

Registered pharmacy inspection report

Pharmacy Name: Well, Ebbw Vale Health Centre, Bridge Street,
EBBW VALE, Gwent, NP23 6EY

Pharmacy reference: 1043373

Type of pharmacy: Community

Date of inspection: 21/11/2019

Pharmacy context

This is a pharmacy inside a medical centre. It sells a range of over-the-counter medicines and dispenses NHS and private prescriptions. Some NHS prescriptions are assembled off-site at another pharmacy owned by the company. It offers a wide range of services including emergency hormonal contraception, smoking cessation, treatment for minor ailments and a seasonal 'flu vaccination service for NHS and private patients. Substance misuse services are also available.

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	1.8	Good practice	Safeguarding is an integral part of the culture within the pharmacy
2. Staff	Good practice	2.2	Good practice	Staff have the appropriate skills, qualifications and competence for their role and are supported to address their learning and development needs
		2.5	Good practice	Staff can openly raise concerns and provide feedback to improve services
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 has written procedures to help make sure the team works safely. Its team members record and review their mistakes so they can learn from them. And they take action to help stop the same sorts of mistakes from happening again. The pharmacy keeps the records it needs to by law. It asks people to give their views about the services it provides. And it keeps people's private information safe. The pharmacy's team members are good at recognising and reporting 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 and analysis of dispensing errors and near misses. The pharmacist said that action had been taken to reduce risks that had been identified: for example, risperidone and ropinirole tablets had been separated after some selection errors. Staff said that the dispensing procedure had been altered after a series of near misses with omeprazole tablets and capsules. They explained that these items were now highlighted by the pharmacist during the clinical check or by the dispenser during the labelling process to alert staff to the risks of picking errors. Posters describing the resuscitation process and the process to follow in the event of anaphylaxis were displayed in the consultation room.

A range of electronic standard operating procedures (SOPs) underpinned the services provided. These were regularly reviewed. The pharmacist said that if a new version of an SOP was available, a visible alert produced by the pharmacy software system reminded the team to read it, complete a short assessment and make a declaration to show that they had understood it. The relief accuracy checking technician (ACT) said that she was able to check most prescription items except for controlled drugs requiring safe custody. She said that she only checked prescriptions that had been initialled and stamped by the pharmacist to show they had been clinically checked.

The pharmacy received regular customer feedback from annual patient satisfaction surveys. The pharmacist said that results were mostly positive. A formal complaints procedure was in place and information about how to make complaints was included in a poster displayed at the medicines hatch.

Evidence of current professional indemnity insurance was available. All necessary records were kept and properly maintained, including responsible pharmacist (RP), private prescription, emergency supply, unlicensed specials and controlled drug (CD) records. CD running balances were typically checked weekly.

Staff received annual training on the information governance policy and had signed confidentiality agreements. They were aware of the need to protect confidential information, for example by being able to identify confidential waste and dispose of it appropriately. Individual staff members had unique passwords to access the pharmacy computer system. A privacy notice displayed in the consultation room signposted people to the company's website for more information on the way in which personal data was used and managed.

The pharmacist and pharmacy technicians had undertaken level two safeguarding training and had access to guidance and local contact details that were displayed in the dispensary. Staff had undertaken

in-house training and were able to identify different types of safeguarding concerns. They said they had recently raised concerns about a vulnerable person who was not managing their medicines properly. The pharmacist had contacted the person's family and their GP. The family had subsequently begun to help with managing the person's medicines and the GP had carried out an assessment and arranged a care package. All staff were trained Dementia Friends. A summary of the chaperone policy was advertised in a poster displayed at the medicines hatch.

Principle 2 - Staffing ✓ Good practice

Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members complete regular training and have a good understanding about their roles and responsibilities. They feel comfortable speaking up about any concerns they have.

Inspector's evidence

The pharmacist manager worked at the pharmacy on most days and her absences were covered by relief or locum pharmacists. The support team consisted of an accuracy checking technician (ACT), a pharmacy technician and three dispensing assistants who all worked well together. 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. The regular ACT was absent, and a relief ACT had been drafted in to cover her role. The atmosphere in the dispensary was calm and professional.

Targets were set for MURs. The pharmacist said that she often felt under pressure to complete MURs but she did so appropriately, and the targets did not affect her professional judgement or compromise patient care. Staff were happy to make suggestions within the team. One staff member said that she had recently suggested that the compliance aid service could be better managed by assembling some of the trays each week to spread out the workload. She had then created separate files that corresponded to each week. Staff said that they felt comfortable raising concerns with the pharmacist or Regional Development Manager. A poster advertising a confidential helpline for reporting concerns outside the organisation was displayed in the dispensary, as was the company's whistleblowing procedure.

A member of staff was able to describe appropriate questions she would ask when selling over-the-counter medicines. She said that she would feel confident refusing a sale and had done so in the past when dealing with what she considered to be inappropriate requests for products containing codeine. Staff referred to the pharmacist on several occasions for further advice on how to deal with a transaction.

Staff undertook online training on new products, clinical topics, operational procedures and services. They had recently completed training on the company's new patient medication record (PMR) system. The pharmacy technician had been trained to provide the smoking cessation level three service (supply and monitoring). She and one of the dispensing assistants were also able to provide the blood pressure measurement service. All staff had recently completed training provided by NHS Wales on improving the quality of services provided. The pharmacy technician said that she understood the revalidation process. She explained that she based her entries on situations she came across in her day-to-day working environment or on topics of interest to her. All staff were subject to six-monthly performance and development reviews and could discuss issues informally with the pharmacist whenever the need arose.

