

# Registered pharmacy inspection report

**Pharmacy Name:** Davies Chemists (Briton Ferry) Ltd, 103 Neath Road, Briton Ferry, NEATH, West Glamorgan, SA11 2DQ

**Pharmacy reference:** 1043793

**Type of pharmacy:** Community

**Date of inspection:** 26/06/2019

## Pharmacy context

This is a high street pharmacy in a small town. It sells a range of over-the-counter medicines and dispenses NHS and private prescriptions. It provides medicines in multi-compartment compliance aids to a large number of patients who live in the surrounding area. 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
<b>1. Governance</b>	Standards met	1.8	Good practice	Safeguarding is an integral part of the culture within the pharmacy
<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 safely. But its team members do not always record or review their mistakes. So it is likely that some chances to learn from them might be missed. 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 some systems in place to identify and manage risk, including the recording of dispensing errors and near misses, although very few near misses had been recorded in recent months and there was no evidence available to show that the records were regularly reviewed. Some action had been taken to reduce risk: promethazine and promazine had been separated to reduce the incidence of picking errors, as had olanzapine and omeprazole. Staff were aware of the risks of picking errors with 'look alike, sound alike' drugs, such as atenolol, amlodipine, allopurinol and amitriptyline and demonstrated that these were not stored closely together on dispensary shelves.

A range of written standard operating procedures (SOPs) underpinned the services provided; these were regularly reviewed. Staff were able to clearly describe their roles and responsibilities when questioned. The accuracy checking technician (ACT) explained that she was able to check any prescription that had been stamped to show it had been clinically checked by the pharmacist.

The pharmacy received regular customer feedback from annual patient satisfaction surveys. The pharmacist said that the results of the most recent survey had been mostly positive. A formal complaints procedure was in place and information about how to make complaints was included in the practice leaflet displayed in the retail area.

A current certificate of professional indemnity insurance was on display. 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 at the time of each transaction or monthly.

Staff had signed confidentiality agreements and had received training on the General Data Protection Regulation. They were aware of the need to protect confidential information, for example by being able to identify confidential waste and dispose of it appropriately.

The pharmacist and staff had undertaken formal safeguarding training and had access to guidance and local contact details via the internet. The pharmacist said that she had recently contacted a substance misuse client's keyworker after it became apparent that her condition had deteriorated dramatically, as she was concerned for her mental health. She said that the keyworker had managed the situation with the help of other healthcare professionals and the patient's condition was beginning to improve.

## 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 regular pharmacist manager oversaw all professional activities. 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. Certificates were displayed as evidence that staff members 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 her professional judgement or patient care.

Staff worked well together. They said that they were happy to make suggestions within the team and felt comfortable raising concerns with the pharmacist or superintendent pharmacist. A whistleblowing policy that included a confidential helpline for reporting concerns outside the organisation was available in the SOP file.

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 had access to informal training materials such as articles in trade magazines, information about new products from manufacturers and training modules provided by suppliers. All staff had recently completed training provided by NHS Wales on improving the quality of services provided. Both the ACT and the pharmacy technician had been trained to provide the smoking cessation level 3 service. However, there was a risk that the lack of a structured training programme might restrict the ability of individuals to keep up to date with current pharmacy practice.

The ACT said she understood the revalidation process. She said that she based her continuing professional development entries on situations she came across in her day-to-day working environment.

There was no formal appraisal system in place but all staff could discuss performance and development 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 plenty of space to allow safe working and its layout protects people's privacy.

### Inspector's evidence

The pharmacy was clean, tidy, well-organised and spacious. A separate room at the back of the pharmacy was used for the assembly of multi-compartment compliance aids. The sinks had hot and cold running water and soap and cleaning materials were available.

A consultation room was available for private consultations and counselling although this was not clearly advertised. The lighting and temperature in the pharmacy were appropriate, although it was a warm day and fans were being used to cool the dispensary.

## Principle 4 - Services ✓ Standards met

### Summary findings

The pharmacy provides services that people can access 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. And it generally manages medicines well. But it does not have good systems in place for checking expiry dates of medicines. This increases the risk that an out-of-date medicine might be supplied by mistake.

