General Pharmaceutical Council

Registered pharmacy inspection report

Pharmacy Name: Well, 100 Holmesdale Street, Grangetown, CARDIFF, South Glamorgan, CF11 7BW

Pharmacy reference: 1043706

Type of pharmacy: Community

Date of inspection: 14/10/2020

Pharmacy context

This is a pharmacy in a multicultural suburb of Cardiff. 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 range of services including emergency hormonal contraception, smoking cessation and treatment for minor ailments. This inspection visit was carried out during the COVID-19 pandemic.

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	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 has written procedures to help make sure the team works safely. Its team members record their mistakes. But they do not always review everything that goes wrong. So they may miss some opportunities to learn. 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 of dispensing errors and near misses. Staff said that the regular pharmacist manager discussed incidents with them at the time of the occurrence. However, there was no evidence available to show that errors and near misses were regularly reviewed. A dispensing assistant demonstrated that methotrexate 2.5mg and 10mg tablets had been separated in the dispensary to reduce the risk of selection errors with these items.

A range of electronic standard operating procedures (SOPs) underpinned the services provided and these were regularly reviewed. A newly recruited member of staff had not yet read the SOPs relevant to his role. However, he said that he had received training from the pharmacist. He was observed to follow SOPs, could describe his responsibilities and understood the limitations of his role. A list of tasks allocated to each member of the pharmacy team was displayed on a noticeboard in the staff area. A list of activities that could take place if the responsible pharmacist (RP) was signed in but not physically present was also displayed in this area.

The pharmacy received regular customer feedback from annual patient satisfaction surveys. A letter from a customer displayed in the staff area praised the pharmacy team for their professionalism and efficiency during the difficult pandemic circumstances. A formal complaints procedure was in place and information about how to make complaints was included in a poster displayed on the consultation room door. Another poster near the consultation room advertised the NHS complaints procedure 'Putting Things Right'.

Evidence of current professional indemnity insurance was available. 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 weekly.

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. Individual staff members had unique passwords for accessing the pharmacy software system.

The pharmacists had undertaken level two safeguarding training and had access to guidance and local contact details that were available via the internet. Most staff, except for the newest member, had received in-house training. Staff who had completed training were able to identify safeguarding

concerns. They said that they would report these to the pharmacist, who confirmed that he would report concerns via the appropriate channels where necessary. Most staff were trained Dementia Friends and this was advertised in a poster displayed on the consultation room door. A summary of the chaperone policy was available in a poster displayed on the consultation room door and inside the room itself.

Principle 2 - Staffing ✔ Standards met

Summary findings

The pharmacy has enough staff to manage its workload. They are properly trained for the jobs they do. And they feel comfortable speaking up about any concerns they have.

Inspector's evidence

A regular pharmacist worked at the branch on three days a week and every other Saturday. Locum or relief pharmacists worked on the other two days. The regular pharmacist was absent during the inspection and a locum pharmacist was covering her role. The support team consisted of two dispensing assistants and a newly recruited member of staff employed on a zero hours contract. A pharmacy technician and a trainee dispensing assistant were absent. Staff said that the pharmacy technician had been absent for the last eight weeks but would be back in work the next day. Other team members had worked extra hours to provide cover for her during her absence and the organisation had arranged for relief staff and staff from other branches to help where possible. Most of the pharmacy team had the necessary training and qualifications for their roles. One of the dispensing assistants had qualified as a pharmacy technician in a neighbouring country. The newly recruited member of staff worked under the direct supervision of the pharmacist and trained staff members.

There were no specific targets or incentives set for the services provided. Staff said that they were happy to make suggestions within the team and felt comfortable raising concerns with the pharmacists. Details of a confidential helpline for reporting concerns outside the organisation were included in a poster displayed in the staff area. Another poster included details of a local trade union representative.

Staff understood how to use the WWHAM questioning technique when selling over-the-counter medicines and the newest member of staff referred all requests for medicines or advice to the pharmacist. Staff undertook online training provided by the organisation on new products, clinical topics, operational procedures and services. They were able to access this training from home. All staff were subject to six-monthly performance and development reviews. They were able to discuss issues informally with the pharmacist whenever the need arose.

Principle 3 - Premises ✔ Standards met

Summary findings

The pharmacy is clean and tidy. It is secure and its layout protects people’s privacy.

Inspector's evidence

The dispensary was clean, tidy and well-organised, with enough space to allow safe working. Some stock and 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 poster describing hand washing techniques was displayed above the sink. A cleaning rota was displayed in the staff area. Personal protective equipment and hand sanitiser was available for staff use and the pharmacy team were wearing face masks.

Floor markings at two-metre intervals had been placed in the retail area to encourage customers to adhere to social distancing requirements. 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 appropriate.

Principle 4 - Services ✔ Standards met

Summary findings

The pharmacy promotes the services it provides so that people know about them. If pharmacy team members can't provide a service, they direct people to somewhere that can help. The pharmacy's working practices are safe and effective. It generally stores medicines appropriately and carries out checks to make sure they are in good condition and suitable to supply.

