

Registered pharmacy inspection report

Pharmacy Name: Lloydspharmacy, Pontycymmer Health Centre,
Victoria Street, Pontycymmer, BRIDGEND, Mid Glamorgan, CF32 8NN

Pharmacy reference: 1043525

Type of pharmacy: Community

Date of inspection: 29/08/2019

Pharmacy context

This is a village pharmacy situated next to a medical centre in a rural valley. It sells a range of over-the-counter medicines and dispenses NHS and private prescriptions. It provides medicines in multi-compartment compliance aids to a large number of patients who live in the surrounding area. It offers a range of services including emergency hormonal contraception, smoking cessation and treatment for minor ailments. 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	4.1	Good practice	The pharmacy works closely with local healthcare providers to ensure its services are accessible to patients and the public.
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 and review their mistakes so they can learn from them. And they take action to help stop the same sorts of mistakes from happening again. 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

The pharmacy had systems in place to identify and manage risk, including the recording and comprehensive monthly analysis of dispensing errors and near misses. The pharmacist said that near miss reviews had been carried out by a pharmacy technician until a month ago when she had left the company. She said that a newly-recruited member of staff was being trained to take on this role. Some action had been taken to reduce risks that had been identified: for example, bendroflumethiazide 2.5mg tablets and bisoprolol 2.5mg tablets had been separated on dispensary shelves following a recent dispensing incident. Olanzapine and omeprazole had also been separated at the direction of head office after incidents had been reported by other branches. Several other 'Look-Alike, Sound-Alike' or 'LASA' drugs had also been separated, including pregabalin and gabapentin, quetiapine and quinine and ciprofloxacin and clarithromycin. A range of written standard operating procedures (SOPs) underpinned the services provided and these were regularly reviewed.

The pharmacy received regular customer feedback from annual patient satisfaction surveys. The results of the most recent survey displayed at the medicines counter showed that this was overwhelmingly positive. A formal complaints procedure was in place, although this was not advertised in the retail area.

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, unlicensed specials and controlled drug (CD) records. However, records of unlicensed specials were not always marked with patient details as required by law. CD running balances were typically checked weekly.

Staff had signed confidentiality agreements as part of the company's information governance SOP. 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 computer that the system prompted them to change at regular intervals. A privacy notice displayed at the medicines counter advertised the way in which data was used by the pharmacy and gave details of the pharmacy's Data Protection Officer.

The pharmacist had undertaken formal safeguarding training and had access to guidance and local contact details that were displayed at the rear of the dispensary. Staff had received in-house training and were able to identify different types of safeguarding concerns. They said that they would refer these to the pharmacist, who confirmed that she would report concerns via the appropriate channels where necessary. A summary of the chaperone policy was advertised in a poster displayed on the front

of the consultation room door.

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 manager oversaw all professional activities on four days each week. Her absences were covered by relief or locum pharmacists. 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. Staff members had the necessary training and qualifications for their roles. The support team consisted of two dispensing assistants, a trainee dispensing assistant and two trainee medicines counter assistants. The trainee dispensing assistant and two trainee medicines counter assistants worked under the pharmacist's supervision. The pharmacist said that a pharmacy technician working at the branch had left the previous month and remaining staff hours had been increased to cover her absence.

Targets were set for MURs but these were managed appropriately and the pharmacist said that they did not affect her professional judgement or compromise patient care. Staff worked 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, cluster manager or area operations manager. A whistleblowing policy was available on the intranet. The pharmacist printed this out and displayed it in the pharmacy during the inspection.

The trainee dispensing assistant gave a coherent explanation of the WWHAM questioning technique 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 medicines such as EllaOne and valproate. Staff also had access to informal training materials such as articles in trade magazines and information about new products from manufacturers. All staff were subject to twice-yearly performance and development reviews and could discuss issues informally with the pharmacist whenever the need arose.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy is generally clean and tidy. It is small but well-organised to make the best use of the space available. It is secure and its layout protects people's privacy.

Inspector's evidence

The pharmacy was generally clean and tidy. The dispensary was small but there was enough clear bench space for safe working. However, large quantities of stock and prescriptions were temporarily stored on the floor and it was clear that more storage and workbench space would be beneficial. A very small room at the back of the pharmacy was used for the assembly of compliance aid trays and doubled up as a staff room. Staff said they found this lack of space challenging as the volume of dispensing for tray patients was high. However, they managed the situation well. Some space in the dispensary was taken up by a broken fridge that the pharmacist said would soon be removed. The sinks 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. However, the pharmacist said that the dispensary became uncomfortably warm during hot weather and fans had to be used to lower the temperature.

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. But members of the team do not always know when higher-risk medicines are being handed out. So they may not always check that the medicines are still suitable, or give people advice about taking them. The pharmacy obtains its medicines from reputable sources and generally manages them appropriately so that they are safe for people to use.

Inspector's evidence

The pharmacy offered a range of services that were appropriately advertised. There was wheelchair access into the pharmacy and 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 pharmacist said that she had recently visited the local surgery to discuss and promote services as part of a health board-funded collaborative working initiative. Recent visits had involved discussions around high-risk medicines audits and the common ailments service.

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 and fridge lines 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. The pharmacist said that she annotated prescriptions awaiting collection to identify patients eligible for an MUR. Stickers were used to alert staff to the fact that a CD requiring safe custody or fridge item was outstanding. However, 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. Prescriptions awaiting collection were marked with six different coloured pens that corresponded to different weeks. They remained on the shelf for six weeks before the patient was contacted and the medicines returned to stock if not required.

Patients prescribed high-risk medicines such as warfarin, lithium and methotrexate were not routinely identified and there was a risk that opportunities for counselling might be missed. The pharmacy team were aware of the risks of valproate use during pregnancy. The pharmacist said that any patients prescribed valproate who met the risk criteria would be counselled and provided with patient safety information which 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.

The delivery service was managed electronically. Patients or their representatives signed a handheld

electronic device to acknowledge receipt of delivery and were required to sign a paper form on receipt of a CD delivery. 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 and patient information leaflets were routinely supplied. A list of patients and their delivery or collection arrangements was available in the dispensary for reference. Each patient had a section in an alphabetical file that included their personal and medication details, collection or delivery arrangements, details of any messages or queries and any relevant documentation, such as discharge summaries.

Medicines were obtained from licensed wholesalers and most were stored appropriately. However, lack of storage space meant that some different products and different strengths of the same product were stored very closely together, which increased the risk of selection errors. Medicines requiring cold storage were stored in a well-organised drug fridge in the consultation room. It was kept locked as the room could be accessed from the retail area. Maximum and minimum temperatures were usually recorded daily and were consistently within the required range. However, there were some gaps in the records and so there was not always a clear audit trail to show that medicines requiring cold storage were always safe and fit for purpose. CDs were stored appropriately in a fairly well-organised CD cabinet and obsolete CDs were segregated from usable stock. P medicines were stored in glass cabinets marked 'Please ask for assistance' that were accessible from the retail area. The cabinets were not locked, but a member of staff working on the medicines counter said that customers rarely attempted to self-select medicines and if this happened they would intervene and refuse the sale if they felt that it was inappropriate.

Stock was regularly checked and date-expired medicines were disposed of appropriately, as were patient returns. The pharmacy received drug alerts and recalls via email. The pharmacist was able to describe how she had dealt with a recall for valsartan by quarantining affected stock and returning it to the relevant supplier. Drug recalls were printed, filed and signed to show that they had been actioned. The pharmacy had the necessary hardware to work in accordance with the Falsified Medicines Directive but the software had not been installed 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. 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.