

Registered pharmacy inspection report

Pharmacy Name: Well, 119 Heol Llanishen Fach, Rhiwbina, CARDIFF,
South Glamorgan, CF14 6RE

Pharmacy reference: 1043709

Type of pharmacy: Community

Date of inspection: 19/02/2020

Pharmacy context

This is a pharmacy located in a 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 wide range of services including smoking cessation, treatment for minor ailments and a seasonal 'flu vaccination service for NHS and private patients.

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	2.2	Good practice	Staff have the appropriate skills, qualifications and competence for their roles and are supported to address their learning and development needs.
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 review things that go wrong so that they can learn from them. But they do not record all of their mistakes. 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 are good at recognising and reporting 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. A root cause analysis was seen for a recent dispensing error. However, recording of near misses was sporadic, with only two incidents reported in December 2019, and it was likely that some incidents had not been captured. The pharmacist and pharmacy technician said that they had recently begun reviewing incidents on a monthly basis and demonstrated that a patient safety report had been completed in January 2020. This stated that the risks of errors with 'Look-Alike, Sound-Alike' or 'LASA' drugs had been discussed with all staff during a weekly 'huddle' meeting following a series of near misses. Staff were able to demonstrate that amlodipine and amitriptyline had been separated on dispensary shelves as a result. They said that a recent near miss involving the new patient medication record software had been reported to head office: details of a new patient had been entered onto the system, but the software had merged them with an existing patient who lived in the same street. Staff said that the issue had now been resolved.

A range of electronic standard operating procedures (SOPs) underpinned the services provided and these were regularly reviewed. Some staff members were in the process of reading and completing online declarations and assessments for new versions of some SOPs. A list of activities that could and could not take place in the absence of the responsible pharmacist (RP) was displayed in the dispensary for reference.

The pharmacy received regular customer feedback from annual patient satisfaction surveys. The results of the most recent survey 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 near the consultation room.

Evidence of current professional indemnity insurance was available. All necessary records were kept and generally properly maintained, including responsible pharmacist (RP), private prescription, emergency supply, unlicensed specials and controlled drug (CD) records. However, records of unlicensed specials were not always made in line with the legal requirements necessary to provide a clear audit trail in the event of queries or errors, as some were not marked with patient details. 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 to access the pharmacy computer system. A privacy notice displayed in the consultation

room gave a summary of the way in which personal data was used and managed by the company and signposted people to the company's website for more information.

The pharmacist had undertaken level two safeguarding training and had access to guidance and local contact details that were available on the company's intranet site. Staff had received in-house training and were able to identify different types of safeguarding concerns. They said that they would refer these to the pharmacist who confirmed that he would report concerns via the appropriate channels where necessary. A summary of the chaperone policy was advertised in a poster displayed near the consultation room.

Principle 2 - Staffing ✓ Standards met

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 pharmacist manager worked on most days and a regular relief pharmacist covered his day off every Thursday. The support team consisted of a part-time pharmacy technician, who was training as an accuracy checker, and two part-time dispensing assistants. The pharmacist said that on alternate Saturdays a relief dispensing assistant or a pharmacy student from another branch would provide staffing cover. 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. Staff members had the necessary training and qualifications for their roles. The trainee accuracy checking technician and the pharmacy students worked under the supervision of the pharmacist.

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. Staff worked well together. The pharmacy served a small and close-knit community and they had a strong rapport with customers. They were happy to make suggestions within the team and said that they felt comfortable raising concerns with the pharmacists or Regional Development Manager. A poster advertising a confidential helpline for reporting concerns outside the organisation was displayed on the staff noticeboard. Another poster included contact details for a local trade union representative.

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. The pharmacy technician said that she understood the revalidation process. She explained that she based her continuing professional development entries on training provided by the company, as well as on situations she came across in her day-to-day working environment and topics of special interest. All staff were subject to annual performance and development reviews and 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, tidy, well-organised and spacious. 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 consultation room was available for private consultations and counselling and this was clearly advertised. The lighting and temperature in the pharmacy were generally appropriate: the dispensary felt a little cold, but it was a cold day.

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 stores most medicines appropriately 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 advertised in the pharmacy's practice leaflet displayed in the retail area. There was wheelchair access into the pharmacy and consultation room. Staff said that they would signpost people requesting services they could not provide to nearby pharmacies, or other providers such as a local optician or the local council, which offered a sharps collection service. Some health promotional material was on display in the retail area. The pharmacy technician explained that she had recently visited a nearby optician to discuss and promote services as part of a health board funded collaborative working initiative. Her visit had involved discussions around the Choose Pharmacy common ailments service and the blood pressure monitoring service.

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. 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 team said that a new pharmacy software system had recently been installed which allowed about 50% of prescription items to be assembled at the company's hub pharmacy. The hub pharmacy could not assemble split packs, fridge lines, compliance aids 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, although there were occasional delays. A text messaging service was available to let patients know 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 placed on bags to alert staff to the fact that a CD requiring safe custody or fridge item was outstanding. CD stickers were used to identify dispensed Schedule 3 and 4 CDs awaiting collection and were marked with the date after which the prescription was no longer valid. Stickers were also attached to prescriptions awaiting collection to identify patients eligible for an MUR.

The pharmacist said that stickers were used to routinely identify prescriptions for patients prescribed high-risk medicines such as warfarin, lithium and methotrexate. However, one prescription for warfarin found present was not marked in this way. 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 appropriately and provided with patient information. Information was stored in the dispensary next to valproate stock medicines. 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.

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 CD. 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 compliance aid trays were used to supply medicines to a number of patients. Staff said that any new patients requesting the service were assessed for suitability. Trays were labelled with descriptions, although these did not always include enough detail to enable identification of individual medicines. Patient information leaflets were routinely supplied. A communications book was used to record messages and queries. Each patient had a section in one of five dedicated files that included their personal and medication details, collection or delivery arrangements and details of any messages or changes. It also included relevant documents, such as repeat prescription order forms and discharge summaries. A separate file was available for patients known to be in hospital. A progress log for all patients was available and showed the status of each patient's tray at any given time. It included each patient's collection or delivery arrangements.

Medicines were obtained from licensed wholesalers and generally stored appropriately. Some bottles containing loose tablets and some boxes containing blister strips that had been removed from their original packaging were not adequately labelled either as stock or as named-patient medication. This increased the risk of error and did not comply with legislative requirements.

Medicines requiring cold storage were stored in a drug fridge. Maximum and minimum temperatures were within the required range at the time of the inspection, but no recent records were available. This made it difficult for the pharmacy to be assured that medicines requiring cold storage were consistently stored appropriately and were safe and fit for purpose. However, the pharmacist said that he checked temperatures daily and was satisfied that they were always within the required range. He agreed to begin recording temperatures to provide a clear audit trail. The fridge had limited storage space and some products were stored closely together, increasing the risk of errors. CDs were stored appropriately in a large, well-organised CD cabinet and obsolete CDs were segregated from usable stock.

Stock was subject to regular expiry date checks. These were documented, and short-dated items were highlighted with stickers. However, one pack of Apidra Solostar insulin pens was found to have expired in October 2019. The date-checking schedule showed that the drug fridge had previously been date-checked in September 2019. The pharmacist said that this was an oversight and removed the insulin for disposal. 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. The pharmacist said that the pharmacy software flashed up a real-time alert on the computer screen when a drug alert or recall was received. He demonstrated that the team had recently dealt with a recall for Beconase aqueous nasal spray by quarantining affected stock, which was waiting to be 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. Triangles were used to count tablets and staff said that they would wash these after 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. 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.