Inspector's evidence

The pharmacy offered a range of services and most were appropriately advertised. However, the influenza vaccination service was advertised as being accessible without an appointment. Staff said that this might not be the case on Mondays and Tuesdays, as the pharmacists on duty were not always accredited to provide the service. However, they could signpost people to other nearby pharmacies that provided the service. There was a small step up to the pharmacy entrance, but staff said that they would go out to people in wheelchairs and help them into the pharmacy if necessary. There was wheelchair access into the consultation room and a hearing aid loop was available. Information about coronavirus and related safety procedures was displayed at the pharmacy entrance. A pharmacy technician had recently visited local surgeries to discuss and promote services as part of a health board-funded collaborative working initiative. Visits had involved discussions around the smoking cessation service, the repeat dispensing service and the common ailments service.

A pharmacy software system had recently been installed which allowed most of the pharmacy's repeat prescription items to be assembled at the company's hub pharmacy. The hub pharmacy could not assemble split packs, compliance aids, fridge lines or most controlled drugs 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.

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 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.

A text messaging service was available to let patients know their medicines were ready for collection. The service was advertised in a poster displayed at the medicines counter and the team were observed to offer it to patients during the inspection. Each prescription awaiting collection could be 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.

Stickers were placed on bags to alert staff to the fact that a CD requiring safe custody or fridge item was outstanding. Staff said that stickers were also used to identify dispensed Schedule 3 and 4 CDs awaiting collection. This ensured that prescriptions were checked for validity before handout to the patient. However, a prescription for gabapentin was found present that had not been marked in this way.

Staff said that 'pharmacist advice' stickers were used to routinely identify prescriptions for patients prescribed high-risk medicines such as warfarin, lithium and methotrexate. However, there were no examples of this available. The pharmacy team were aware of the risks of valproate use during pregnancy. They said that any patients prescribed valproate who met the risk criteria would be counselled and provided with appropriate information. 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 a number of patients. New patients requesting the service were assessed for suitability. Trays were labelled with descriptions to enable identification of individual medicines. Patient information leaflets were routinely supplied. Each patient had a section in one of five dedicated files that included their personal and medication details, collection or delivery arrangements, contact details for representatives where appropriate and details of any messages or changes. It also contained relevant documents, such as repeat prescription order forms and completed assessment forms. A separate file was available for patients known to be in hospital.

There had been an increase in demand for the prescription delivery service during the pandemic. Previously, signatures had been obtained for prescription deliveries. However, to reduce the risk of viral transmission, this procedure had been changed. The driver now placed the package on the patient's doorstep, knocked or rang the doorbell and waited until it was collected. They then made a note of a successful collection on a handheld electronic device as an audit trail. Pharmacy staff were able to view this record in real time. In the event of a missed delivery, the delivery driver put a notification card though the door and brought the prescription back to the pharmacy.

The pharmacy was not currently providing medicines use reviews, as this service had been suspended until April 2021 by Welsh Government in light of the COVID-19 pandemic. It had recently begun to provide the influenza vaccination service, with about ten people being vaccinated per day. However, vaccine stocks had run out and the pharmacy team were awaiting a further allocation of vaccines that was to arrive in November. The pharmacist conducted face-to-face consultations at the required two-metre distance or wore PPE where this was not possible. Some consultations for services could be carried out over the telephone where appropriate, in line with recommendations from Welsh Government.

Medicines were obtained from licensed wholesalers and generally stored appropriately. However, one drug fridge and some dispensary storage shelves were untidy: different products and different strengths of the same product were stored closely together, increasing the risk of errors. Some strips of loose tablets and some loose sachets were found on dispensary shelves. Some boxes of tablets that had been removed from their original packaging had not been adequately labelled either as stock or named-patient medication. This increased the risk of errors and did not comply with legal requirements.

Medicines requiring cold storage were stored in two drug fridges. Maximum and minimum temperatures had only been recorded on one occasion during the past two weeks. This made it difficult for the pharmacy to be assured that these medicines were safe and fit for purpose. However, a dispensing assistant said that temperatures were checked daily to make sure they were within the required range, but they had not been recorded in recent weeks as the team had been short-staffed. Maximum and minimum temperatures were within the required range during the inspection. Two boxes of Norditropin Simplexx that required cold storage were found stored on a dispensary shelf next

to one of the drug fridges. Staff said that this was an oversight and disposed of them immediately. CDs were stored in a large, fairly well-organised CD cabinet and obsolete CDs were segregated from usable stock.

Stock was subject to regular documented expiry date checks, although staff said that they had fallen behind with these over the last few weeks as they had been short-staffed. Two tubes of Synalar 1 in 4 ointment and one box of lercanidipine tablets were found to be out-of-date. However, they were marked with stickers to highlight this, and the pharmacist and staff said that they checked expiry dates as part of their dispensing and checking processes. Date-expired medicines were disposed of appropriately, as were patient returns and waste sharps. A scheme run in association with GSK allowed the pharmacy to recycle returned inhalers. Staff were able to describe how they had recently dealt with drug recalls by quarantining affected stock and returning this to the supplier. They explained that they received drug alerts and recalls through the pharmacy software system. These were then 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 its services. It makes sure these are 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. 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. Equipment was clean, in good working order 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. 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.