

Registered pharmacy inspection report

Pharmacy Name: Well, The Pharmacy, Victoria Street, Pontycymmer,
BRIDGEND, Mid Glamorgan, CF32 8NN

Pharmacy reference: 1043524

Type of pharmacy: Community

Date of inspection: 29/08/2019

Pharmacy context

This is a village pharmacy situated next door to a medical centre in a rural valley. It sells a range of over-the-counter medicines and dispenses NHS and private prescriptions. Some NHS prescriptions are assembled off-site at another pharmacy owned by the company. The pharmacy provides medicines in multi-compartment compliance aids to a large number of patients who live in the surrounding area. 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
1. Governance	Standards met	N/A	N/A	N/A
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
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 met

Summary findings

The pharmacy has written procedures to help make sure the team works safely. Its team members record their mistakes so they can learn from them. And they take some action to help stop the same sorts of mistakes from happening again. But they do not review all mistakes. So they may miss some opportunities to learn. 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 understand how to recognise and report concerns about vulnerable people to help keep them safe.

Inspector's evidence

A range of electronic standard operating procedures (SOPs) underpinned the services provided and these were regularly reviewed. The pharmacy had systems in place to identify and manage risk, including the recording and of dispensing errors and near misses. There was no evidence of review but the pharmacist said that he and the pharmacy technician planned to discuss patterns and trends on a monthly basis. He had only been employed as the regular pharmacist at the branch for two weeks and so no reviews had yet been conducted. Staff were unable to cite any specific action that had been taken to reduce risk, but the pharmacist said that the team had recently discussed reasons for a spate of labelling errors. He explained that when a prescription was scanned, the labelling software was pre-populated with the exact information that had been input by the prescriber. He said that directions for taking medicines were often abridged, for example, input as '1 qds' rather than 'Take one tablet four times a day', and if these were not changed, the dispensing label did not make sense. He said that the team had discussed the importance of reading the prescription thoroughly before scanning to ensure they did not need to change the directions before printing the label.

The pharmacy received regular customer feedback from annual patient satisfaction surveys. The pharmacy manager 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 in the retail area.

Evidence of current professional indemnity insurance was available. All necessary records were kept and properly maintained, including responsible pharmacist (RP), private prescription, emergency supply, specials procurement and controlled drug (CD) records. CD running balances were typically checked weekly.

Staff received annual training on the information governance policy and 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. Individual staff members had unique passwords to access the pharmacy software system. A privacy notice displayed at the medicines counter advertised the way in which data was used and safeguarded by the pharmacy. A poster displayed at the medicines counter explained how NHS Wales used prescription information to help them make better informed decisions about medicines and patient services.

The pharmacist and pharmacy technician had undertaken formal safeguarding training and had access to guidance and local contact details that were available via the internet. Staff had received in-house training and were also trained Dementia Friends. They were able to identify different types of

safeguarding concerns and said they would refer these to the pharmacist, who confirmed that he would report concerns via the appropriate channels where necessary. A summary of the chaperone policy was detailed in a poster displayed in the retail area. Information about support groups and services for carers was displayed in the consultation room.

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 professional activities on four days each week and his day off was covered by locum pharmacists. He was assisted in the day-to-day operation of the pharmacy by the branch manager, a pharmacy technician. 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. The support team consisted of the pharmacy technician, and two dispensing assistants. Another dispensing assistant was absent. Staff members had the necessary training and qualifications for their roles. All except one had worked at the pharmacy for many years.

Targets were set for MURs but these were managed appropriately and the pharmacist said that they did not affect his professional judgement or compromise patient care. Staff worked very well together. They served a small and close-knit community and had an obvious rapport with customers. They said that they were happy to make suggestions within the team and felt comfortable raising concerns with the pharmacist or Regional Development Manager. A poster advertising a confidential helpline for reporting concerns outside the organisation was displayed in the staff area.

