

# 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:** 19/04/2023

## 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

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
<b>1. Governance</b>	Standards met	N/A	N/A	N/A
<b>2. Staff</b>	Standards met	2.2	Good practice	Staff have the appropriate skills, qualifications and competence for their roles and are supported to address their learning and development needs
<b>3. Premises</b>	Standards met	N/A	N/A	N/A
<b>4. Services, including medicines management</b>	Standards met	4.1	Good practice	The pharmacy works closely with local healthcare providers to ensure its services are accessible to patients and the public.
<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. Its team members record and review their mistakes so they can learn from them. And they understand the importance of taking action to help stop the same sorts of mistakes from happening again. The pharmacy keeps the records it needs to by law. It keeps people's private information safe. And the pharmacy's team members understand how to recognise and report concerns about vulnerable people to help keep them safe.

### Inspector's evidence

The pharmacy had systems in place to identify and manage risk, including the electronic recording of dispensing errors and near misses. A root cause analysis had been conducted following a recent dispensing error. The pharmacy analysed dispensing incidents and produced a monthly patient safety report, although this was not very detailed. Staff were unable to cite any specific action that had been taken to reduce risk but said that they would separate products on dispensary shelves where they felt this was necessary. The risks associated with the influenza vaccination service had been assessed and a poster describing the process to follow in the event of anaphylaxis was displayed near the consultation room. A range of electronic standard operating procedures (SOPs) underpinned the services provided and these were regularly reviewed. Members of the pharmacy team were required to complete an online declaration and assessment for each SOP. The trainee dispensing assistant was able to describe types of activities that could not take place in the absence of the responsible pharmacist.

The pharmacy usually received regular customer feedback from annual patient satisfaction surveys, but these had been suspended during the pandemic and had not yet resumed. The pharmacist said that verbal feedback from people using the pharmacy was mostly positive. A formal complaints procedure was in place and information about how to provide feedback or 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, including responsible pharmacist (RP), private prescription, emergency supply, specials procurement and electronic controlled drug (CD) records. The majority were properly maintained, although there were occasions on which the pharmacist had not signed out of the RP register to show the time at which she had relinquished responsibility for the safe and effective running of the pharmacy and some unlicensed specials records did not include patient details. 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. Privacy notices displayed on the consultation room door and inside the room itself signposted people to the company's website for information about the way in which their personal data was used and managed.

The pharmacy team had undertaken formal safeguarding training and had access to guidance and local contact details that were displayed in the dispensary. Staff were aware of the Ask for Ani domestic abuse scheme, although they had not yet received any requests for this. A poster advertising the

scheme was displayed in the retail area. A summary of the chaperone policy was detailed in a poster displayed near the consultation room.

## Principle 2 - Staffing ✓ Standards met

### 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 locum pharmacist oversaw professional activities on most days. 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 a pharmacy technician, a dispensing assistant (DA) and a trainee DA. The trainee DA worked under the supervision of the pharmacist and other trained staff.

Targets were set for services, but these were managed appropriately and did not affect the pharmacist's 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, area manager or regional development manager. A whistleblowing policy was displayed in the dispensary and a poster advertising a confidential helpline for reporting concerns outside the organisation was displayed in the staff area.

All staff were trained to work on the medicines counter. One member of the pharmacy team described how she would use the WWHAM questioning technique when selling medicines and gave appropriate examples of situations she would refer to the pharmacist. She said that she would feel confident refusing a sale and had done so in the past when dealing with what she considered to be an inappropriate request for a product containing codeine. Staff undertook regular online training provided by the organisation on new products, clinical topics, operational procedures and services. The pharmacy technician said that she understood the revalidation process and based her continuing professional development entries on situations she came across in her day-to-day working environment. Staff members were subject to regular performance and development reviews and could discuss issues informally with the pharmacist or area manager whenever the need arose.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is clean, spacious and secure. Its layout protects people's privacy.

### Inspector's evidence

The pharmacy was clean, well-organised and spacious. It was generally tidy but some stock items that were being temporarily stored on the floor posed a potential trip hazard. The sink had hot and cold running water and soap and cleaning materials were available. Hand sanitiser was available for staff use. A small plastic screen at the medicines counter had been installed to reduce the risk of viral transmission between staff and customers. 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 promotes the services it provides so that people know about them and can access them 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. It carries out checks to help make sure that medicines are in good condition and suitable to supply. But members of the pharmacy team do not always know when higher-risk medicines are being handed out. So they might not always check that medicines are still suitable, or give people advice about taking them.

### Inspector's evidence

The pharmacy offered a range of services, most of which were appropriately advertised. However, a sign at the entrance advertised a needle exchange service, which the pharmacy did not provide. A staff member removed the sign as soon as this was pointed out. There was wheelchair access into the pharmacy and consultation room. Hearing aid loops were available in the consultation room and at the medicines counter. Staff said that they would signpost patients requesting services they could not provide to nearby pharmacies or other providers such as the local surgery or the local council, which offered a sharps collection service. A list of local sexual health clinics was displayed in the consultation room. Some health promotional material and some posters advertising NHS services were on display in the retail area. The pharmacy technician and locum pharmacist had recently visited the local surgery to discuss and promote services as part of a health board funded collaborative working initiative. Visits had involved discussions around the Choose Pharmacy common ailments service and the sore throat test and treat service.

