

Registered pharmacy inspection report

Pharmacy Name: Well, 26 Church Street, Bedwas, NEWPORT, Gwent,
CF83 8EB

Pharmacy reference: 1043412

Type of pharmacy: Community

Date of inspection: 31/07/2019

Pharmacy context

This is a village pharmacy. It sells a range of over-the-counter medicines and dispenses NHS and private prescriptions. It offers a range of services including emergency hormonal contraception, 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	1.2	Good practice	Information about risk is reviewed and analysed to optimise the safety and quality of pharmacy services
		1.7	Good practice	Robust arrangements are in place to ensure all information is managed to protect the privacy, dignity and confidentiality of patients and the public.
		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
		2.4	Good practice	A culture of continuous improvement through learning exists within the team
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.1	Good practice	The pharmacy works closely with local healthcare providers to ensure its services are accessible to patients and the public.
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

A range of written standard operating procedures (SOPs) underpinned the services provided and these were regularly reviewed. A list of daily tasks was displayed in the dispensary for reference. The pharmacy had good systems in place to identify and manage risk, including the recording and comprehensive monthly analysis of dispensing errors and near misses. The pharmacist demonstrated that action had been taken to reduce risk: after one member of staff had made several picking errors with tamsulosin and tamoxifen, these had been separated and the staff member given extra training on their indications so that she could consider the gender of the patient before selecting the medicine. The pharmacist said that as a result, numbers of picking errors with these two items had decreased dramatically. Felodipine and finasteride had been separated on dispensary shelves to reduce the incidence of picking errors. Different forms of loperamide had also been separated using a white tablet carton that was marked 'capsules or tablets' as an extra alert. Weekly 'huddle' meetings were held to discuss current patient safety issues, including near miss trends. Staff said that they had recently discussed the risks of picking errors with 'Look-Alike, Sound-Alike' drugs and different forms of the same product. Posters describing the processes to follow in the event of anaphylaxis and for basic life support were displayed in the dispensary.

The pharmacy received regular customer feedback from annual patient satisfaction surveys. Staff said that feedback was mostly positive. A formal complaints procedure was in place and information about how to make complaints was included in a poster displayed on the consultation room door.

A certificate of current professional indemnity insurance was displayed. All necessary records were kept and generally properly maintained, including responsible pharmacist (RP), private prescription, emergency supply, specials procurement and controlled drug (CD) records. However, some specials procurement records were not marked with patient details as required by legislation. CD running balances were typically checked weekly.

Staff received annual training on the information governance policy and had signed confidentiality agreements as part of this training. 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, including locum pharmacists, had unique passwords to access the pharmacy software system that were changed on a regular basis. The pharmacist explained that if a staff member left the company the relevant passwords were removed from the system by the company's IT department and the process documented as an audit trail. A poster displayed near the pharmacy entrance explained how NHS Wales used prescription information to help them make better informed decisions about medicines and patient services.

The pharmacist had undertaken formal safeguarding training and had access to guidance and local contact details that were displayed in the consultation room. Staff had received in-house training and were also trained Dementia Friends. The pharmacy manager said that a vulnerable young patient at high risk of suicide had recently attended the pharmacy showing signs of self-harm. She had contacted the patient's GP who had assessed her, arranged for respite care and changed her prescription so that she now collected her medicines daily. A summary of the chaperone policy was detailed in a poster displayed on the consultation room door.

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 regular pharmacist oversaw all professional activities and was assisted in the day-to-day operation of the pharmacy by the branch manager, a qualified dispensing assistant. The pharmacist said that it was her last day at the pharmacy and the branch would be covered by relief and locum pharmacists until a permanent replacement was appointed. 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. Certificates were displayed as evidence that staff members had the necessary training and qualifications for their roles.

Targets were set for MURs and DMRs but these were managed appropriately and the pharmacist said they did not affect her professional judgement or patient care. Staff worked well together and had an obvious rapport with customers since they served a small and close-knit community. They said that they were happy to make suggestions within the team and felt comfortable raising concerns with the pharmacist or Regional Development Manager. They said that in the past they had also raised concerns about the quality of locums with the locum co-ordinator. A whistleblowing policy that included a confidential helpline for reporting concerns outside the organisation was available on the company intranet. The pharmacy manager said that she had discussed the whistleblowing procedure with staff members, who had each been given a personal copy. A printed copy was also available in the dispensary for reference.