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 prescriptions were being temporarily stored on the floor but these did not pose a trip hazard. The sink had hot and cold running water and soap and cleaning materials were available. A poster describing hand washing techniques was displayed at the sink. A lockable consultation room was available for private consultations and counselling and its availability was clearly advertised. Two large hatches that opened into the dispensary from the waiting area were used to serve customers and were secured when the pharmacy was closed. No confidential information could be seen from the waiting area. The lighting and temperature in the pharmacy were appropriate, although it was a cold day and a free-standing radiator was being used to keep the dispensary warm.

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. Its working practices are generally safe and effective. It stores most medicines appropriately and carries out some checks to make sure they are in good condition and suitable to supply.

Inspector's evidence

The pharmacy offered a range of services that were appropriately advertised. There was wheelchair access into the pharmacy and consultation room. A hearing aid loop was available at the medicines counter. Staff said that they would signpost people requesting services they could not provide to other nearby pharmacies. A poster in the pharmacy waiting area advertised the telephone number for a local waste sharps collection service. Some health promotional material was on display in the retail area.

Dispensing staff used a colour-coded basket system to help ensure that medicines did not get mixed up during dispensing and to differentiate between different prescriptions. Dispensing labels were initialled by the dispenser and checker to provide an audit trail. Controlled drugs requiring safe custody, fridge lines and compliance aids were dispensed in clear bags to allow staff members to check these items at all points of the dispensing process and reduce the risk of a patient receiving the wrong medicine.

The pharmacy team said that a new pharmacy software system had recently been installed which allowed about 40% of their prescription items to be assembled at the company's hub pharmacy. The hub pharmacy could not assemble split packs, most controlled drugs, fridge lines or compliance aids and these continued to be dispensed at the branch. Prescription items scanned to the hub before 3pm were generally returned to the branch within 48 hours, although there were occasional delays. A text messaging service was available to let patients know their medicines were ready for collection.

Each prescription awaiting collection was assigned to a specific storage location in the dispensary. When staff needed to locate a prescription, the patient's name was typed into a handheld device and this brought up a list of locations in which their items were being stored. Fridge items and CDs requiring safe custody were not dispensed until the patient or their representative arrived to collect them. Dispensing labels were attached to prescription bags to alert staff to the fact that these items were outstanding. CD stickers were generally used to identify dispensed Schedule 3 and 4 CDs awaiting collection. This practice helped ensure that prescriptions were checked for validity before handout to the patient. However, one prescription for pregabalin was found not to be marked in this way. Prescriptions awaiting collection were annotated or marked with stickers to identify patients eligible for an MUR.

Staff said that stickers were used to routinely identify prescriptions for patients prescribed high-risk medicines such as warfarin, lithium and methotrexate. However, one prescription for methotrexate was found not to be marked in this way. The pharmacy team were aware of the risks of valproate use during pregnancy. The pharmacist said that two patients prescribed valproate who met the risk criteria had been counselled appropriately and provided with patient information. The valproate patient information pack could not be located but the pharmacist said that she would order another and would use the internet to print off information in the meantime. 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.

Signatures were obtained for prescription deliveries. Separate signatures were not obtained for controlled drugs. However, these were supplied in separate clear bags and the delivery sheet was marked with a CD sticker, which alerted the driver to notify the patient they were receiving a controlled drug. 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.

Disposable compliance aid trays were used to supply medicines to a number of patients. Staff said that any new patients requesting the service were assessed for suitability. Trays were labelled with descriptions to enable identification of individual medicines. Patient information leaflets were routinely supplied. Each patient had a section in one of four dedicated files that included their personal and medication details and collection or delivery arrangements. A workload tracker was available at the front of each file and showed the status of each patient's tray at any given time.

The pharmacy had carried out approximately 50 influenza vaccinations during the 2019/20 season. The pharmacist said that these had been split fairly evenly between the private service and the NHS enhanced service.

Medicines were obtained from licensed wholesalers and stored appropriately. Medicines requiring cold storage were stored in a large, well-organised lockable drug fridge that was situated in the consultation room. Maximum and minimum temperatures were usually recorded daily, although there were some gaps, which made it difficult for the team to be assured that these medicines were consistently stored appropriately. Recorded temperatures were within the required range. CDs were stored appropriately in two well-organised CD cabinets and obsolete CDs were segregated from usable stock.

Stock was regularly checked and date-expired medicines were disposed of appropriately, as were patient returns and waste sharps. Staff were able to describe how they had dealt with a recent recall for Zantac tablets by quarantining affected stock and returning it to the supplier. They explained that the patient medication record software flashed up a real-time alert on the screen for all drug recalls. Drug recalls were printed, filed and signed to show that they had been actioned. The pharmacy had the necessary hardware and software to work in accordance with the Falsified Medicines Directive but the team said that they were not currently compliant due to some problems with the software that needed to be resolved.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide services. These are safe and suitable for use. The pharmacy's team members use equipment and facilities in a way that protects people's privacy.

Inspector's evidence

The pharmacy used a range of validated measures to measure liquids. Triangles and capsule counters were used to count tablets and capsules. A separate triangle was available for use with loose cytotoxics. The pharmacy had a range of up-to-date reference sources. Equipment was in good working order, clean and appropriately managed. Evidence showed that it had recently been tested. Equipment and facilities were used to protect the privacy and dignity of patients and the public. For example, the computer was password-protected 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.