

# Registered pharmacy inspection report

**Pharmacy Name:** Knights Washington Pharmacy, Stanwell Road,  
PENARTH, South Glamorgan, CF64 2AD

**Pharmacy reference:** 1043777

**Type of pharmacy:** Community

**Date of inspection:** 22/01/2024

## 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. 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.

## 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	N/A	N/A	N/A
<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 effectively. 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 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 recording and monthly analysis of dispensing errors and near misses. Some action had been taken to reduce risks that had been identified: for example, highlight stickers had been used to alert staff to the risks of picking errors with risperidone and ropinirole tablets following a dispensing error, and these items had also been distinctly separated on dispensary shelves. Highlight stickers had been used to flag different forms of metformin and different pack sizes of digoxin tablets following some near misses with these items. 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 had been read and signed by most of the pharmacy team. Two pharmacy students employed on zero hours contracts had not yet signed relevant SOPs, but the pharmacist confirmed that they had received verbal training and he had discussed their roles and responsibilities with them. He was in the process of reviewing new versions of the SOPs. A dispensing assistant was able to describe which activities could and could not take place in the absence of the responsible pharmacist (RP).

The pharmacist said that verbal feedback from people using the pharmacy was mostly positive. Cards from patients thanking the pharmacy team for good service were displayed in the dispensary. A formal complaints procedure was advertised in a poster displayed in the retail area. The poster also included details of other ways of raising a concern, such as via the NHS complaints procedure 'Putting Things Right' and the Citizens Advice Bureau.

A current certificate of professional indemnity insurance was on display. All necessary records were kept and were generally properly maintained, including responsible pharmacist (RP), private prescription, emergency supply, unlicensed specials and electronic controlled drug (CD) records. However, records of emergency supplies were not always made in line with the requirements necessary to provide a clear audit trail in the event of queries or errors, as they did not include the nature of the emergency. CD running balances were typically checked at each time of dispensing or monthly.

There was no evidence available to show that pharmacy team members had signed confidentiality agreements. However, they were able to identify confidential information and understood how to dispose of confidential waste appropriately. They also understood the need to protect people's privacy, for example by offering people the use of the consultation room for private conversations. Most team members had undertaken training on the General Data Protection Regulations. A privacy notice displayed in the retail area explained the way in which personal data was used and managed by the pharmacy and gave details of the pharmacy's Data Protection Officer.

The pharmacist and most pharmacy team members had undertaken formal safeguarding training. All members of the pharmacy team had received internal training and had signed the safeguarding SOP, which included guidance and local safeguarding contact details. A summary of the pharmacy's chaperone policy was advertised in a poster displayed in the retail area. Information about support groups and services for vulnerable people and their carers was also displayed near the medicines counter and in the consultation room.

## 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

The pharmacist manager worked at the pharmacy on most days. The support team consisted of a pharmacy technician, two dispensing assistants (DAs), a trainee DA and three medicines counter assistants (MCAs). Two pharmacy students were employed to work at the pharmacy on a zero hours contract when needed. The pharmacy students and the trainee DA worked under the supervision of the pharmacist and other trained members of staff. During the inspection there were enough suitably qualified and skilled staff present to comfortably manage the workload.

The pharmacist said that the company set targets relating to the provision of certain services, but he was careful to ensure that this did not affect his professional judgement or compromise patient care. The pharmacy team worked very well together. They said that they were happy to make suggestions within the team and felt comfortable raising concerns with the pharmacist or the regional manager. A whistleblowing policy was available in a staff file in the dispensary, along with a notice advertising a confidential helpline for reporting concerns outside the organisation.

Members of staff working on the medicines counter were 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 had access to informal training materials such as articles in trade magazines and information about new products from manufacturers. The pharmacy team were in the process of completing mental health awareness training provided by HEIW. They said that much of their learning was via informal discussions with the pharmacist. The lack of a structured training programme meant that individuals might not keep up to date with current pharmacy practice. The pharmacy technician understood the revalidation process and based her continuing professional development entries on issues she came across in her day-to-day working environment. There was no formal performance and development system in place, which meant some opportunities to identify training needs could be missed. However, staff understood that they could discuss issues with the pharmacist informally whenever the need arose.

## Principle 3 - Premises ✓ Standards met

### Summary findings

The pharmacy is very clean, tidy and well-organised. It is secure and has enough space to allow safe working. Its layout protects people's privacy.

