

Registered pharmacy inspection report

Pharmacy Name: J.D.S. Evans Chemist, Courtybella Terrace, Belle Vue Terrace, NEWPORT, Gwent, NP20 2LB

Pharmacy reference: 1043402

Type of pharmacy: Community

Date of inspection: 10/04/2019

Pharmacy context

This pharmacy is located near to two busy medical centres, in a residential area of Newport. It mainly dispenses NHS prescriptions and supplies weekly compliance aid packs for people to use in their own homes. The pharmacy sells a limited range of over-the-counter medicines as well as offering NHS services including a review of medicines following a discharge from hospital (DMR) and general Medicine Use Reviews (MURs). The pharmacy provides a number of other NHS services including a 'Choose Pharmacy' local minor ailments scheme, emergency hormonal contraception and smoking cessation. Substance misuse treatment 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	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 suitably identifies and manages risk. Pharmacy team members follow written procedures to help ensure that they complete tasks safely. They record and review their mistakes so that they learn from them and reduce risks in the future. The pharmacy keeps people's information private and its team members know how to protect the safety of vulnerable people. The pharmacy keeps the records it needs to by law, but some details are missing, so the pharmacy team may not always be able to show what has happened, if something goes wrong.

Inspector's evidence

The pharmacy had some processes in place to help to identify and manage risk. Pharmacy team members recorded the details of near misses on paper forms. The team felt comfortable in recording when things had gone wrong, and said that records were used as a learning process. Regular reviews of near misses were carried out and discussed at team meetings. A record of this was maintained. Team members discussed the separation of amitriptyline and amlodipine on the shelves, and a note was also in place on the computer terminal to encourage team members to take care with selection. Stickers were also placed on the shelves as a cautionary note for medications including gabapentin and pregabalin. The details of any dispensing incidents were reported to the National Patient Safety Agency (NPSA), and records were seen to this effect. A recent dispensing incident was discussed and the pharmacy manager was said to have reviewed date checking systems in the pharmacy in response.

A range of paper-based standard operating procedures (SOPs) were in place to cover the services delivered by the pharmacy. A record had been made to indicate that the procedures had been reviewed within the last two years. A job roles matrix had been completed alongside the procedures and team members had signed to confirm their acknowledgement and understanding. The pharmacist said that team members would be asked to refer back to the procedures if they were not being appropriately followed.

Pharmacy team members were observed to work within their roles during the inspection. They wore uniforms and name badges. A registered pharmacy technician was also able to clearly discuss the activities which could and could not take place in the absence of the responsible pharmacist (RP).

People using pharmacy services were able to raise concerns both verbally and in writing. Forms were available to record the details of any verbal concerns that had been raised. A pharmacy technician said that previously an electronic system had been in the retail area to allow feedback to be provided. Ongoing feedback was also sought through participation in the annual Community Pharmacy Patient Questionnaire (CPPQ). The pharmacy technician said that in response to this, times that prescription forms were handed in by patients was recorded to ensure that supplies were made in order, and people did not have to wait any longer than necessary. More consultation time was also being provided by the pharmacy manager.

Insurance arrangements were in place. The correct RP notice was conspicuously displayed. The RP log was maintained in an electronic format and appeared generally in order. There were occasional entries noted where the time at which RP duties ceased had not been recorded.

Controlled Drugs (CD) registers were held electronically. A new system had been in place since January 2019. Access to the system was restricted to a few individual team members, who each had their own password. Patient returned CDs were recorded in a designated register.

Records of private prescriptions and emergency supplies were maintained in an electronic format. Sample records checked appeared to be in order. Specials procurement records had a documented audit trail from source to supply.

A number of information governance policies were in place. Through discussion pharmacy team members identified steps they would take to help to keep people's information private. Confidential waste was segregated and shredded on the premises. Completed prescriptions were stored out of the view of the public.

