

Registered pharmacy inspection report

Pharmacy Name: Malpas Pharmacy, 361 Malpas Road, NEWPORT,
Gwent, NP20 6WB

Pharmacy reference: 1043425

Type of pharmacy: Community

Date of inspection: 24/03/2022

Pharmacy context

This is a community pharmacy which is based in a parade of shops in Newport, Wales. It serves its local population which is mixed in age range and background. The pharmacy opens six days a week. The pharmacy sells a range of over-the-counter medicines, dispenses NHS prescriptions, provides COVID-19 vaccinations, provides flu vaccinations and supplies medicines in multi-compartment compliance packs for people to use living in their own homes and in nursing homes. This inspection took place during the COVID-19 pandemic.

Overall inspection outcome

Standards not all met

Required Action: Improvement Action Plan

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 not all met	1.1	Standard not met	The risks associated with providing pharmacy services are not adequately identified and managed. The pharmacy has key standard operating procedures (SOPs) that are missing and others were out of date and required reviewing.
		1.6	Standard not met	The pharmacy has not been keeping and maintaining all the necessary records for the safe provision of pharmacy services.
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 not all met

Summary findings

The pharmacy has some written procedures to help make sure the team works safely. But some key procedures are not in place and most of these procedures have not been reviewed in some time. Pharmacy team members have procedures in place to record mistakes then they happen. But the pharmacy could do more to learn from these mistakes to mitigate the risk of them happening in the future. The pharmacy does not have all of the appropriate records in place for the provision of pharmacy services. Pharmacy team members are clear about their roles and responsibilities. The pharmacy asks its customers and staff for their views and uses this to help improve services. It manages and protects people's confidential information, and it tells people how their private information will be used. The pharmacy has appropriate insurance to protect people when things do go wrong.

Inspector's evidence

The pharmacy team had taken measures to mitigate the risk of transmission of COVID-19. Risk assessments had been completed assessing the impact of COVID-19 on the pharmacy premises and the individual pharmacy staff members, although these had not been recorded. The pharmacy suspended some of its face-to-face services during the peak of the pandemic. People were encouraged to wear face coverings when attending the pharmacy. Some processes were in place for identifying and managing risks. There was a near miss log kept which contained a small number of examples of near miss mistakes from previous months. The pharmacist explained the concept of 'sound alike' and 'look alike' medicines and gave some examples of these being separated on the dispensary shelves.

Although there was a written procedure for recording dispensing errors, the pharmacist admitted that this was out of date and it had not been signed by staff. Details of a recent dispensing error had been recorded but a root cause analysis had not been carried out. Dispensing errors were reported to the superintendent pharmacist.

There were three separate dispensing areas. There was an established workflow in the pharmacy where labelling, dispensing and checking activities were carried out at dedicated areas of the work benches in each of these rooms. The team used stackable containers to hold dispensed medicines to prevent the mixing up of different prescriptions. Dispensing labels contained barcodes which enabled the pharmacy to track and audit the processes involved in the dispensing and supply of prescriptions on the patient medical record system (see under principle 4).

There were a set of standard operating procedures (SOPs) in place, but the pharmacist admitted that these had not been reviewed recently. There was a set of SOPs outlining the process of how staff were using the patient medical record system to label and dispense medicines. But there were no indications that staff had read or signed any of these procedures. There was no written delivery procedure in place to ensure the safe delivery of medicines to patients. There were also no written procedures in place relating to the responsible pharmacist (RP), detailing what action the pharmacy team would take if the pharmacist was absent, for example. However, the pharmacy team understood what their roles and responsibilities were when questioned. There was a complaints procedure in place and staff described the process that they would follow if they received a complaint. The pharmacy team had not recently completed a Community Pharmacy Patient Questionnaire (CPPQ) but intended to start these again in the future. The pharmacy team encouraged people to submit Google reviews online. A certificate of

public liability and indemnity insurance was held and was valid and in date until June 2022.

Records of controlled drugs (CD) and patient returned controlled drugs were kept. Balance checks were inconsistent, and some CD balances had not been checked for many months. The details of the RP on duty was displayed and could be clearly seen by the public. However, no records of the responsible pharmacist or their absence were recorded.

