General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Well, 3 High Street, Wednesday House, Caerleon, NEWPORT, Gwent, NP18 1AZ

Pharmacy reference: 1043423

Type of pharmacy: Community

Date of inspection: 30/07/2019

Pharmacy context

This is a community pharmacy located in the centre of Caerleon which is a town situated on the outskirts of the city of Newport in Wales. The pharmacy dispenses NHS and private prescriptions. It provides some services such as Discharge Medicines Reviews (DMR), the Common Ailments Service, Emergency Hormonal Contraception (EHC) and seasonal flu vaccinations. And, it supplies multi-compartment compliance packs to people if they find it difficult to take their medicines on 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	1.2	Good practice	The pharmacy routinely reviews the safety and quality of its services. This includes members of the pharmacy team routinely recording, reviewing and learning from mistakes.
2. Staff	Standards met	2.2	Good practice	Pharmacy team members have the appropriate skills, qualifications and competence for their role and the tasks they carry out. The team ensures that new members of staff are fully supported while undergoing training
		2.4	Good practice	The pharmacy has adopted a culture of openness, honesty and learning. The company has provided resources to ensure the team's knowledge is kept up to date
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	4.2	Good practice	The pharmacy ensures its services are effectively managed to ensure they are provided safely. There are audit trails to demonstrate this and the team makes appropriate clinical checks for people prescribed higher-risk medicines
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✔ Standards met

Summary findings

Overall, the pharmacy's working practices are safe and effective. Members of the pharmacy team effectively monitor the safety of their services by recording mistakes and learning from them. They understand how they can protect the welfare of vulnerable people. And they protect people's private information well. In general, the pharmacy maintains its records in accordance with the law.

Inspector's evidence

The pharmacy was initially somewhat cluttered, but this was cleared as the team worked. Back work spaces were kept clear of clutter. The pharmacy's stock was stored in an organised manner and there was an organised workflow. The latter involved a separate workstation for the responsible pharmacist (RP) and for staff to process and dispense prescriptions.

There were electronic standard operating procedures (SOPs) to support the provision of the pharmacy's services. They were reviewed in 2018/19, staff had read and signed the SOPs, they understood their roles, responsibilities and limitations and knew when to refer to the pharmacist. The correct RP notice was on display and this provided people with details of the pharmacist in charge of operational activities, on the day.

Staff explained that some of the prescriptions from the pharmacy (around 20%) were sent to be dispensed off-site, to the company's hub in Stoke on Trent. The team was initially unsure about how consent from people was obtained to inform them that this process was occurring, they described a poster being on display temporarily, they recalled leaflets being distributed and staff mentioned an opt-out process. Prescriptions for people who had signed up to the managed repeat prescription process were involved and written consent was obtained for this.

Some of the managed repeat prescriptions and prescriptions for multi-compartment compliance packs when labelled were clinically checked by the RP before being assembled by staff and checked for accuracy. The Accuracy Checking Technician (ACT) was not involved in any other process other than the final check, and there was an SOP to cover this process.

Staff routinely recorded their near misses. They were collectively reviewed every month by the RP by completing monthly patient safety reports and details were shared with the team. Key learning points were recorded. Action taken in response to errors involved identifying, highlighting and reinforcing to the team about look-alike and sound-alike medicines (LASAs) and separating medicines involved in incidents. This included different strengths of allopurinol.

At the point of inspection, there was no information on display about the pharmacy's complaints process. Ensuring this information was readily available was discussed at the time. Incidents were handled by the RP and/or the pharmacy manager. The process was in line with company requirements. Staff routinely completed a root cause analysis for incidents to help consolidate their learning and prevent similar mistakes occurring in the future.

Staff could identify signs of concern to safeguard vulnerable people. The RP and ACT were trained to level 2 via the Wales Centre for Pharmacy Professional Education (WCPPE) and the rest of the staff to level 1. There were local contact details and policy information present. There was no confidential

material left within areas that faced the public. Staff segregated confidential waste before this was disposed of through the company and details on dispensed prescriptions awaiting collection were not visible from the retail area. The pharmacy informed people about how their privacy was maintained, and staff were trained on the European General Data Protection Regulation (GDPR).

