SOPs were reviewed every two years by the Superintendent Pharmacist. The roles and responsibilities were set out in the SOPs and the staff were clear about their roles. The staff were aware of 'prescription only medicine' (POM) to 'pharmacy only medicine' (P) switches and said that they would refer all requests for these to the pharmacist. They also asked customers requesting to buy medicines if they were taking any herbal remedies.

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. In the 2019 survey, 97% of customers who completed the questionnaire rated the pharmacy as excellent or very good overall. The main feedback was about the provision of healthy living advice. Because of this, the staff actively tried to give this advice. Two members of staff had completed training to provide smoking cessation advice. But, the pharmacy did very few Medicines Use Reviews and so were missing the opportunity to provide advice to people in the privacy of the consultation room and in conjunction with their medicines records.

Public liability and indemnity insurance provided by the National Pharmacy Association (NPA) and valid until 31 October 2019 was in place. The Responsible Pharmacist log, controlled drug (CD) records, including patient-returns, emergency supply records, specials records, fridge temperature records and date checking records were all in order. Some of the private prescription records only included one date. The routine CD balance checks of the entire contents of the cabinets could be done more frequently. But, the balance of CD stock remaining was checked at the time of dispensing.

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 largely stored securely. But, a large quantity of confidential waste paper information was stored in boxes in the consultation room. The superintendent reported that this was soon going to be collected for appropriate disposal. He gave assurances that, in future, he would not allow such quantities to accumulate and someone would be tasked to shred all the confidential waste on a daily basis. No conversations could be overheard in the consultation room.

The staff understood safeguarding issues and had all completed level 1 training provided by the Wales Centre for Pharmacy Professional Education (WCPPE). The pharmacists and technicians had completed the level 2 training. Local telephone numbers were available to escalate any concerns relating to both children and adults.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage its workload safely. The team members who are in training are well supported. All the team feel comfortable to provide feedback to the owner to improve services and this is acted on. There are no formal appraisals and so any gaps in the skills and knowledge of the team may not be identified.

Inspector's evidence

The pharmacy was a busy community pharmacy in the centre of the town of Chepstow. They dispensed approximately 12,000 NHS prescription items each month with the many of these being repeats. Because of the location, there were several acute 'walk-in' prescriptions. 60 domiciliary patients and 25 residential care home patients received their medicines in compliance aids. Few private prescriptions were dispensed.

The current staffing profile was; one pharmacist (with two on Tuesday, the busiest day), two part-time NVQ3 trained technicians, two full-time NVQ2 trained dispensers, one of whom was a trainee technician, one part-time NVQ2 trained dispenser, one part-time NVQ2 trainee dispenser, one full-time medicine counter assistant and one part-time medicine counter assistant.

The part-time staff were flexible and generally covered any unplanned absences. Planned leave was booked well in advance and only one member of the dispensary staff could be off at one time. A staffing rota was used to ensure appropriate staffing levels with the desired skill mix. A trained technician was usually always working.

The staff were well qualified and clearly worked well together as a team. Staff performance was monitored, reviewed and discussed informally throughout the year but there were no formal performance appraisals. So, any gaps in their skills or knowledge may not be identified. The staff were encouraged with learning and development and completed some WCPPE e-Learning such as on simvastatin and grapefruit juice. But, the staff were not signed up to any regular on-going learning. Staff enrolled on accredited courses, such as the NVQ3 trainee technician, were supported with their courses in work time, usually when it was quiet. All the dispensary staff reported that they were supported to learn from errors. The GPhC registrants reported that all learning was documented on their continuing professional development (CPD) records.

The staff felt able to raise concerns or other issues and they said that they were well supported by the owner. There were no formal staff meetings but there were regular huddles. The staff had recently raised an issue about the storage of the assembled medicines waiting to be collected. Because of this, they now had a numbered retrieval system which was space efficient and reduced the likelihood of hand-out errors. No targets or incentives were set.

Principle 3 - Premises ✓ Standards met

Summary findings

The design and layout of the pharmacy is suitable for the pharmacy's activities. And, it accommodates the difficult terrain, being on a steep hill. 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 in an old building located on a steep hill. The design of the pharmacy accommodated this difficult terrain. There were two doors and wheelchair-users could access the pharmacy and consultation room through the top door. There were three separate dispensing areas; acute, non-urgent and compliance aids. The dispensing benches were organised and the floors were clear. The premises were clean but would benefit from re-decoration.

The consultation room was spacious and well signposted. But, as mentioned under principle 1, at the time of the inspection, it contained several boxes of confidential waste information which was occupying valuable space and did not present a professional pharmacy image. Assurances were given that this would soon be removed. Conversations in the consultation room could not be overheard. The 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 centigrade. There was good lighting throughout. Most items for sale were healthcare related.