A member of staff working on the medicines counter described how she used the WWHAM questioning technique when selling medicines and gave appropriate examples of situations she would refer to the pharmacist. Staff undertook online training provided by the organisation on new products, clinical topics, operational procedures and services. They had recently completed training on the new pharmacy software system and the Falsified Medicines Directive. They also had access to informal training materials such as articles in trade magazines and information about new products from manufacturers. All staff had recently completed training provided by NHS Wales on improving the quality of services provided. The pharmacy technician said she understood the revalidation process. She said that she based her continuing professional development entries on situations she came across in her day-to-day working environment. All staff were subject to quarterly performance and development reviews and could 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, spacious and secure. Its layout protects people's privacy.

Inspector's evidence

The pharmacy was clean, tidy, well-organised and spacious. However, some dispensed prescriptions awaiting collection were temporarily stored on the floor and posed a possible trip hazard. 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 provides services that are easy for people to access. 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. It supports people taking higher-risk medicines by making extra checks and providing counselling where necessary. It carries out some checks to help make sure that medicines are in good condition and suitable to supply.

Inspector's evidence

The pharmacy offered a range of services that were appropriately advertised. There was wheelchair access into the pharmacy and consultation room. Hearing aid loops were available in the consultation room and at the medicines counter. Lists of local sexual health clinics and pharmacies that provided the All-Wales EHC service were displayed in the 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 council, which offered a sharps collection service. Some health promotional material was on display in the retail area.

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 multi-compartment compliance aid 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. A notice in the retail area advised people that some of their prescription items might be assembled in another pharmacy owned by the company.

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. CD stickers were also used to identify dispensed Schedule 3 and 4 CDs awaiting collection to ensure these were not supplied more than 28 days after the date on the prescription. Stickers were used on prescriptions awaiting collection to identify patients eligible for an MUR. A text message service was available to let patients know their medicines were ready for collection.

'Therapy check' stickers were used to routinely identify prescriptions for patients prescribed high-risk medicines such as warfarin, lithium and methotrexate. The pharmacist was observed to ask one patient

collecting a prescription for warfarin for their latest INR result and recorded this on their PMR. The pharmacy team were aware of the risks of valproate use during pregnancy. Staff said that the parent of one patient prescribed valproate who met the risk criteria had been identified, and was counselled and provided with information. A valproate patient information pack was available 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.

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 often lacked enough detail to enable identification of individual medicines. Three medicines in one tray were labelled 'white oval tablet' and it was not possible to distinguish between them. Other medicines were labelled only 'tablet' or 'capsule'. Patient information leaflets were routinely supplied. A list of patients was displayed in the dispensary for reference. A workload tracker was available and showed the progress of the current week's trays. Each patient had a section in a file that included their personal and medication details, details of any messages or queries and their current repeat order form. A flag was put on the patient's file if the pharmacy was aware they had been admitted to hospital.

Medicines were obtained from licensed wholesalers and generally stored appropriately. However, a drug fridge used for storing stock medicines requiring cold storage was almost full and some different products were stored very closely together, increasing the risk of selection errors. Another fridge was used to store dispensed items. Maximum and minimum temperatures were recorded daily for both fridges and were consistently within the required range. CDs were stored in two well-organised CD cabinets and obsolete CDs were segregated from usable stock. A pack of MST Continus 10mg tablets contained several off-cuts from blister packs which were not marked with a batch number or expiry date. It was not clear if the off-cuts were from the same batch as the original pack. There was a risk that tablets from a defective batch would not be identified in the event of a product recall.

Stock was regularly checked and date-expired medicines were disposed of appropriately, as were patient returns and waste sharps. An unsealed sharps bin containing used sharps was situated in the unlocked consultation room, which could be accessed from the retail area. The pharmacist locked the door as soon as this was pointed out. 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 explained that the PMR software flashed up a real-time alert on the screen when a recall was received. Drug recalls were printed and filed for reference. 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. It makes sure these are always safe and 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. Triangles were used to count tablets and a separate triangle was available for 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. Equipment and facilities were used to protect the privacy and dignity of patients and the public. For example, the pharmacy software system was protected with a password 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.