

Registered pharmacy inspection report

Pharmacy Name: Well, William Street, Tynewydd, Treherbert, TREORCHY, Mid Glamorgan, CF42 5JJ

Pharmacy reference: 1043635

Type of pharmacy: Community

Date of inspection: 30/09/2019

Pharmacy context

This is a village pharmacy located next to a medical 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. 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

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Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards met	1.2	Good practice	Information about risk is reviewed and analysed to optimise the safety and quality of pharmacy service
		1.8	Good practice	Safeguarding is an integral part of the culture within the pharmacy
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
		2.4	Good practice	A culture of continuous improvement through learning exists within the team
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 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 are good at recognising and reporting concerns about vulnerable people to help keep them safe.

Inspector's evidence

A range of electronic standard operating procedures (SOPs) underpinned the services provided. These were regularly reviewed. The pharmacy had systems in place to identify and manage risk, including the recording and monthly analysis of dispensing errors and near misses. Staff said that monthly 'huddle' meetings were held to discuss current issues, including patient safety learning points from errors and near miss reviews. They also read and discussed case studies issued by the superintendent's office involving patient safety issues that had occurred in other branches. Some action had been taken to reduce risks that had been identified: for example, a caution sticker had been used to highlight the risks of picking errors with lorazepam and loprazolam, which had also been separated on dispensary shelves. Staff said that they had changed their dispensing process for compliance aid patients after a near miss which had involved gabapentin being dispensed twice for the same person: it had been added to the compliance aid and then dispensed in a blister pack. They explained that they now made sure they checked each patient's file to see if any items were not to be included in the compliance aid before they began to dispense.

The pharmacy received regular customer feedback from annual patient satisfaction surveys. The results of the most recent survey available in the dispensary showed that this was overwhelmingly positive. A formal complaints procedure was in place. Information about how to make complaints was included in posters on the consultation room door and at the medicines counter, as well as in the practice leaflet displayed in the retail area.

Evidence of current professional indemnity insurance was available. All necessary records were kept and properly maintained, including responsible pharmacist (RP), private prescription, emergency supply, unlicensed specials and controlled drug (CD) records. Most CD running balances were checked weekly. Methadone balance checks were typically carried out every two weeks.

Staff received annual training on the information governance policy and had signed confidentiality agreements. They had recently completed training on the General Data Protection Regulations. Staff 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 system. A privacy notice displayed at the medicines counter and information in the practice leaflet explained the way in which data was used and managed by the pharmacy. A poster displayed in the retail area explained how NHS Wales used prescription information to help it make better informed decisions about medicines and patient services.

The pharmacists, technician and one dispensing assistant had undertaken level two safeguarding

training. The other dispensing assistant had undertaken in-house training. All had access to guidance and local contact details that were available in the dispensary. Staff said that they had recently had some concerns about a patient who was finding it difficult to manage his medicines. They said that they had contacted his GP who had arranged for the patient to receive his medicines in a compliance aid. Staff said that this had improved the situation greatly. A poster that included a summary of the chaperone policy was displayed on the consultation room door and at the medicines counter. Information about support groups and services for older people and their carers was displayed in the retail area.

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 oversaw professional activities on Tuesdays, Wednesdays, Fridays and Saturdays and a regular relief pharmacist covered the role on Mondays and Thursdays. They were assisted in the day-to-day operation of the pharmacy by the branch manager, a part-time pharmacy technician. The support team consisted of the pharmacy technician and two full-time dispensing assistants. All staff were long-serving and worked well together to manage the workload effectively. They 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 his professional judgement or compromise patient care.

The pharmacy served a small and close-knit community and staff 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 or Regional Development Manager. A whistleblowing policy was available on the intranet and a poster advertising a confidential helpline for reporting concerns was displayed in the staff area.

