

# Registered pharmacy inspection report

**Pharmacy Name:** Village Pharmacy, 178 Caerau Road, Caerau, Maesteg, BRIDGEND, Mid Glamorgan, CF34 0PD

**Pharmacy reference:** 1043498

**Type of pharmacy:** Community

**Date of inspection:** 21/06/2019

## 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 wide range of services including emergency hormonal contraception, smoking cessation, 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

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## Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
<b>1. Governance</b>	Standards met	1.8	Good practice	Safeguarding is an integral part of the culture within the pharmacy
<b>2. Staff</b>	Standards met	N/A	N/A	N/A
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	N/A	N/A	N/A
<b>5. Equipment and facilities</b>	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. But its team members do not always record or review their mistakes. So it is likely that some chances to learn from them might be missed. 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

The pharmacy had some systems in place to identify and manage risk, including the recording of dispensing errors and near misses. The last recorded dispensing error was in 2016 and the pharmacist said that he could not remember any other errors having been made since then. A near miss log included some historical entries but no entries had been made in 2019. The pharmacist said that he tended to discuss near misses with relevant staff at the time of each occurrence rather than analyse all patient safety incidents on a regular basis to identify patterns and trends.

Staff were aware of the risks of picking errors with 'look alike, sound alike' or 'LASA' drugs. They demonstrated that atenolol, allopurinol, amlodipine and amitriptyline had been separated on dispensary shelves to help avoid picking errors. Omeprazole and olanzapine had also been separated for this reason, as had ramipril tablets and capsules. A poster describing the process to follow in the event of needlestick injury was displayed in the dispensary.

A range of written standard operating procedures (SOPs) underpinned the services provided; these were regularly reviewed. The accuracy checking technician (ACT) explained that she was able to check any prescription that had previously been stamped and initialled by the pharmacist to show it had been clinically checked.

The pharmacy received regular customer feedback from annual patient satisfaction surveys. The results of the most recent survey displayed on the side on the consultation room showed that this was overwhelmingly positive. A formal complaints procedure was in place and information about how to make complaints was included in the practice leaflet, although this was not on display in the retail area. A poster advertising the NHS complaints procedure 'Putting Things Right' was displayed on the side of the consultation room.

A current certificate of professional indemnity insurance was on display. 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, alterations made to the RP register were not always accompanied by a clear audit trail. CD running balances were typically checked monthly or every two months.

Staff had signed confidentiality agreements. They were aware of the need to protect confidential information, for example by being able to identify confidential waste and dispose of it appropriately. A privacy notice displayed in the retail area advertised the way in which data was used by the pharmacy and gave details of the pharmacy's Data Protection Officer. A poster displayed on the side of the

consultation room explained how NHS Wales used prescription information to help them make better informed decisions about medicines and patient services.

The pharmacist and staff had undertaken formal safeguarding training and had access to guidance and local contact details that were available via the internet. A summary of the chaperone policy was advertised in a poster displayed on the side of the consultation room.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload. They are properly trained for the jobs they do. And they feel comfortable speaking up about the way the pharmacy is managed.

### Inspector's evidence

The regular pharmacist manager oversaw all professional activities. 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; a trainee dispensing assistant worked under the pharmacist's supervision.

There were no specific targets or incentives set for the services provided.

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 and company director. A whistleblowing policy that included a confidential helpline for reporting concerns outside the organisation was available in the SOP file.

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 had access to informal training materials such as articles in trade magazines and information about new products from manufacturers. They said that much of their learning was via informal discussions with the pharmacist. However, there was a risk that the lack of a structured training programme might restrict the ability of individuals to keep up to date with current pharmacy practice.

The ACT had been trained to provide the smoking cessation level 3 service. She said she understood the revalidation process and based her continuing professional development entries on situations she came across in her day-to-day working environment, as well as external training. There was no formal appraisal system in place but all staff could discuss performance and development issues informally with the pharmacist on a one-to-one basis whenever the need arose.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is very clean and tidy. It is secure and its layout protects people's privacy. It has enough space to allow safe working.

### Inspector's evidence

The pharmacy was very clean, tidy and well-organised, with enough space to allow safe working. It was difficult to identify the premises as a pharmacy from the exterior as the window displays did not contain any items that were healthcare-related and the building was not marked with a green cross. 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. A semi-private hatch that opened into the dispensary from a booth at the end of the medicines counter was used by substance misuse and needle exchange clients. No confidential information was visible from the hatch.

The pharmacy had a large gift section that was clearly separated from the area in which pharmaceutical services were provided. The lighting and temperature in the pharmacy were appropriate.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides services that people can access easily. If it can't provide a service it directs people to somewhere that can help. The pharmacy's working practices are generally safe and effective. And it generally manages medicines well. But it doesn't always keep prescription forms for the dispensed medicines waiting to be collected. This means that the pharmacy's team members will not always have all the information they may need when the medicines are handed out.