### Inspector's evidence

The pharmacy was very clean and tidy. The dispensary was well-organised and spacious. The sink had hot and cold running water and soap and cleaning materials were available. Hand sanitiser was available for staff and patient use. The pharmacy had two consultation rooms. One was available for private consultations and counselling, and this was clearly advertised. The other room was not visible from the retail area. It was only accessible via a small flight of stairs and was currently being used as a storage room. The lighting and temperature in the pharmacy were appropriate.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy's services are easy for people to access. 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 medicines appropriately and carries out checks to make sure they 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 be able to check that medicines are still suitable, or give people advice about taking them.

### Inspector's evidence

The pharmacy offered a range of services that were prominently advertised. There was wheelchair access into the pharmacy and one consultation room. Pharmacy team members signposted people requesting services that could not be provided to nearby pharmacies or other healthcare providers such as local GP surgeries. Some health promotional material was on display in the retail area and the consultation room, along with information about local support groups and health services.

The dispensary had a logical workflow and the atmosphere in the pharmacy was calm and professional. The repeat prescription collection service was well organised. Dispensing staff used a colour-coded basket system for prescriptions to help ensure that medicines did not get mixed up during dispensing. Dispensing labels were initialled by the dispenser and checker to provide an audit trail. Fridge lines and compliance aids were dispensed in clear bags to allow members of the team to check these items at all points of the dispensing process and reduce the risk of a patient receiving the wrong medicine.

Controlled drugs (CDs) requiring safe custody were not dispensed until the patient or their representative came to collect them. A sticker was attached to the prescription to alert staff to the fact that a CD item was outstanding. Stickers were also used on prescriptions awaiting collection to alert staff to the fact that a fridge item was outstanding or that the pharmacist wished to speak to the patient or their representative at the point of handout. Stickers were 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. This practice helped ensure that prescriptions were checked for validity before handout to the patient.

Prescriptions for high-risk medicines such as warfarin, lithium and methotrexate were not routinely highlighted so there was a risk that counselling opportunities could be missed. The pharmacist said that he asked walk-in patients about relevant blood tests and dose changes but did not record these conversations. The pharmacy team were aware of the risks of valproate use during pregnancy. They were also aware of the requirement to supply valproate products in original packs wherever possible. The pharmacist confirmed that any patients prescribed valproate who met the risk criteria would be counselled appropriately and provided with information at each time of dispensing.

The pharmacy supplied some people with medicines in disposable multi-compartment compliance aids. Most compliance aids were assembled offsite at the company's compliance aid hub pharmacy. The hub pharmacy could not dispense controlled drugs requiring safe custody or process compliance aids requiring alternate day dosage regimes and these continued to be dispensed at the branch. Compliance aids were marked with descriptions and pictures to enable identification of individual medicines.

Patient information leaflets were routinely supplied with compliance aids dispensed at the branch but not with those assembled at the hub. This meant that some people might not always have all the information they needed for them to make informed decisions about their own treatment. Each patient had a section in a dedicated file that included their personal and medication details, collection and delivery arrangements, details of any messages or queries for communication purposes and any relevant documents such as current prescriptions and hospital discharge letters.

The pharmacy offered a wide range of services. There was a steady uptake of the pharmacy's discharge medicines review service. The influenza vaccination service was popular, and the pharmacy had carried out about 250 influenza vaccinations during the 2023/24 season. Demand for the common ailments service was also high, with frequent referrals from local surgeries and opticians. The pharmacy provided a smoking cessation service (supply only), a sore throat test and treat service and an EHC service. Uptake of the emergency supply of prescribed medicines service was steady, and the pharmacy team made most supplies late in the afternoons and at weekends when access to a GP was difficult.

The pharmacy provided a prescription collection service from four local surgeries. It also offered a free prescription delivery service. Signatures were not obtained for prescription deliveries as an audit trail, but the pharmacist gave assurances that the delivery driver confirmed the identity of the recipient and signed the delivery sheet on their behalf before each prescription was supplied. In the event of a missed delivery, the 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. Medicines requiring cold storage were stored in two drug fridges. One fridge was situated in the consultation room and was kept locked to prevent unauthorised access. Maximum and minimum temperatures were recorded daily and were consistently within the required range. CDs were stored appropriately in a well-organised CD cabinet. 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. Date-expired medicines were disposed of appropriately, as were patient returns, waste sharps and clinical waste. The pharmacy received drug alerts and recalls via its branch and NHS email accounts. The pharmacist was able to describe how the team would deal appropriately with a drug recall by contacting patients where necessary, quarantining affected stock and returning this to the relevant supplier.



## 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 and a capsule counter were used to count tablets and capsules. A separate triangle was available for use with loose cytotoxics. The pharmacy had a range of up-to-date reference sources. All electronic equipment was in good working order and 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.