

# Registered pharmacy inspection report

**Pharmacy Name:** Well, 18 Newmarket Walk, MERTHYR TYDFIL, Mid Glamorgan, CF47 8EL

**Pharmacy reference:** 1043567

**Type of pharmacy:** Community

**Date of inspection:** 27/04/2023

## Pharmacy context

This is a pharmacy in a town centre. 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 offers a range of services including emergency hormonal contraception, 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	N/A	N/A	N/A
<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 their mistakes so they can learn from them. And they take action to help stop mistakes from happening again. But they do not always review everything that goes wrong, so they may miss some opportunities to learn. The pharmacy generally keeps the records it needs to by law. But some details are missing, so it may not always be able to show exactly what has happened if any problems arise. The pharmacy keeps people's private information safe. And its 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. There was no evidence available to show that near misses were regularly reviewed, but the pharmacist explained that she discussed near misses with relevant staff at the time of each occurrence. She said that if she identified any patterns or trends she would discuss these with the entire team. Some action had been taken to reduce risks that had been identified. For example, solifenacin and sitagliptin tablets had been distinctly separated in the dispensary to help reduce the incidence of selection errors following a near miss. Members of the pharmacy team were aware of the risks of selection errors with 'Look-Alike, Sound-Alike' drugs, such as atenolol, amlodipine and amitriptyline and demonstrated that these were not stored closely together on dispensary shelves. A range of electronic standard operating procedures (SOPs) underpinned the services provided and these were regularly reviewed. Members of the pharmacy team had completed an online declaration and assessment for each SOP.

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 but this was not advertised in the retail area so people might not always understand the best way to raise concerns.

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. Most records were properly maintained, although the RP register had not been completed on 11 April 2023 and 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. CD running balances were typically checked monthly.

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 window 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. Another notice inside the consultation room explained how the NHS used and shared people's personal data.

The pharmacist had undertaken formal safeguarding training and had access to guidance and local

contact details that were available via the internet. Members of the pharmacy team had received internal training, although this was not recent. However, they were able to identify different types of safeguarding concerns and said that they would refer these to the pharmacist. Posters that included information about support and advice for carers and victims of domestic abuse were displayed on the consultation room door.

## Principle 2 - Staffing ✓ Standards met

### Summary findings

The pharmacy has enough staff to manage its workload safely. Pharmacy team members complete regular training and understand their roles and responsibilities. They feel comfortable speaking up about any concerns they have.

### Inspector's evidence

The pharmacist manager oversaw professional activities on three days each week and locum pharmacists covered her role on Thursdays and Fridays. The support team consisted of three dispensing assistants (DAs) and a trainee DA who worked under the supervision of the pharmacist and other trained staff. 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. One of the full-time DAs was due to leave the business the next day and the pharmacist explained that she would be replaced by a trainee DA who currently worked at a branch of the company on the same street. The pharmacist added that she was also due to leave the business in the next six weeks and that a relief pharmacist employed by the company would cover her role until a new pharmacist manager could be recruited.

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 well together 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 available on the pharmacy intranet and a poster advertising a confidential helpline for reporting concerns outside the organisation was displayed near the medicines counter.

A member of staff working on the medicines counter was observed to use appropriate questions when selling over-the-counter medicines to people and referred to the pharmacist on several occasions for further advice on how to deal with transactions. 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. A performance and development review process was in place but some staff members had not had a formal appraisal for over a year, increasing the risk that opportunities to identify training needs could be missed. However, staff members 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, 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 well-organised. Some stock items were being temporarily stored on the floor but did not pose a 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 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 generally appropriate, although a light fitting in the area in which the CD cabinet was situated was broken. This made it difficult to see the contents of the cabinet clearly, increasing the risk of errors. The pharmacy team reported the problem to the company's maintenance helpline during the inspection and received assurances that the light would be mended very shortly.

## 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. There was wheelchair access into the pharmacy and consultation room and hearing aid loops were available. Staff said that they would signpost patients requesting services they could not provide to nearby pharmacies. Some health promotional material and posters advertising NHS services were on display in the retail area. The pharmacist had recently spoken to representatives from local surgeries and local substance misuse agencies to discuss and promote services as part of a health board funded collaborative working initiative. Visits had involved discussions around compliance aid provision and the common ailments 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. The team explained that the hub pharmacy was sometimes unable to obtain specific stock items: on the day of the inspection, it was unable to accept any prescriptions that included atorvastatin tablets. Prescription items sent to the hub before 12pm were generally returned to the branch the next day, although there were occasional delays.

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. A text messaging service was available to let patients know that their medicines were ready for collection.

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 sometimes 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 usually, but not always, marked with the date after which they could no longer be supplied. There was a risk that items that were not identified in this way

might be supplied when the prescription was no longer valid. However, members of the pharmacy team were all dispensary-trained and those present said that they would recognise prescriptions for Schedule 3 or 4 CDs and check that they were still valid at the point of handout.

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 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 and a poster which included patient safety information about valproate was displayed in the retail area. 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 some patients. The pharmacist explained that all new patients were assessed for suitability. Trays were labelled with descriptions of individual medicines and patient information leaflets were routinely supplied. A list of patients was displayed on a whiteboard in the compliance aid storage area for reference. Any medication changes were recorded on the patient's electronic patient medication record (PMR).

The pharmacy provided a range of services. There was a steady uptake of the common ailments service. 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 close 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 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 marked 'CD' on the delivery list, 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.

Medicines were obtained from licensed wholesalers and were stored appropriately. Stock medicines requiring cold storage were stored in two drug fridges. 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. One dispensed prescription in the CD cabinet was no longer valid, as more than 28 days had elapsed since the date on the prescription: the pharmacist said that this was an oversight and dealt with it appropriately. 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.

Stock was subject to regular expiry date checks. These were documented and stickers were used to highlight short-dated stock. Date-expired medicines were disposed of appropriately, as were patient returns and waste sharps. The pharmacist was able to describe how she would deal appropriately with a drug recall by contacting patients if necessary, quarantining affected stock and returning this to the supplier. She explained that the pharmacy's PMR software flashed up a real-time alert on the screen when a recall was received. 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. Most equipment was in good working order: an endorsing printer had recently broken, but this had been reported to the company's maintenance helpline and a replacement printer was to be delivered the next day. Equipment was clean and appropriately managed, and there was evidence to show 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.