

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: 21/02/2024

Pharmacy context

This busy community pharmacy is located next to two medical centres in a residential area of Newport. Most people who use the pharmacy are from the local area. It dispenses prescriptions and sells medicines over the counter. The pharmacy offers additional services including the Common Ailments Scheme, a smoking cessation service and inhaler reviews. A substance misuse service, emergency contraception and an emergency medicine supply service are also available. The pharmacy supplies some medicines in multi-compartment compliance aid packs, to help make sure people take their medicines at the right time.

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

Pharmacy team members are clear about their roles, and they follow written procedures to help make sure they complete tasks safely. Team members understand how to keep people's private information safe and raise concerns to protect the wellbeing of vulnerable people. But they do not always record their mistakes so they may miss some learning opportunities. The pharmacy keeps the records it needs to by law, but information is sometimes missing or inaccurate. This means team members may not always be able to show what has happened in the event of a query.

Inspector's evidence

The pharmacy had a set of standard operating procedures (SOPs) covering operational activities and services. The procedures had been reviewed within the last two years and team members had signed training records as confirmation of their acknowledgement and understanding of the procedures. Team members were clear about their roles and responsibilities and a medicine counter assistant (MCA) clearly explained the activities which could be completed in the absence of a responsible pharmacist (RP). The pharmacy held valid professional indemnity insurance.

Team members explained that any near misses were discussed when they were identified. The pharmacy had a near miss log, but no entries had been recorded in February 2024. The lack of recording meant that some underlying patterns and trends may not be identified. The team agreed to review this moving forward. The pharmacy kept a record of dispensing incidents, which were also discussed amongst team members to identify learning points.

The pharmacy had a complaint procedure, and any concerns were referred to the regular pharmacist or superintendent (SI) pharmacist. People using the pharmacy's services could provide feedback verbally and online reviews could also be left.

The correct RP notice was clearly displayed at the medicine counter. There were a few entries in the RP log where either a pharmacist had not signed in until the end of the day, or the time RP duties ceased had not been recorded. The log was not therefore technically compliant. Private prescription records were maintained electronically and were generally in order, but there were occasional entries where the prescriber details had not been recorded. Records for the procurement of unlicensed specials were generally in order. Controlled drug (CD) registers were maintained electronically. The registers kept a running balance and regular balance checks were completed. A patient returns CD register was also in use. But some other CD record keeping issues were identified.

Pharmacy team members had an understanding of confidentiality and data protection. And they had completed some recent training. A team member explained how he would keep people's private information safe. Completed prescriptions were stored out of view of the medicine counter and confidential waste was segregated for suitable disposal.

The pharmacists had completed safeguarding training and the contact details of local safeguarding agencies were available for reference.

Principle 2 - Staffing ✓ Standards met

Summary findings

Pharmacy team members are suitably trained for the jobs that they do. They work together effectively in a supportive environment, and they are comfortable to raise concerns and provide feedback. Team members have access to some additional training, but this is limited. And they do not always get regular and individual feedback on their development to help them continually learn and improve.

Inspector's evidence

The pharmacy team comprised of the RP and the SI pharmacist, who also worked regularly at the pharmacy, one registered pharmacy technician, who was an accredited accuracy checker (ACT), three dispensers, a pharmacy student and an MCA. The pharmacy team were working with two team members less than usual, but the workload was manageable and there was no backlog in dispensing. A rota was in place which assigned team members with designated tasks and team members provided assistance to one another when necessary. Leave was planned in advance and restricted to help ensure suitable staffing levels were maintained.

Team members were trained for the roles in which they were working. Registrants completed revalidation requirements and the SI pharmacist had recently completed an independent prescribing programme at a local university. He had expanded his competence by completing additional learning in areas which were covered as part of the Common Ailments Scheme, with the intention of soon being able to expand the service offered by the pharmacy. Ongoing learning and development for other team members was completed on an ad hoc basis. Team members were made aware of any updates through informal meetings, but there was no structured ongoing learning in place. The SI pharmacist had previously completed appraisals with team members to review their learning and development. But none had been completed in recent years.

Team members worked well together in a supportive environment. They were happy to approach both the RP and the SI pharmacist with any concerns and feedback. Regular team meetings were held with recorded agendas to help ensure that there was clear communication amongst the team.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is well maintained. It provides a professional environment suitable for the delivery of healthcare services. It has a consultation room so people can speak to members of the pharmacy team in private.

Inspector's evidence

The pharmacy was well maintained, and it portrayed a professional appearance. It was clean and tidy, with adequate lighting throughout. And the ambient temperature was appropriate for the storage of medicines. Team members had access to a small tearoom area and WC facilities which were equipped with appropriate handwashing materials.