A member of staff working on the medicines counter was observed to use appropriate questions when selling over-the-counter medicines to patients and referred to the pharmacist on several occasions for further advice on how to deal with a transaction. Staff undertook online training on new products, clinical topics, operational procedures and services. They had recently completed training on the new patient medication record and hub and spoke systems. All staff had also completed training provided by NHS Wales on improving the quality of services provided. The pharmacy technician said that she understood the revalidation process and had recently submitted her continuing professional development (CPD) portfolio. She said she based her entries on topics of interest or situations she came across in her day-to-day working environment. All staff were subject to six-monthly performance and development reviews and could discuss issues informally with the pharmacists or pharmacy 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, tidy and well-organised. It was small but there was enough space to allow safe working. Some dispensed prescriptions awaiting collection were 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. 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 is well-organised and its working practices are generally safe and effective. It supports people taking higher-risk medicines by making extra checks and providing counselling where necessary. It sources and stores medicines safely and carries out some checks to help make sure that they are in good condition and suitable to supply.

Inspector's evidence

The pharmacy offered a range of services that 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 people requesting services they could not provide to other nearby pharmacies. A list of local sites that provided a blood borne virus testing service was displayed in the retail area. Some health promotional material and details of local community support groups and services were also on display in a dedicated part of the retail area. The pharmacy technician said that she and the 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 new hub and spoke system, the compliance aid service, the influenza vaccination service, the sore throat test and treat service and the Choose Pharmacy common ailments service.

The dispensary was well-organised. Dispensing staff used a colour-coded basket system to help 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 aids 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 pharmacy team said that a new pharmacy software system had recently been installed which allowed about 40% of prescription items to be assembled at the company's hub pharmacy. The hub pharmacy could not assemble split packs, controlled drugs, fridge lines or compliance aids and these continued to be dispensed at the branch. Prescription items scanned to the hub before 3pm were generally returned to the branch within 48 hours, although there were occasional delays. 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 the patient's items were being stored, including the drug fridge or CD cabinet where applicable. In addition, stickers were placed on bags to alert staff to the fact that a CD requiring safe custody or fridge item was outstanding. Stickers were also used to identify dispensed Schedule 3 and 4 CDs awaiting collection and were marked with the date after which the prescription was invalid and could no longer be supplied.

Pre-printed notes and 'therapy check' stickers were attached to prescriptions for high-risk drugs such as warfarin, methotrexate and lithium. The notes included prompt questions to ensure that the member of staff handing out the prescription obtained all necessary information from the recipient, which was then added to the patient medication record (PMR). The pharmacy team were aware of the risks of

valproate use during pregnancy. The pharmacy technician said that any patients prescribed valproate who met the risk criteria would be counselled and provided with appropriate information. The valproate information pack was available in the consultation room. 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.

A text message service was available to let patients know their medicines were ready for collection. 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 pharmacist said that the prescription retrieval area was checked weekly. Any patient who had not collected their prescription after four weeks was contacted as a reminder. After a further two weeks, the medicines were returned to stock if not collected.

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.

The pharmacy provided medicines in disposable multi-compartment compliance aids to a number of patients. The pharmacist said that risk assessments were carried out for any new patients wishing to use the service. Trays were not labelled with descriptions to enable identification of individual medicines and so there was a risk that people might not always have all the information they need for them to make informed decisions about their own treatment. Patient information leaflets were routinely supplied. Each patient had a section in one of four dedicated files that included their personal and medication details, collection or delivery arrangements and details of any messages or queries. A separate file contained details of patients who were currently in hospital.

The pharmacist said that the pharmacy received a lot of referrals for the minor ailments service, treating about eight clients each week. He said that there was also a high uptake of the recently-commissioned sore throat test and treat service. Several patients were supplied substance misuse treatments against instalment prescriptions. They were allocated a section in a dedicated file which included their patient and prescriber details, an emergency contact, contact details for their key worker, details of any messages or changes and their current prescription.

Medicines were obtained from licensed wholesalers and stored appropriately. Medicines requiring cold storage were stored in a well-organised drug fridge. Maximum and minimum temperatures were recorded daily and were consistently within the required range. CDs were stored appropriately in two well-organised CD cabinets. There were large quantities of obsolete CDs but these were segregated from usable stock.

Stock was regularly checked and date-expired medicines were disposed of appropriately, as were patient returns, waste sharps and clinical waste. 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. Staff said that the PMR software flashed up a real-time alert on the screen for all drug recalls. They were able to describe how they had dealt with a drug recall for Vimpat tablets by contacting patients to check for affected stock. They said that any affected stock would have been quarantined and returned to the 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 the team said that they were not currently compliant due to some

problems with the software that needed to be resolved.

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 and these were clearly segregated. 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.