### Inspector's evidence

The pharmacy is open until 6pm on weekdays. It is closed at weekends. The pharmacy offered a range of services that were appropriately advertised. There was wheelchair access into the pharmacy and consultation room. A list of local sexual health clinics was displayed in the staff area and staff said that they would signpost patients requesting services they could not provide to other nearby pharmacies. Some health promotional material was on display in the retail area, along with information about local community services and support groups.

The pharmacy dispensed an average of 11,500 prescription items each month. It supplied medicines in multi-compartment compliance aids for about 120 patients.

Dispensing staff used baskets to ensure that medicines did not get mixed up during dispensing. Dispensing labels were usually initialled by the dispenser and checker to provide an audit trail. However, this was not always the case for substance misuse clients' daily doses or some compliance aids, and there was a risk that the lack of a complete audit trail might prevent a full analysis of dispensing incidents.

Prescriptions were not always retained for dispensed items. Most prescriptions were scanned and the image remained available for reference. However, this was not the case for all prescriptions and there was a risk that prescriptions for some schedule 3 CDs might not be marked with the date of supply at the time the supply was made, as required by legislation.

Stickers were used on prescriptions awaiting collection to alert staff to the fact that a CD or fridge item was outstanding. There was no strategy in place to ensure that schedule 3 or 4 CDs were not supplied to the patient or their representative more than 28 days after the date on the prescription.

The pharmacy carried out regular high-risk medicines audits commissioned by the Local Health Board. Patients prescribed high-risk medicines such as warfarin, lithium or methotrexate were not routinely identified. However, the pharmacist said that these medicines were not prescribed on a repeat basis: the surgery would only issue them as acute prescriptions when blood test results had been received. The pharmacist said that he always asked walk-in patients for information about blood tests and dose changes; however, there was no evidence available to reinforce this.

The pharmacy team were aware of the risks of valproate use during pregnancy. The pharmacist said that the pharmacy currently had no patients prescribed valproate who met the criteria for risk. Nevertheless, he understood these patients should be counselled on each occasion and said that all patients who may become pregnant prescribed valproate had been provided with information. A poster displayed in the dispensary listed the actions that the pharmacist and staff should take when dispensing

valproate to any patient in the at-risk group.

Signatures were obtained for prescription deliveries; separate signatures were also obtained for controlled drugs. If a patient or their representative was not at home to receive a delivery, the delivery driver put a note through the door and returned the medication to the pharmacy.

Disposable compliance aids were used to supply medicines to a number of patients. Compliance aids were labelled with descriptions although these needed more detail to enable identification of individual medicines: two tablets included in one compliance aid were simply described as 'white'. Patient information leaflets were not routinely supplied. This was contrary to legislative requirements and there was a risk that the patient might not have access to all the information they required to make informed decisions about their own treatment. Two patients were supplied orodispersible tablets that were added to the compliance aids in blister packaging. The pharmacist said that the risks and benefits of this practice had been discussed with the patient or their representative. A professional decision had been made to supply the tablets in this way with regular review to ensure the situation was still safe and appropriate. Each patient had a section in an alphabetical box file that included their current prescription. Patients receiving their compliance aids weekly had a labelled basket that contained their stock medicines and their collection or delivery arrangements.

Medicines were obtained from licensed wholesalers and stored appropriately including those requiring cold storage. CDs were stored in two tidy, well-organised CD cabinets. Obsolete CDs were segregated from usable stock.

There was some evidence to show that regular expiry date checks were carried out, but the frequency and scope of these checks were not documented. This created a risk that out-of-date medicines might be supplied, although none were found. Date-expired medicines were disposed of appropriately, as were patient returns and waste sharps.

The pharmacy received drug alerts and recalls via its NHS email account. The pharmacist was able to describe how he would deal with medicines or medical devices that had been recalled as unfit for purpose by contacting patients where necessary and returning quarantined stock to the relevant supplier. The pharmacy had the necessary hardware and software to work in accordance with the Falsified Medicines Directive but staff had not been trained in its use and so the pharmacy was not yet in a position to comply with legal requirements.



## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to provide services. It makes sure these are always safe and suitable for use.

### Inspector's evidence

The pharmacy used a range of validated measures to measure liquids. Separate measures and a Mediflo pump were used for CDs. One plastic measure was not validated, but staff and the pharmacist said that this was used simply as a receptacle rather than a measure.

The pharmacist explained that doses for substance misuse clients were measured by transferring the contents of a 2.5 litre bottle of a CD into a large unlabelled brown glass bottle and attaching the Mediflo pump, which was used to measure individual doses. Once measuring was complete the remaining amount of CD was transferred back into its original container.

Triangles were used to count tablets and staff said that these were washed after use with loose cytotoxics. The pharmacy had a range of up-to-date reference sources. All equipment was in good working order, clean and appropriately managed; evidence showed that it had recently been tested. The pharmacist said that the Mediflo pump was cleaned and calibrated daily, although no records were kept. 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.

### 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.