

Registered pharmacy inspection report

Pharmacy Name: Mayberry Pharmacy, 40 Cardiff Road, CAERPHILLY,
Mid Glamorgan, CF83 1JP

Pharmacy reference: 1043532

Type of pharmacy: Community

Date of inspection: 10/06/2019

Pharmacy context

This pharmacy is located on a busy main road in the centre of Caerphilly. It mainly dispenses NHS prescriptions and delivers prescriptions to people who are housebound. The pharmacy sells a range of over-the-counter medicines as well as offering NHS services including a review of medicines following a discharge from hospital (DMR) and general Medicine Use Reviews (MURs). The pharmacy provides a number of other NHS services including a local 'Choose Pharmacy' common ailments scheme, emergency hormonal contraception and smoking cessation. Substance misuse treatment 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
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	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 suitably identifies and manages risks. It protects people's private information and keeps the records it needs to by law. Pharmacy team members follow written procedures to help ensure they complete tasks safely and they understand how to raise concerns to protect vulnerable people.

Inspector's evidence

The pharmacy had a range of written standard operating procedures (SOPs) in place to cover operational tasks. The procedures had been reviewed within the last two years and were signed by team members to confirm their acknowledgment and understanding.

Pharmacy team members were responsible for recording near misses. The team reported that records were reviewed each month, but no record of this was kept, so they could not always demonstrate what they had learnt. Near miss records were also sent to head office for review, as were the details of any dispensing incidents which occurred. The details of any dispensing incidents were captured on designated forms which recorded the details of what had gone wrong, along with any action that had been taken to prevent reoccurrence. Some examples of changes made in response to near miss trends and dispensing incidents were discussed and included stock relocation.

The superintendent pharmacist discussed the planned introduction of weekly audits to help ensure that procedures were implemented in branches throughout the company. The auditing process had not yet been rolled out in the pharmacy, as no regular pharmacy manager was in place.

The roles and responsibilities of team members were outlined within the pharmacy procedures and team members were observed to work within their competencies. They wore uniforms and name badges which stated their role and a dispenser was able to discuss the activities which could and could not take place in the absence of a responsible pharmacist (RP).

The pharmacy had a complaint procedure in place and the relevant details were outlined in the SOPs. Complaint forms were available to record the details of any concerns which were raised. People using pharmacy services were able to provide feedback and raise concerns verbally. The pharmacy also participated in the annual community pharmacy patient questionnaire (CPPQ). A feedback poster displayed generally positive results.

The pharmacy had professional indemnity insurance arrangements in place. The correct RP notice was conspicuously displayed near to the medicine counter. The RP log appeared generally in order.

Controlled Drug (CD) registers included running balances. Patient returned CDs were recorded and destructions were signed and witnessed.

Private prescription and emergency supply records appeared generally in order. At times entries were made using dispensing labels, which could be removed or fade over time and compromise the integrity of the audit trail. Specials procurement records kept an audit trail from source to supply.

Pharmacy team members had completed some information governance training and a dispenser discussed some of the ways in which confidentiality would be protected within the pharmacy. Confidential waste was appropriately segregated and disposed of and completed prescriptions were stored out of public view, to help protect privacy.

The pharmacy team had an awareness of some of the types of safeguarding concerns which may be identified. Any concerns were referred to the pharmacist in charge and the management of a previous concern was also discussed. The pharmacist had completed additional safeguarding training and the contact details of local safeguarding agencies were available to enable escalation.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough team members to manage the current workload. Team members are appropriately trained for the roles in which they are working and feel able to raise concerns and provide feedback.

Inspector's evidence

On the day of the inspection, the pharmacy team comprised of a regular relief pharmacist and two qualified dispensers. A second-year pharmacy student was on the first day of a two-week summer placement and the superintendent pharmacist was also present for part of the inspection. The team reported that previous vacancies at the pharmacy had now been filled, meaning staffing levels were at full complement. Though a permanent pharmacy manager had not been in place since April, so pharmacist cover was being provided by regular locums and the relief pharmacy manager, who was a company employee. The team said that since recruitment had taken place the workload was manageable, and they appeared to cope with the dispensing volume on the day. Requests for leave were sent to head office for approval. Leave was restricted to one member of staff at a time, to ensure that suitable staffing levels were maintained.

Several appropriate sales were observed during the inspection and a dispenser discussed the questions that she would ask to ensure that sales were safe and appropriate. The dispenser highlighted some high-risk medicines and said that any concerns were referred to the pharmacist. Pharmacy team members were trained for the roles in which they were working. They had previously attended training events within the local area, to keep their knowledge up to date.

The superintendent pharmacist also discussed an e-learning platform which was being rolled out across the company to provide structured learning and development modules for team members to complete. This was not actively being used in the pharmacy at the time of the inspection. Staff members received feedback through appraisals, some of which were due to be completed. The superintendent pharmacist said that training would also be reviewed as part of weekly audits which were being implemented and that he would be responsible for reviewing and addressing any training needs in the absence of a branch manager.

