

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: 01/08/2023

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 flu vaccinations and supplies medicines in multi-compartment compliance packs for people to use while living in their own homes and in nursing homes.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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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	4.1	Good practice	The pharmacy team improves the accessibility of treatment for minor ailments to their local population.
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

The pharmacy has satisfactory written procedures to help make sure the team works safely. Pharmacy team members have procedures in place to record and review mistakes when they happen. They use this information and learning to avoid future mistakes. 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 generally 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

Processes were in place for identifying and managing risks. Near miss mistakes were recorded and reviewed when they occurred and the pharmacy manager would discuss the incident with the members of the dispensary team. Dispensing incidents were recorded and this included a root cause analysis as part of the error investigation. The pharmacy team met regularly to discuss any near miss mistake trends as well as any changes that need to be made to reduce the risk of errors. Following one of these reviews, the team had a general discussion about the areas that they need to be aware of. Based on previous near miss mistakes, the pharmacist explained that he had been double checking quantities and writing these on the inside of the container as an indicator to confirm he had done this.

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.

Standard operating procedures (SOPs) were in place for the services provided and those examined had been reviewed within the past two years. There was a complaints procedure in place and staff were all clear on the processes they should follow if they received a complaint. The pharmacy team gathered feedback on a regular basis by encouraging people to submit comments and reviews online. A certificate of public liability and indemnity insurance was displayed from the NPA and was valid until the end of July 2024.

Records of controlled drugs (CD) and patient-returned CDs were seen to be retained. CD balances were generally checked monthly. A responsible pharmacist (RP) record was kept, and the RP notice was displayed in pharmacy where people could see it. The fridge temperatures were recorded daily and were within the two to eight degrees Celsius range. Date checking was carried out in a manner which meant the whole pharmacy was date checked four times in a year and records of this were seen to be completed appropriately. Short-dated stock was marked with stickers. The private prescription, emergency supply and specials records were available and were in order.

Confidential waste was collected separately to normal waste and disposed of appropriately. An information governance policy (IG) was in place and the pharmacy team had read this. Staff had completed a training package on the General Data Protection Regulation (GDPR).

There was a safeguarding policy in place at the pharmacy. Staff were aware of the signs to look out for that may indicate safeguarding concerns in vulnerable adults. Local contact details to raise safeguarding concerns were kept in a file in the dispensary and the pharmacy team knew how to locate these if required.

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 three pharmacists, nine dispensing assistants and one medicines counter assistant present during the inspection. Staff were seen to be working well together and supporting each other when required. All staff were on a training course or had completed appropriate training for their roles. Performance reviews for staff would take place on an ad-hoc basis and staff were provided with opportunities to give feedback to the pharmacy manager.

The staff reported that they had completed training online and had regular updates to their knowledge and understanding of the services and medicinal products provided. The pharmacist said that staff were actively encouraged to enrol onto courses to further expand their roles. There was a trainee dispensing assistant present during the inspection. She was completing her NVQL2 training at the time of the inspection. She had regular meetings with her mentor who was helping her complete the course. The superintendent pharmacist had recently completed a refresher training course on supplying emergency contraception.

Staff meetings to discuss any important business or patient safety updates were held regularly. The pharmacist reported that the pharmacy driver team had a 'WhatsApp' group which helped facilitate communication between them. The pharmacy team reported that they felt comfortable in approaching the pharmacy manager or superintendent pharmacist with any issues regarding service provision. The superintendent 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 pharmacy was clean, bright and 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. 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 spacious consultation room which was based at the front of the store. It was professionally presented and clearly signposted. Conversations inside the consultation room could not be easily overheard. 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

There was a list of services near the entrance of the pharmacy. Access to the pharmacy was step free. There was adequate seating for people who were waiting for services. There was sufficient space for wheelchair and pushchair users. Large label printing was available for people with sight difficulties.

The pharmacy team offered treatment for a range of 26 different minor ailments. People could access this service by requesting treatment from the pharmacy team. The pharmacy team could also receive referrals from GP surgeries. This included treatment and advice for conditions such as indigestion, hay fever, dry skin and acne. The pharmacy team completed around 35 to 40 common ailments service consultations per week. The pharmacist reported that they had received good feedback about this service because of long waiting times for GP appointments.

The pharmacy team dispensed multi-compartment compliance packs for approximately 400 patients in their own homes. They also dispensed these packs for eight nursing homes. These were organised using four-weekly cycle and audit trails were kept to show where each tray was in the dispensing process. One compliance pack was examined and an audit trail to demonstrate who dispensed and checked the compliance pack was complete. Descriptions were routinely provided for the medicines contained within the compliance pack. Patient information leaflets (PILs) were regularly supplied.

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

The pharmacy used recognised wholesalers such as AAH, Alliance Healthcare and Phoenix to obtain medicines and medical devices. Unlicensed 'specials' were ordered via Alliance specials. Invoices from some of these wholesalers were seen. Destruction kits for the destruction of controlled drugs were available. Designated waste bins were available and being used for out-of-date medicines. A bin for the disposal of hazardous waste was also available.

Medicines and medical devices were stored in an organised fashion within their original manufacturer's packaging. Pharmaceutical stock was subject to date checks which were documented and up to date. Short-dated products were appropriately marked. The fridges were in good working order and the stock inside was stored in an orderly manner. MHRA alerts came to the pharmacy electronically and the pharmacist explained that these were actioned appropriately. Records were kept to verify this and these contained audit trails.

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. Amber medicines bottles were capped when stored. Counting triangles and capsule counters 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.

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 three fridges in use which were in good working order. The maximum and minimum temperatures were recorded daily and were seen to be within the correct 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.