There were two fridges in use. Fridge temperatures were not consistently recorded. Where they were recorded, they were within the two to eight degrees Celsius range. On some occasions, there had not been temperatures recorded for three consecutive days. The pharmacist reported that date checking was completed regularly but records were not kept to demonstrate this. However, stock that was short dated for highlighted with stickers. The private prescription and specials records were kept and were in order. The pharmacy used the 'PharmOutcomes' system to document emergency supplies. The pharmacist reported that there was a plan in place to record these in a structured, chronological manner in future.

The pharmacy staff had recently completed a self-assessment information governance toolkit. The pharmacy staff were aware of their responsibilities around keeping people's information private. The computer screens in the dispensary were all facing away from the public and were password protected. Access to patient medical record systems was password protected. Confidential waste was collected separate to normal waste and disposed of appropriately. People's confidential information was stored securely.

The pharmacist had completed a Centre for Pharmacy Postgraduate Education (CPPE) training package on safeguarding children and vulnerable adults. On questioning, staff were clear about how they may identify and refer safeguarding concerns appropriately. Contact details for local safeguarding advice, referral and support were readily available and displayed in the pharmacy.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy's team members have the appropriate skills, qualifications and training to deliver services safely and effectively. The pharmacy team members work well together. They are comfortable about providing feedback and raising concerns and are involved in improving pharmacy services.

Inspector's evidence

There were two pharmacists, one accuracy checking technician, two technicians, five dispensing assistants, one medicine counter assistant present during the inspection. The pharmacist confirmed that they were all trained or on a training course. They were seen to be working well with each other and there was generally enough staff to deal with the workload. The pharmacist reported that staff meetings would take place regularly basis to discuss any business updates or significant errors.

The staff reported that they kept their knowledge up to date by reading training materials and articles, such as pharmacy magazines, and would ask one of the pharmacists if they had any queries. The superintendent pharmacist explained that staff performance was monitored, reviewed and discussed informally throughout the year. The pharmacist said that staff were actively encouraged to enrol onto courses to further expand their roles. There were two technicians who were training to become accuracy checking technicians and they were mentored by one of the pharmacists. Staff reported they received protected time to complete any required training.

During the COVID-19 pandemic, pharmacy staff reported that they had consulted online resources from the PSNC and Public Health Wales. This included learning more details about the virus, how it is transmitted and the significance of testing and tracing. The pharmacy staff generally held monthly meetings to discuss any relevant updates, patient safety updates and procedural changes. However, the pharmacist admitted that these had not been held in recent months because the pharmacy team had been so busy.

The pharmacy team were comfortable to raise concerns where necessary. The pharmacy team reported that they felt comfortable in approaching the pharmacy manager or superintendent pharmacist with any issues regarding service provision. The pharmacist reported that there were no formalised targets in place at the pharmacy.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a safe and appropriate environment for the provision of pharmacy services. The pharmacy team protects people's private information. The pharmacy is secure and protected from unauthorised access.

Inspector's evidence

The pharmacy was based in a parade of shops. The sign on the outside of the pharmacy had been broken by a recent storm and this was in the process of being repaired. The pharmacy was clean, bright and generally well maintained. It had a retail area towards the front and three spacious dispensary areas towards the back of the premises. The dispensary area was separated from the retail area by a counter to allow for the preparation of prescriptions in private. There was a plastic screen on the medicines counter which was used to reduce the risk of COVID-19 transmission. The pharmacy was cleaned regularly and the pharmacy staff had disinfectant wipes and hand sanitiser and used these frequently throughout the day.

There was a sink available in the dispensary with hot and cold running water with hand sanitiser to allow for hand washing. Medicines were generally organised in a generic and alphabetical manner. There was one consultation room which was small and was also used as a storage area for plastic medicine delivery boxes. These were removed during the inspection. Conversations inside the consultation room could not be easily overheard. There was a plan in place to introduce a second, more spacious consultation room this later this year. The ambient temperature and lighting throughout the pharmacy was appropriate for the delivery of pharmaceutical services.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy makes sure that its services are accessible, effectively managed and safely delivered. It obtains, stores and supplies its pharmaceutical stock appropriately. Where a medicinal product is not fit for purpose, the team takes appropriate action.