An open dialogue was observed amongst the pharmacy team. The team were happy to discuss issues amongst one another and to approach the relief pharmacist and superintendent pharmacist with any concerns. The superintendent pharmacist visited the pharmacy regularly to help identify any issues. The relief pharmacist said that as part of a company induction process, team members were provided with the relevant details of how concerns could be raised within the company. There were no formal targets in place for professional services and the relief pharmacist confirmed that ethics and safety would not be compromised by any target which may be set.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy provides a suitable environment for the delivery of healthcare services.

Inspector's evidence

The pharmacy's premises were adequately maintained. Any maintenance issues were escalated to the superintendent pharmacist and general cleaning duties were carried out by the pharmacy team. The premises appeared clean on the day.

The pharmacy had a retail area which was well presented, and tidy. There were no noticeable trip hazards and chairs were available for use by people less able to stand. An enclosed consultation room was accessible from the retail floor and was seen to be used by the pharmacist for a consultation during the inspection. Blinds were fitted to afford additional privacy and the room was equipped with the necessary equipment to aid confidential consultations.

The dispensary was suitably sized for the delivery of pharmacy services. There was sufficient work bench space to allow for the segregation of dispensing and checking. A sink was also available for the preparation of medicines. The pharmacy also had additional storage areas, a tearoom facility and a WC which was equipped with appropriate handwashing materials. There was adequate lighting throughout the premises and the temperature appeared appropriate for the storage of medicines.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are easy to access, and they are generally well managed. The pharmacy sources medicines appropriately and carries out some checks to make sure that they are suitable for supply.

Inspector's evidence

The pharmacy was located on a busy main road in the centre of the town. There was a step-free access to the front of the premises and the manual door was visible from the counter, so assistance could be provided with access, if required. Additional adjustments could be made to aid those with disabilities, such the generation of large print labels to assist people with visual impairment and a delivery service was available for people who could not access the pharmacy.

Leaflets were displayed to advertise pharmacy services and a selection of other health promotion literature was also on display. Internet access was available to assist in signposting people to other healthcare providers, where necessary. Dispensing baskets were used to keep prescriptions separate and prevent medicines from being mixed up. Team members colour coded baskets, to help them prioritise the workload. Dispensed and checked boxes were signed so an audit trail for dispensing was in place.

The pharmacy ordered repeat medicines for patients and had systems in place to help prevent the over ordering of medicines. Team members did not keep a record of repeat prescriptions requested from the GP surgery, which may mean unreturned prescriptions are not identified. Once dispensed, medications were placed in designated areas for collection or delivery. The delivery driver used an application on a pharmacy mobile phone to organise deliveries. Access to this was password protected. Patients signed to confirm successful delivery, and, in the event of a failed delivery, medicines were returned to the pharmacy. Assembled prescriptions which were due to be collected were stored in an organised manner. However, original prescription forms were not retained for reference at the point of handout, so, team members may not always have easy access to important information at the time of supply. And this also increased the likelihood that uncollected prescriptions could be claimed for in error. The team agreed to review this during the inspection.

Prescriptions for high-risk medicines were highlighted with stickers and record slips were also in place to capture details such as INR readings, which were then transcribed onto the PMR system. Pharmacy team members were aware of the risks of the use of valproate-based medicines in women who may become pregnant. Potentially at-risk patients had been highlighted as part of a previous audit. The team were aware of safety literature which was available, but some of the materials could not be located during the inspection. The inspector advised on how these could be obtained. Stickers were used to highlighted prescriptions for CDs, this included schedule 3 and 4 CDs which were not subject to safe custody requirements.

The relief pharmacist on the day had completed the relevant training required as part of the National Enhanced Services Accreditation (NESA) for the provision of enhanced services. Stock medications were sourced from reputable wholesalers and specials from a licensed manufacturer. Stock medicines were

reasonably organised and kept within the original packaging provided by the manufacturer. The team reported that date checking took place at monthly intervals. Records could not be located on the day. Random checks did not identify any expired medicines on dispensary shelves. Appropriate waste receptacles were available for the storage of expired and returned medicines, including a cytotoxic waste bin for hazardous materials.

The pharmacy had a scanner available to enable compliance with the requirements of the European Falsified Medicine Directive (FMD). Registration with SecurMed was also confirmed. The pharmacy procedures had not yet been updated to reflect the relevant changes to dispensing practices and the superintendent pharmacist said very few FMD compliant medicines were yet to be received from wholesalers.

CDs were stored securely, although stock was unorganised. Out of date and returned CDs were clearly segregated. The fridge was equipped with a maximum/minimum thermometer and was within the recommended temperature range on the day. Temperatures were recorded daily but there were occasional gaps on temperature records. Alerts for the recall of faulty medicines and medical devices were received via email. The system was checked each day and a record of alerts was kept along with the details of any action taken.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment it needs to provide its services safely.

Inspector's evidence

Access was available to paper-based reference materials. Internet access was also in place to support additional research. Several glass crown stamped, and ISO approved measures were available to measure liquids. Counting triangles were available for loose tablets, with a separate one marked for use with cytotoxic medicines.

Electrical equipment appeared to be in working order. PAT test stickers indicated that some equipment was overdue a check. The superintendent said that he would follow-up on this post inspection. Computer systems were password protected and screens were located out of public view. A cordless phone also enabled conversations to take place in private, where necessary.

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.