The pharmacy's records in general, were maintained in line with statutory requirements. This included records of emergency supplies, a sample of registers seen for controlled drugs (CD), records of unlicensed medicines, private prescriptions and the RP record. For CDs, balances were checked and documented every week. On randomly selecting CDs held in the cabinet (Zomorph, Oxycontin), their quantities matched entries in corresponding registers. Occasional entries within the RP record were overwritten or crossed out, generated labels were used to record some details for emergency supplies although these had not faded or become detached and private prescriptions were stored loose inside the bound register. This method of storage meant that there was a risk that they could become lost.

The maximum and minimum temperatures for the fridge were checked every day and records were maintained to verify that appropriate cold storage of medicines occurred. Staff kept a record of CDs that were returned by people and destroyed by them although there were occasional missing entries of destruction within this. The pharmacy held appropriate professional indemnity insurance arrangements to cover the services provided, this was due for renewal in June 2020.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has an adequate number of staff to manage its workload safely. Pharmacy team members understand their roles and responsibilities. They keep their skills and knowledge up to date by completing regular training.

Inspector's evidence

The pharmacy dispensed approximately 7,000 – 8,000 prescription items every month with 50 people receiving multi-compartment compliance packs. In addition to the Essential Services, the pharmacy provided DMRs, the Common Ailment Service, seasonal flu vaccinations, EHC and a smoking cessation service. The RP and manager explained that there were targets set to complete 80 DMRs and 300 flu vaccinations for next season, both figures were described as manageable with no pressure applied to complete them.

Staff at the inspection included an ACT who was also the pharmacy manager, the RP and two dual trained dispensing/counter assistants. There were also two delivery drivers and two further dual trained dispensing/counter assistants, one of whom was on sick leave and the other was on annual leave. Name badges were worn by staff although certificates for the team's qualifications obtained were not seen, their competence was demonstrated through the inspection. In the absence of the RP, team members knew which activities were permissible. Staff asked relevant questions before they sold over-the-counter (OTC) medicines, queries or uncertainty were run past the RP and team members demonstrated a suitable amount of knowledge of OTC medicines.

To assist with training needs, staff used resources from the company on their e-expert system and they completed relevant training through WCPPE. The manager explained that staff from other branches were also sent to the pharmacy, they were then trained and mentored by their team, this included regional development managers and people who were new to the company. Members of the pharmacy team received formal appraisals every year. Details and updates were regularly conveyed to the team through verbal discussions, text messages, phone calls as some staff worked part time, or they took instruction from the RP/manager.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy's premises are secure and provide an appropriate environment to deliver its services.

Inspector's evidence

The pharmacy premises consisted of a small to medium sized retail area, the main dispensary was of a similar size but also extended into an enclosed back section where compliance packs were assembled. To one side of this space at the rear, there was a staff area with kitchenette facilities. There was enough space to assemble prescriptions safely. The pharmacy was clean and organised. It was appropriately ventilated and suitably lit. The retail space was also appropriately presented except one of the seats in the waiting area was ripped. This detracted from the overall appearance.

A signposted consultation room was available for services or for private conversations. This was located behind the medicines counter and was kept unlocked when not in use. It was of an adequate space, cabinets here were kept locked and no confidential information was accessible. There were also blinds on the consultation room window to help maintain people’s privacy. Pharmacy (P) medicines were stored behind the front counter, there was a gated barrier here to restrict entry into this area and staff were always present.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy obtains its medicines from reputable sources and stores most of its medicines appropriately. It provides its services safely and effectively. And, the team take extra care with high-risk medicines. This helps ensure people can take their medicines safely.

Inspector's evidence

The pharmacy could be accessed at street level through a wide front door. There was clear space and a wide aisle inside the pharmacy. This helped people with wheelchairs to easily access the pharmacy's services. Three seats were available for people waiting for prescriptions or services. Staff used written details to help communicate with people who were partially deaf, and they explained details verbally to people who were visually impaired. Team members signposted people to other organisations from their own local knowledge of the area, they could use online information and described using NHS websites. There were some leaflets on display and the pharmacy's opening hours were listed on the front door.

Service Level Agreements (SLAs) and Patient Group Direction (PGD) information for the services were readily available and signed by the RP. Evidence that the team had been complying with the Collaborative Working Scheme was seen. The RP explained that they held four meetings with GP surgeries annually to feedback and discuss details. This included helping to reinforce the GP's understanding about the common ailment scheme as inappropriate referrals had occurred for treatments that were not available on the service.