A member of staff working on the medicines counter was observed to use appropriate questions when selling over-the-counter medicines to patients and referred to the pharmacist on several occasions for further advice on how to deal with a transaction. Staff undertook online training provided by the organisation on new products, clinical topics, operational procedures and services. They had recently completed training modules on paediatric pain and fever, hay fever and asthma. All staff were subject to six-monthly performance and development reviews and the pharmacy manager produced documentary evidence of this. Staff could also discuss issues informally with the pharmacist or pharmacy manager 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 very clean, tidy and well-organised with enough space to allow safe working, although some stock and prescriptions were temporarily stored on the floor. The sink had hot and cold running water and soap and cleaning materials were available. A consultation room was available for private consultations and counselling and its availability was clearly advertised. The lighting and temperature in the pharmacy were appropriate.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy promotes the services it provides so that people know about them and can access them easily. If it can't provide a service it directs people to somewhere that can help. The pharmacy is well-organised and its working practices are generally safe and effective. It generally manages medicines well.

Inspector's evidence

The pharmacy offered a range of services that were appropriately advertised. There was wheelchair access into the pharmacy and consultation room. Staff said that they would signpost patients requesting services they could not provide to nearby pharmacies or other providers such as the local surgery, which offered a sharps disposal service. The number for the local NHS sharps collection service was displayed in the dispensary. A list of local sexual health clinics was displayed in the consultation room. Some health promotional material was on display in the retail area. The pharmacist manager had recently visited four local surgeries to discuss and promote services as part of a health board-funded collaborative working initiative. Visits had involved discussions around the repeat dispensing service, the influenza vaccination service, the common ailments service and monitored dosage system compliance aids.

The pharmacy team said that a new pharmacy software system had recently been installed which allowed some prescription items to be assembled at the Well hub pharmacy in Stoke-on-Trent. The hub pharmacy could not assemble split packs, controlled drugs, fridge lines or monitored dosage system (MDS) trays 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.

The dispensary was very well-organised. Dispensing staff used a colour-coded basket system to 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 aid trays 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. Each bag label attached to a prescription awaiting collection included a barcode that was scanned at the handout stage to provide an audit trail.

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 the patient's items were being stored, including the drug fridge or CD cabinet where applicable. In addition, stickers were placed on bags to alert staff to the fact that a CD requiring safe custody or fridge item was outstanding. Pre-printed slips were used to identify dispensed Schedule 3 and 4 CDs awaiting collection and were marked with the date after which the prescription was invalid and could no longer be supplied. Stickers were used on prescriptions awaiting collection to identify patients eligible for an MUR or to alert staff that the pharmacist wished to speak to the patient or their representative at the point of handout.

Pre-printed slips were used to routinely identify prescriptions for patients prescribed warfarin. They

included prompt questions to ensure that the member of staff handing out the prescription obtained all necessary information from the recipient. The pharmacist said that 'pharmacist advice' stickers were used to identify other high-risk medicines such as lithium and methotrexate. 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 appropriate information. She demonstrated that valproate patient information was stored in the dispensary. 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.

The pharmacist said that the prescription storage area was checked every Monday and any prescriptions over three weeks old were removed. Patients were contacted and the medicines were returned to stock if not required. She explained that this ensured there was always enough storage space for current prescriptions

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 CD. 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. Trays were labelled with descriptions, although these needed more detail to enable identification of individual medicines. Patient information leaflets were routinely supplied. Each patient had a section in one of five dedicated files that included their personal and medication details, details of any messages or queries and any relevant documentation. A separate file was kept for compliance aid patients who had been admitted to hospital. Some compliance aid trays seen during the inspection were not adequately labelled either as pre-packed or dispensed medicines. This did not comply with legislation and increased the risk of errors. A member of staff labelled the medicines immediately this was pointed out to her.

The pharmacy provided services to 11 substance misuse clients. Patients supplied substance misuse treatments against instalment prescriptions had a section in a dedicated file which included their prescription and claim form if supervised. It also included a record card marked with their personal and medication details, emergency contact details, details of their prescriber and keyworker and any safeguarding concerns.

Medicines were obtained from licensed wholesalers and stored appropriately, including medicines requiring cold storage. CDs were stored 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. There was no separate bin for disposing of cytotoxic waste but the pharmacy manager said that she was in the process of ordering one from the pharmacy's waste contractor and would segregate any cytotoxic waste received in the meantime. A scheme run in association with GSK allowed the pharmacy to recycle returned inhalers. The pharmacy manager was able to describe how the team would deal with drug recalls by contacting patients where necessary, quarantining affected stock and returning this to the relevant supplier. She demonstrated that the PMR software flashed up a real-time alert on the screen when a recall was received. 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 generally 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. Separate measures were used for methadone. One 100ml measure had a broken base. 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.

Most equipment was in good working order, clean and appropriately managed. Evidence showed that it had recently been tested but a hearing aid loop in the consultation room had failed this test. 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. Dispensed prescriptions could be seen from the retail area but no confidential information was visible.

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.