Inspector's evidence

Information about the services provided were detailed in posters and leaflets around the pharmacy. Services were also displayed in the pharmacy window. Access to the pharmacy was step free. There was space for the movement of a wheelchair or pushchair in the pharmacy and seating for patients and customers who were waiting. Large label printing was available for people with sight difficulties. There was a hearing loop for patients with hearing difficulties.

The pharmacy team were using a bar-coding system to label and dispense medication. Prescriptions would be clinically checked by a pharmacist at the start of this process and then a dispenser would scan a barcode on the prescription and a label would be generated. Subsequently, the dispenser would scan a barcode on the label and on the selected item before affixing the label appropriately. The pharmacy manager reported that she had seen a reduction in errors using this system and following recent changes there was now a full audit trail in place to show which person had carried out which task in the dispensing and supply process. High risk medicines such as sodium valproate, warfarin and lithium, for example, were flagged for review by the pharmacist. This meant that the appropriate counselling and monitoring could be carried out.

The pharmacy team dispensed multi-compartment compliance packs for 350 patients in their own homes and for seven nursing homes. These were organised using a four-weekly cycle. All of the compliance packs were accuracy checked at the end of the dispensing process by an accuracy checking technician or a pharmacist. There were however previously dispensed compliance packs for people who had been admitted into hospital that were stored in the same room as compliance packs that were ready to be delivered. These were subsequently removed by the pharmacy team to reduce the risk of errors. Previously, the pharmacy team admitted that they had not used the barcoding system when scanning out the compliance packs for delivery. However, this had now been amended and the bar-coding system was fully operational. One compliance pack was examined and an audit trail to demonstrate who dispensed and checked the compliance pack was available via a barcode using the pharmacy patient medical record system. Descriptions were not routinely provided for the medicines contained within the compliance pack. The pharmacy manager agreed to address this. Patient information leaflets (PILs) were supplied with compliance packs.

The pharmacy team had an awareness of the strengthened warnings and measures to prevent valproate exposure during pregnancy. Valproate patient cards and leaflets were available for use during valproate dispensing. The pharmacy team reported that they would check that the patient's prescriber had discussed the risks of exposure in pregnancy with them and they are aware of these and query if they were taking effective contraception.

There were destruction kits available for the destruction of controlled drugs and designated bins for storing waste medicines were available and being used for the disposal of medicines returned by

patients. A hazardous medicines waste bin was available for use and a list of cytotoxic and cytostatic medicines was displayed in the pharmacy. Waste collection was regular and the team explained they would contact the contractors if they required more frequent waste collection. Medicines were obtained from a range of suppliers such as AAH, Lexon and Phoenix. Specials were often obtained via Arcadia Pharmaceuticals.

Medicines and medical devices were stored within their original manufacturer's packaging. Pharmaceutical stock was subject to date checks. Short-dated products were appropriately marked. The fridges were in good working order and the stock inside was stored in an orderly manner. MHRA drug alerts and recalls came to the pharmacy electronically and the pharmacy manager explained that these were actioned appropriately. Records to demonstrate this were kept. Audit trails to show what action the pharmacy team had taken and when were omitted on some recent MHRA drug alerts. The pharmacist agreed to address this.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has access to the appropriate equipment and facilities to provide the services offered. These are used in a way that helps protect patient confidentiality and dignity.

Inspector's evidence

There was a range of crown stamped measures available for use for measuring liquids. However, there was a broken 250ml glass crown stamped measure which the pharmacy manager agreed to dispose of. Amber medicines bottles were capped when stored. Counting triangles, including a cytotoxic counting triangle, were available for use. Electrical equipment appeared to be in good working order and was PAT tested annually. Pharmacy equipment was seen to be stored securely from public access. The pharmacy team demonstrated how they used an Eppendorf bottle-top Varispenser to dispense methadone into bottles accurately and efficiently. This was regularly cleaned and calibrated.

Up-to-date reference sources were available in the dispensary and the consultation room and included a BNF, a BNF for Children and a Drug Tariff. Internet access was also available should the staff require further information sources.

There were two fridges in use. Fridge temperatures were not consistently recorded. Where they were recorded, they were within the two to eight degrees Celsius range. Designated bins for storing waste medicines were available for use and there was enough space to store medicines. The computers were all password protected and patient information was safeguarded.

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.