During the dispensing process, the team used baskets to hold prescriptions and medicines, they were also colour co-ordinated to help identify priority and different types of prescriptions. Dispensing audit trails were used to identify staff involved in various processes. This was through a facility on generated labels as well as a stamp on prescriptions. The latter was used by the ACT to determine whether prescriptions had been clinically checked by the RP.

People prescribed higher-risk medicines were identified, counselled, relevant parameters were checked, and details seen documented. The team asked about the International Normalised Ratio (INR) level for people prescribed warfarin. Staff were aware of the risks associated with valproates, there was literature available to provide to people upon supply of this medicine and staff explained that no prescriptions had been seen for females at risk.

The team stored prescriptions once they were assembled using a hand-held terminal. Once people's details were scanned into this, it stored information about the location which could be retrieved upon hand-out. Fridge items and CDs (Schedules 2-3) were identified using stickers. The date of expiry was highlighted on prescriptions for Schedule 4 CDs. Assembled CDs that required safe custody and fridge lines were stored within clear bags, this helped assist to identify them when they were handed out. Uncollected medicines were checked and removed every few months.

The pharmacy provided a repeat prescription management system where they ordered prescriptions for people on their behalf. Staff described checking the medicines that were required for the following month, when they handed out dispensed medicines, and provided people with details about when the next prescription was due. After people had ticked their requests, the repeat copy was also signed, and staff made relevant checks if people had not ordered some of their regular medicines.

Medicines were supplied to people within compliance packs after being initiated by the GP or the RP/ACT assessed the person's suitability for them and liaised with their GP. The pharmacy ordered prescriptions on behalf of people and when received, details on prescriptions were cross-referenced against individual records to help identify changes/missing items. They were checked with the prescriber and audit trails were maintained to verify this. Patient Information Leaflets (PILs) were routinely supplied, descriptions of medicines within packs were provided and all medicines were de-blistered into packs with none left within their outer packaging. Mid-cycle changes involved packs being retrieved and supplying new packs or starting the change from the next cycle.

The pharmacy provided a delivery service and it kept records to help demonstrate and verify the process. CDs and fridge items were highlighted with separate sheets used to record details of the former. People's signatures were obtained when they were in receipt of their medicines. Failed deliveries were brought back to the branch with notes left to inform people about the attempt made and medicines were not left unattended.

The pharmacy obtained its medicines and medical devices from licensed wholesalers such as Alliance Healthcare and AAH. Unlicensed medicines were obtained through IPS Specials. Staff were aware about the processes involved for the EU Falsified Medicines Directive (FMD) and described completing online training from the company about this. The pharmacy was not yet fully set up to comply with the process.

Medicines were date-checked for expiry every month and an online schedule was available to verify the process. Short-dated medicines were identified using stickers. There were no mixed batches or date-expired medicines seen. Liquid medicines when opened, were generally marked with the date that this occurred. Some pre-packed medicines were seen for paracetamol where full details were not included. This was discussed at the time. Medicines requiring cold storage were stored appropriately in the fridges and CDs were stored under safe custody. Keys to the cabinet were maintained in a manner that prevented unauthorised access during the day and overnight. Drug alerts were received through the company system. The process involved checking for stock, acting as necessary. An audit trail was present to verify the process.

Medicines brought back by people for disposal were stored within appropriate receptacles and there was a list available for the team to readily identify and appropriately segregate hazardous or cytotoxic medicines. People requesting sharps to be disposed of, were referred to the Health Courier Service which provided a home collection service. There were also contact details on display about this. Returned CDs were brought to the attention of the RP, they were segregated in the CD cabinet prior to destruction and relevant details were entered into a CD returns register.

Principle 5 - Equipment and facilities ✔ Standards met

Summary findings

In general, the pharmacy has the necessary equipment and facilities it needs to provide services safely.

Inspector's evidence

The dispensary was appropriately equipped with suitable equipment. This included a range of clean, crown-stamped conical measures for liquid medicines, counting triangles as well as separate triangles for cytotoxic medicines. The sink used to reconstitute medicines was clean. There was hot and cold running water available as well as hand wash present. Fridges were operating at appropriate temperatures for the storage of medicines and CD cabinets were secured in accordance with statutory requirements.

The pharmacy did not hold the current year's versions of some reference sources, although the RP explained that they were due to receive these. Staff had access to online resources. There were lockers available for staff to store their personal belongings. Computer terminals were positioned in a manner that prevented unauthorised access and there were also cordless phones, this meant that private conversations could take place away from the retail space 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.