About 75% of the pharmacy's prescription items were assembled offsite at the company's hub pharmacy. The hub pharmacy could not assemble split packs, fridge lines, most controlled drugs or multi-compartment compliance aid trays and these continued to be dispensed at the branch. 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. The pharmacy dispensed medicines against some faxed prescriptions from local surgeries and there were mechanisms in place to ensure that Schedule 2 or 3 CDs were only ever supplied against the original prescription.

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 their items were being stored, including the drug fridge or CD cabinet where applicable. In addition, stickers were placed on prescription bags to alert staff to the fact that a CD requiring safe custody or fridge item was outstanding. Prescriptions for dispensed Schedule 3 and 4 CDs awaiting collection were marked with the date after which they were no longer valid. This practice helped ensure that prescriptions were checked for validity before handout to the patient.

Prescriptions for patients prescribed high-risk medicines such as warfarin, lithium and methotrexate

were not routinely identified and there was a risk that counselling opportunities could be missed. The pharmacist explained that lithium was not prescribed on a repeat basis locally and the adjacent surgery would only issue a prescription after a blood test result had been received. The pharmacy subsequently received the prescription with the patient's lithium monitoring booklet attached, so the team were able to see the patient's most recent blood result. The pharmacy team were aware of the risks of valproate use during pregnancy. The pharmacy did not currently have any patients prescribed valproate who met the risk criteria, but the pharmacist said that any such patients would be counselled and provided with information at each time of dispensing. 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.

Disposable compliance aid trays were used to supply medicines to many patients. The pharmacy technician explained that all new patients were assessed for suitability. Trays were usually, but not always, labelled with descriptions of individual medicines. The descriptions did not always include enough detail to enable identification of the medicines, with many described simply as 'tablet' or 'capsule'. This meant that there was a risk that people would not have all the information they might require for them to make informed decisions about their own treatment. 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 coupled with an audit trail that identified each staff member involved. A paper record sheet that included personal and medication details was available for each patient. Medication changes were recorded on this sheet as well as on the patient's electronic patient medication record (PMR).

The pharmacy provided a range of services. Uptake of the common ailments service and the sore throat test and treat service was steady. The pharmacy provided a discharge medicines review service, but uptake of this was relatively low. Uptake of the emergency supply of prescribed medicines service was also very low, as the pharmacy was situated next door to the local surgery and kept similar opening hours, so people were usually able to obtain a valid prescription from a GP in an emergency. The pharmacy also offered an EHC service and a seasonal influenza vaccination service.

The pharmacy provided a prescription collection service from three local surgeries. It also offered a free prescription delivery service. Electronic 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 controlled drug. 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, or occasionally to a nearby branch if this was more convenient for the patient. Controlled drugs and fridge lines were always brought back to the pharmacy.

Medicines were obtained from licensed wholesalers and were generally stored appropriately. However, some loose tablets that had been removed from their original packaging for use in compliance aids were not adequately labelled as either named-patient medication or stock. The pharmacy technician disposed of these appropriately as soon as this was pointed out. Some different products and different strengths of the same product were stored very closely together on dispensary shelving, increasing the risk of selection errors. Stock medicines requiring cold storage were stored in a drug fridge. 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 a well-organised CD cabinet. Another cabinet was used to segregate obsolete CDs from usable stock, although this was



currently empty. The pharmacy had frequent issues with out-of-stock medicines and had recently been unable to obtain some HRT products, doxazosin MR formulations and some valsartan products, amongst other items. Some P medicines were stored in Perspex cabinets marked 'Pharmacy Strength - Please Ask For Assistance' that were displayed in the retail area but not directly accessible to the public. On one section of shelving, P medicines were available for self-selection. The pharmacy technician admitted that this was an oversight and removed the medicines from display.

Stock was subject to regular expiry date checks. These were documented and stickers were used to highlight short-dated stock. Despite this, some out-of-date medicines were found on dispensary shelves. The pharmacist admitted that this was an oversight and gave assurances that she included an expiry date check as part of her accuracy checking process. Date-expired medicines were disposed of appropriately, as were patient returns and waste sharps. A scheme run in association with GSK allowed the pharmacy to recycle returned inhalers. The pharmacy technician was able to describe how the team had recently dealt with a drug recall by contacting patients where necessary, quarantining affected stock and returning this to the relevant supplier. Drug recalls were printed, signed when actioned and then filed for reference.

## 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 available. All equipment was in good working order, clean and appropriately managed. Evidence showed that it had recently been tested. Staff had access to personal protective equipment such as face masks. 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. Some dispensed prescriptions could be seen from the retail area but no confidential information was visible.

### 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.