Principle 4 - Services ✓ Standards met

Summary findings

People can access the services the pharmacy offers. But, they don't do some extra services, like routine medicines reviews. So, some people may be missing out on valuable counselling and advice. The services that are offered are generally effectively managed to make sure that they are provided safely. The pharmacy gets its medicines from appropriate sources and the medicines are generally stored safely. The pharmacy team make sure that people only get medicines or devices that are safe.

Inspector's evidence

There was wheelchair access to the pharmacy and the consultation room via a door at the top of 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.

Advanced and enhanced NHS services offered by the pharmacy were Medicines Use Reviews (MURs), Discharge Medicines Reviews (DMRs), emergency hormonal contraception (EHC), the Welsh Choose Pharmacy scheme, smoking cessation (level 2, nicotine replacement) and supervised consumption of methadone and buprenorphine (currently 25 clients). However, the staff reported that they did virtually no MURs or DMRs. A seasonal flu vaccination service was not offered. The pharmacists had completed suitable training for the provision of the EHC service and the Choose Pharmacy scheme and two members of staff had been trained on the smoking cessation scheme.

25 substance misuse patients had their medicines supervised. There were dedicated wallets for these patients. Dedicated Health Board forms were used for recording issues such as missed doses, advice given or signs of intoxication. This information was also recorded electronically. The telephone numbers of key workers were available. The patients were offered water or engaged in conversation to reduce the likelihood of diversion and the medicines were supervised in the consultation room.

About 60 domiciliary patients and 25 residential care home patients received their medicines in compliance aids. The medicines were assembled in a separate room. The domiciliary compliance aids were assembled on a four-week rolling basis and evenly distributed throughout the week to manage the workload. There were dedicated folders for these patients where all the relevant information such as hospital discharge sheets and changes in dose were kept. These were not referred to at the checking stage. This meant that the checking pharmacist did not have a clear clinical picture of the patient.

The pharmacy also provided services to local residential home. The home ordered the prescriptions but the pharmacy did not send copies of the prescriptions to the home for checking. Medicines were delivered daily to the home by the owner and any appropriate counselling was given. But there were no routine medicines management visits and the surgery did not always inform the pharmacy of any changes or other issues. The medicines were racked and the home did provide the pharmacy with an up-to-date racking list. The pharmacy did not have a dedicated communication diary for the home but they did record issues in a folder.

There was a good audit trail for all items ordered on behalf of patients by the pharmacy and for all items dispensed by the pharmacy. Prescriptions were highlighted for patients who should be counselled, such as, one seen for a female patient who had been prescribed finasteride. The

pharmacists routinely counselled patients prescribed high-risk drugs such as warfarin and lithium. INR levels were asked about. They also counselled patients prescribed amongst others, antibiotics, new drugs and any changes. CDs and insulin were checked with the patient on hand-out. All the staff were aware of the new sodium valproate guidance.

All prescriptions containing potential drug interactions, changes in dose or new drugs were highlighted to the pharmacist. The owner did the medicine deliveries. He was well known to all his patients but he did not get signatures indicating that the medicines had been delivered safely. Owing slips were used for any items owed to patients.

Medicines and medical devices were obtained from AAH and Alliance Healthcare. Specials were obtained from Arcadia Specials. Invoices for all these suppliers were available. Controlled drugs (CDs) were stored tidily. There were several patient-returned CDs. These were clearly labelled and separated from usable stock. Appropriate destruction kits were on the premises. Fridge lines were correctly stored with signed records. Date checking procedures were in place with signatures recording who had undertaken the task. There were several containers of loose tablets, some with no batch numbers or expiry dates. Bins were available for waste and used. There was a separate bin for cytotoxic and cytostatic medicines and a list of such substances that should be treated as hazardous for waste purposes.

There was a procedure for dealing with concerns about medicines and medical devices. Drug alerts were received electronically, printed off and the stock checked. They were signed and dated by the person checking the alert. Any required actions were recorded. The pharmacy had received an alert on 30 July 2019 about aripiprazole 1mg/ml liquid. 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 for the services it provides. And, the team members make sure that it is clean and fit for purpose.

Inspector's evidence

The pharmacy used British Standard crown-stamped conical measures (5-500ml) and an ISO stamped straight measure (100ml). There were tablet-counting triangles which were cleaned with each use. There were up-to-date reference books, including the British National Formulary (BNF) 76 and the 2018/2019 Children's BNF. There was access to the internet.

The fridge was in good working order and maximum/minimum temperatures were recorded daily. 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. 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.