There was a small retail area which had chairs available for use by people waiting for their medicines. It stocked a range of goods which were suitable for a healthcare-based business and pharmacy medications were secured behind the medicine counter. A consultation room could be accessed off the retail area. It was fitted with a desk and seating to enable private and confidential discussions.

The dispensary was a suitable size for the current volume of dispensing. There were several large work benches with designated spaces for dispensing and checking, and a separate area used for the assembly of compliance aid packs.

Principle 4 - Services ✓ Standards met

Summary findings

Overall, the pharmacy's services are accessible and well managed so that people receive appropriate care. Team members work closely with other local healthcare professionals to achieve positive outcomes for patients. The pharmacy gets its medicines from reputable sources, and team members complete some checks to help make sure medicines are fit for supply. But they do not always record these checks, so they may not always be able to effectively demonstrate how they store and manage medicines appropriately.

Inspector's evidence

The pharmacy had a step-free access from the main street and automatic doors to assist with entry. The services available from the pharmacy were advertised on the premises and also online. And other health promotional material was also displayed.

Prescriptions were dispensed using baskets in order to keep them separate and reduce the risk of medicines being mixed up. Baskets were colour coded to help prioritise the workload in the pharmacy. Team member signed 'dispensed' and 'checked' by boxes as an audit trail to identify those involved in dispensing. The ACT discussed which prescriptions she was eligible to accuracy check as part of her role, this did not include CDs. Prescriptions received a clinical check by the pharmacist before being accuracy checked by the ACT, and an audit trail for this was maintained on the prescription form. The pharmacy identified some prescriptions for high-risk medicines using stickers and prescriptions for CDs were also identified, to help ensure that supplies were made within the valid 28-day expiry date. Recently introduced requirements for the supply of valproate-based medicines had been discussed with team members and updated information materials were available for supply.

The pharmacy ordered medications for people who received their medicines in compliance aid packs. A schedule was in place to manage the ordering process and team members kept records to help track all requests that had been made. Each patient had a master record of their medication, and this was updated to reflect any changes. Completed compliance aid packs were seen to contain a patient identifying label and descriptions of individual medicines. Patient leaflets were also supplied. One issue was identified with a compliance aid pack on the day, this was escalated to the pharmacist for review.

The delivery driver used an online App to manage the delivery service and signatures were obtained as confirmation of delivery. Failed deliveries were returned to the pharmacy. The pharmacy also operated a remote 24-hour collection point. Suitable prescriptions were loaded for collection and patients received a unique code via text message. The code was valid for 48-hours after which uncollected prescriptions were removed from the remote collection point.

The Common Ailments Scheme was available. The pharmacists had the necessary training and resources to support the provision of this service. Any supplies made were suitably recorded.

The pharmacy offered an inhaler review service, which both pharmacists were trained for. The service included a review of inhaler technique and spirometry readings were also taken. The pharmacy had previously worked with the local asthma specialist nurse and practice pharmacist at the local GP

surgeries to recommend changes to therapy where it was felt appropriate. The pharmacy had also received an award for sustainability for its support of the use of dry powder inhalers.

Both pharmacists were trained for the provision of emergency contraception. A flow chart to support decision making within the service was displayed in the consultation room. The pharmacy offered both level 2 and level 3 smoking cessation services. People enrolled on the service received regular monitoring and follow-ups and records of supplies were maintained. The RP explained that the pharmacy had a very high percentage of people who successfully completed the programme.

The pharmacy sourced its medicines through several reputable wholesalers and unlicensed specials from a specials manufacturer. Medicines were stored in an organised manner and in the original packaging provided by the manufacturer. Pharmacy team members completed date checking and some short-dated medicines were seen to have been highlighted. But there were others which were due to expire in the coming weeks that had not been highlighted. Recent records of date checking had not been maintained. One expired medicine was identified during random checks and there were several liquid medicines which had not had the date of opening recorded on the bottle. Expired and obsolete medicines were placed in suitable medicines waste bins. Alerts for the recall of faulty medicines and medical devices were received via email.

The pharmacy fridge had a maximum and minimum thermometer. The temperature was within the recommended temperature range and was recorded on an electronic log. CDs were stored securely with expired and returned CD segregated from stock. One CD discrepancy was immediately rectified as a supplied prescription which had not yet been entered. It was unclear when the supply had been made.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services. Team members suitably maintain the equipment and they use it in a way that protects people's privacy.

Inspector's evidence

The pharmacy had access to paper reference materials and internet access was available for further research. There were several approved glass measures for liquids, with separate measures marked for use with CDs. Counting triangles for tablets were also available and the equipment appeared to be clean and suitably maintained.

Electrical equipment was in working order. Computer systems faced away from public view and screens were all positioned out of public view. A cordless phone was available to enable conversations to take place in private, if required.

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.