The pharmacy team had completed child protection training and the pharmacist held a level 2 safeguarding qualification as part of the National Enhanced Services Accreditation (NESA) process. Team members discussed some of the types of concerns that they would be looking to identify and local safeguarding contact details were available for escalation.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage its workload safely. The team members work together effectively and have access to ongoing learning materials. But they do not receive protected training time, which may make it difficult for some team members to stay up to date and complete training in a timely manner. Pharmacy team members feel comfortable in raising concerns and providing feedback and they receive feedback on their own performance and development.

Inspector's evidence

On the day the pharmacy team comprised of a locum pharmacist, who worked two regular shifts each week at the pharmacy. Two registered pharmacy technicians, one of whom was an accredited accuracy checker (ACT) and four dispensing assistants, one of whom had not yet completed the required accredited course. A delivery driver was also present for a short period of time. A staff rota was in place to plan activities within the pharmacy. Rotas were prepared a few weeks in advance, but were also reviewed daily, to ensure appropriateness and make any necessary changes in response to unplanned absences. Leave within the pharmacy was usually pre-planned and there were restrictions in place as to how many team members could be absent at one time. At these levels of absence, the workload was said to still be manageable, but in exceptional circumstances part-time team members may be asked to provide some additional cover.

A pharmacy technician discussed the sale of medications within the pharmacy. Counselling points, such as a three-day usage of codeine-based preparations were highlighted, as well as questions that were asked to ensure that sales were safe and appropriate. People taking regular prescribed medications were referred to the pharmacist, so that appropriate checks could be made for potential interactions.

All members of the team had access to an e-learning training system provided through a pharmacy professional support service (Numark). Where possible training modules were completed during working hours, but protected training time was not provided to support this. One team member was unaware as to whether use of the system was monitored to ensure that modules were being regularly completed. Staff development was reviewed through appraisals with the pharmacy manager and discussions regarding development also took place on an ongoing basis.

The team appeared supportive of one another and were aware of their personal competencies. An open dialogue was observed throughout the inspection. Weekly team meetings were held where any issues could be raised and points of feedback discussed. For more private concerns, the team said that the regular locum pharmacist or pharmacy manager were approachable and a whistleblowing policy was also accessible within the SOP folder.

The pharmacist confirmed that there were no formal targets in place for any of the professional services provided by the pharmacy.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a secure and professional environment for the delivery of healthcare-based services.

Inspector's evidence

The pharmacy premises appeared to be in a good state of repair and was well presented. The pharmacy manager was responsible for resolving any maintenance repairs that arose and general cleaning was organised by the pharmacy team, using a rota. The premises appeared generally clean on the day.

There was a compact retail area to the front of the premises, which sold a small range of products. Pharmacy restricted medications were secured from self-selection behind the medicine counter. The floor space was free from any obstructions and chairs were available for use by those less able to stand.

Off the retail area was an enclosed consultation room, which was clearly signposted. The room was equipped with a desk and seating, to facilitate private and confidential discussions and the provision of pharmacy services.

The dispensary was of an adequate size. Walk-in prescriptions were processed on a front bench which had a separate area served for accuracy checking. Two other work terminals were available for dispensing repeat medications and call-back prescriptions. There was a separate area which was utilised for the assembly of weekly compliance aid packs. The dispensary also had a sink for the preparation of medicines and a separate section to the rear which afforded additional storage space.

Staff had access to a tearoom facility and a WC which was equipped with appropriate handwashing materials. There was adequate lighting throughout the premises and air conditioning was installed to maintain a temperature appropriate for the storage of medications.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy is accessible and overall it provides services safely and effectively. But the pharmacy does not always identify people taking high-risk medications. This may mean that some people do not always receive all of the information and advice they need when taking their medications. The pharmacy sources its medicines from reputable suppliers and pharmacy team members carry out regular checks to ensure medicines are suitable for supply.

Inspector's evidence

The pharmacy had a step-free entrance from the street and an automatic door facilitated wheelchair access. There were systems in place to help to ensure services were available people with different needs, such as a facility to print large print labels for individuals with visual impairment. Staff also described writing things down to assist in communicating with people.

