

Registered pharmacy inspection report

Pharmacy Name: A & J M Sheppard Ltd, Troed-y-Bryn Pharmacy,
Heol-Aneurin, Penyrheol, CAERPHILLY, Mid Glamorgan, CF83 2PX

Pharmacy reference: 1043537

Type of pharmacy: Community

Date of inspection: 24/05/2019

Pharmacy context

This is a pharmacy situated next door to a small medical centre. It sells a range of over-the-counter medicines and dispenses NHS and private prescriptions. The pharmacy provides 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	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	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 their mistakes. And they take action to help stop some mistakes from happening again. But they do not review all 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 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 analysis of dispensing errors and near misses. The last documented near miss review had been in 2018; however, the pharmacist and staff said that they discussed near misses at the time of each occurrence.

Action had been taken to reduce risk: different strengths of doxazosin tablets and different forms of ramipril had been separated on dispensary shelves after a series of near misses. Caution stickers had been used to alert staff to the risks of picking errors with sumatriptan and sildenafil tablets.

Patient safety incidents throughout the company were collated and analysed annually and the learning points from the results were disseminated to the branches via a superintendent newsletter that staff were in the process of reading and signing. A poster describing the process to follow in the event of anaphylaxis was displayed in the consultation room.

A range of written standard operating procedures (SOPs) underpinned the services provided; these were regularly reviewed. The accuracy checking technician (ACT) was in the process of reading and signing new versions of the SOPs. Two responsible pharmacist notices were displayed, contrary to legislation. The pharmacist removed the extraneous notice as soon as it was pointed out.

The ACT said that she only checked items that had previously been clinically checked by a pharmacist and did not check controlled drugs that required safe custody. She demonstrated that the pharmacist initialled the top of each prescription 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 in the retail area showed that this was overwhelmingly 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, which advertised the NHS complaints procedure 'Putting Things Right'. A current certificate of professional indemnity insurance was on display.

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 at the time of each transaction, or monthly for items that were not frequently dispensed.

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. The company's confidentiality policy was advertised in the retail area. A privacy notice displayed near a

semi-private hatch near 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 and staff had undertaken formal safeguarding training and had access to guidance and local contact details that were displayed in the dispensary. Staff 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 poster giving information and contact details about the protection of vulnerable adults was displayed near the pharmacy entrance.

A summary of the chaperone policy was displayed on the consultation room door.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage the workload safely. Pharmacy team members understand their roles and responsibilities. They can speak up about the way the pharmacy works

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. The staffing level appeared adequate for the services provided even though two members of staff were on annual leave. All staff members had the necessary training and qualifications for their roles. Targets were set for MURs but these were managed appropriately and the pharmacist said that they did not affect her professional judgement or patient care.

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 Head Office staff or the superintendent pharmacist. 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 gave a coherent explanation of the WWHAM questioning technique and gave appropriate examples of situations she would refer to the pharmacist.

Staff had access to informal training materials such as articles in trade magazines and information about new products from manufacturers. They said that the company sometimes arranged evening training sessions, but they found these difficult to get to and rarely attended. 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. All staff had recently completed training provided by NHS Wales on improving the quality of services provided.

The ACT 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. All staff were subject to annual performance and development reviews. They could discuss issues informally with the pharmacist whenever the need arose.

Principle 3 - Premises ✓ Standards met

Summary findings

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

Inspector's evidence

The pharmacy was clean and fairly tidy. It was well-organised, with enough space to allow safe working, although some stock and prescriptions were temporarily stored on the floor. The sinks had hot and cold running water and soap and cleaning materials were available. A poster describing hand washing techniques was displayed above both sinks.

A consultation room was available for private consultations and counselling and its availability was clearly advertised. A semi-private booth was also available for use by substance misuse clients and other customers if preferred. 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 safe and effective and it generally manages medicines well. The pharmacy's team members give people prescribed high-risk medicines additional advice to help make sure that they use these safely. But they do not always keep prescription forms for the dispensed medicines waiting to be collected. This could mean that they will not always have all the information they need to resolve queries.

Inspector's evidence

There was wheelchair access into the pharmacy and consultation room. The pharmacy offered a range of services that were appropriately advertised. Services that were deemed to be particularly relevant to MDS patients such as MURs, DMRs, the smoking cessation service and the prescription collection and delivery service were also advertised on the front of the company's disposable MDS trays. Staff said that they would signpost patients requesting services they could not provide to nearby pharmacies.

A poster in the retail area advertised a local sharps and clinical waste collection service. Health promotional material was displayed throughout the retail area, as was information about local support groups and community services. A machine positioned in the 'health advice' area of the pharmacy measured customers' weight for a small charge.

The pharmacist had recently visited local dental practices to discuss and promote services as part of a health board-funded collaborative working initiative. Visits had involved discussions around the stop smoking services and the common ailments service. Dispensing staff used a basket system to ensure that medicines did not get mixed up during dispensing. Dispensing labels were initialled by the dispenser and checker to provide an audit trail. Prescriptions were not always retained for dispensed items owed to patients. Most prescriptions were scanned and the image remained available for reference.

Stickers were used on prescriptions awaiting collection to identify patients eligible for an MUR and to alert staff to the fact that a CD or fridge item was outstanding. Stickers were also used to identify dispensed schedule 3 and 4 CDs awaiting collection and prescriptions were marked with the date after which the prescription was invalid and could no longer be supplied. Prescriptions for warfarin were marked 'INR?' and staff said that they always asked patients or their representatives for relevant information about blood tests and dose changes. They demonstrated that this information was routinely recorded on the patient medication record (PMR). The ACT said that if a prescription for a delivery patient included warfarin a note would be added asking the patient to contact the pharmacy. During the inspection one such patient telephoned the pharmacy and provided information about their most recent INR result. The pharmacist demonstrated that the pharmacy kept records of blood tests for a patient prescribed lithium.

The pharmacy team were aware of the risks of valproate use during pregnancy. The pharmacist said that she carried out regular high-risk medicine audits commissioned by the Local Health Board and had identified two patients meeting the risk criteria who were prescribed valproate. She confirmed that these patients were counselled appropriately and had been provided with relevant information that

was available in the dispensary.

Signatures were obtained for prescription deliveries and separate signatures were obtained for controlled drugs. 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 multi-compartment compliance aids were used to supply medicines to a number of patients. Compliance aids were labelled with descriptions to enable identification of individual medicines and patient information leaflets were routinely supplied. A list of patients and their delivery or collection arrangements was displayed in the dispensary for reference. Each patient had a labelled basket that contained their stock medicines.

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

Staff said that stock was checked regularly, although the last documented check was dated June 2018. Stickers were used to identify short-dated medicines and lists of these medicines were crossed through to show they had been removed from stock. 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 moved the bin into the dispensary as soon as this was pointed out. A scheme run in association with GSK allowed the pharmacy to recycle returned inhalers.

The pharmacy received drug alerts and recalls via its NHS email account which was checked at the beginning and end of each day. The pharmacist was able to describe how she 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. Drug recalls were printed, filed and signed to show that they had been actioned. 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. 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 CDs. 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 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.