There was some advertisement of services available at the pharmacy in a practice leaflet and in the retail area. The pharmacy team had access to signposting guidance to help direct people towards other services and healthcare providers. Some of the guidance was outdated but internet access was available to assist with research, if required. The details of any signposting and interventions were recorded on the patient medication record (PMR) system, where possible.

Baskets were used as part of the dispensing process to separate prescriptions and reduce the risk of medications being mixed up. A colour coded system was in place to aid staff in prioritising the workload. An audit trail was maintained on dispensing labels to record the details of who had dispensed and checked medication. The pharmacist discussed an ongoing audit from the Local Health Board (LHB), where patients in receipt of warfarin were identified, and details of monitoring such as INR readings were recorded and entered onto the PMR system. People on other high-risk medications such as lithium were not always proactively identified.

The pharmacist was aware of recent guidance regarding the supply of valproate-based medications to people who may become pregnant and said counselling provided would be recorded on the PMR system. Safety materials for the supply of valproate-based medications could not be located on the day. The pharmacist said that she would obtain these. The pharmacy also highlighted prescriptions for CDs to help to ensure that supplies were made within the legal timeframe. An expired prescription for pregabalin was identified awaiting collection and was not marked in any way.

The pharmacy maintained an audit trail to identify unreturned repeat prescriptions which had been requested from the GP surgery. An online delivery application was used manage the delivery of medicines to people's homes. Electronic signatures were obtained to confirm delivery and failed attempts were recorded and the medication returned to the pharmacy.

An organised four-weekly ordering system was in place for people in receipt of weekly compliance aid packs. Audit trails were maintained to ensure all prescriptions were returned from the GP surgery, and to record the details of changes to regular medications. No high-risk medications were said to be placed into weekly packs and a dispenser said that she would check with the pharmacist if she was unsure.

Completed weekly compliance aid packs seen had identifying labels to the front, descriptions of individual medicines were present and PILs were regularly supplied.

The pharmacist had personal copies of individual patient group directives (PGDs) for the 'Choose Pharmacy' minor ailments service. A copy of the formulary was also available and the pharmacist explained what action she would take in response to repeated, or inappropriate requests. Training for the EHC and smoking cessation services had also been completed, with PGDs available to support service delivery.

Stock medications were sourced through licensed wholesalers and specials from a specials manufacturer. Stock medications were stored in an orderly fashion on shelving units. There was segregation of internal and external liquids from solid dosage forms, and medications were stored in the original packaging provided by the manufacturer. A date checking system was in place, short dated medications were highlighted and no out of date medications were identified from a number of random samples. Out of date and returned medications were stored in DOOP bins. A cytotoxic waste bin was also available for the disposal of hazardous waste.

Examples were seen where the pharmacy had recently begun scanning to identify falsified medicines as part of the European Falsified Medicine Directive (FMD). The SOPs had yet to be updated to reflect this part of the dispensing process. The pharmacy fridge appeared to be in working order and was equipped with a maximum/minimum thermometer. The temperature was checked and recorded each day and was within the recommended temperature range.

CDs were stored appropriately and random balance checks carried out on the day were found to be correct. Out of date and returned CDs were clearly segregated and marked and appropriate equipment was available to enable CD denaturing and disposal. Alerts for the recall of faulty medicines and medical devices were received via email. Designated team members were able to access the system, which was checked daily. Actioned alerts were filed for reference as an audit trail.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services.

Inspector's evidence

Validated crown-stamped measures were available for liquids, with separate measure marked for the use of controlled drugs only. A range of clean tablet and capsule counters were present. The marking used to indicate that one tablet counter was for use with cytotoxic medications only had been removed. The pharmacist said that she would replace this. A carbon monoxide reader used as part of the smoking cessation service had recently been calibrated by the LHB.

Reference sources were available and the pharmacy could also access up-to-date information on the internet. Electrical equipment appeared to be in good working order and underwent PAT testing.

The pharmacy computer system was backed-up. The team were unaware as to how frequently this was done. Computer screens were positioned so that no information could be seen by members of the public. A cordless phone was available to enable conversations to take place in private.

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.