### Inspector's evidence

The pharmacy offered a range of services that were appropriately advertised. There was wheelchair access into the pharmacy and consultation room. A list of signposting file resources was available behind the medicines counter and contact details for an emergency dentist were displayed near the pharmacy entrance. Staff said that they would signpost patients requesting services they could not provide to other nearby pharmacies. Some health promotional material was on display in the retail area, along with information about local community services and self-help groups.

The pharmacy dispensed an average of 6,000 prescription items each month. It supplied medicines in multi-compartment compliance aids for about 250 patients. A further 37 patients received original packs of medicines accompanied by MAR charts.

The dispensary had a logical workflow and the atmosphere in the pharmacy was calm and professional. 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 (CDs) requiring safe custody and fridge lines were not dispensed until the patient or their representative came to collect them and an owing label or sticker was attached to the prescription to alert staff to the fact that the item was outstanding. Schedule 3 and 4 CDs awaiting collection were not routinely identified, although if an owing note was supplied, this was marked with the last date on which the prescription could be handed out. Staff said that as they were all dispensary trained they would recognise schedule 3 and 4 CDs and check the date of the prescription to ensure it was still valid before supplying.

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. Patients prescribed high-risk medicines such as warfarin, lithium and methotrexate were not routinely identified and there was a risk that counselling opportunities might be missed. However, staff said that they always asked patients for relevant information about blood tests and dose changes when they ordered their medicines or at the point of handout, although there was no evidence available to reinforce this. The pharmacist said that she had conducted an MUR with one patient on warfarin who had consistently failed to provide information and demonstrated that their INR result had been recorded on the MUR software programme. The pharmacy team were aware of the risks of valproate use during pregnancy. The ACT said that one compliance aid patient who met the risk criteria had been counselled by the pharmacist and provided with patient information. A valproate information pack was available in the dispensary.

Signatures were obtained for prescription deliveries; separate signatures were also obtained for controlled drugs. 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 aids were used to supply medicines to a number of patients. Trays were labelled with descriptions to enable identification of individual medicines and patient information leaflets were routinely supplied. A list of patients was available in the dispensary. Each patient had a section in one of four dedicated files that included their personal and medication details, details of any messages or queries and a copy of their repeat prescription. A separate file was used for patients currently in hospital.

Patients supplied substance misuse treatments against instalment prescriptions had a section in a dedicated file which included their personal details, signed contract, current prescription and any other relevant documents, such as authorisation letters, messages or queries. Useful contact numbers for substance misuse agencies and keyworkers were stored at the front of the file. All supervised patients were offered water with each dose.

Medicines were obtained from licensed wholesalers and generally stored appropriately including those requiring cold storage. However, some medicines that had been removed from their original packaging were not adequately labelled either as stock or named-patient medication. This increased the risk of error and did not comply with legislative requirements. CDs were generally stored appropriately and obsolete CDs were segregated from usable stock. Storage was tidy and well-organised.

Staff said that stock was date-checked on Saturdays by a dispensing assistant who was not present. There was no evidence available to confirm this as the frequency and scope of the checks were not documented. However, a random sample of stock was checked and no expired medicines were found. The pharmacist gave assurances that she always included an expiry date check as part of her final accuracy check. Date-expired medicines were disposed of appropriately, as were patient returns and waste sharps. An unsealed sharps bin containing used sharps was situated in the unlocked consultation room, which could be accessed from the retail area. The bin was moved into the dispensary as soon as this was pointed out.

The pharmacy received drug alerts and recalls via its NHS email account. The pharmacist was able to describe how she would deal with medicines or medical devices that had been recalled as unfit for purpose by contacting patients where necessary and returning quarantined stock to the relevant supplier. She explained that a recent drug alert for prednisolone tablets had been actioned by setting aside and marking a pack that did not include the correct Braille translation to ensure that it was not supplied to a patient with poor sight. The pharmacy was fully compliant with the Falsified Medicines Directive.

## Principle 5 - Equipment and facilities ✓ Standards met

### Summary findings

The pharmacy has the equipment and facilities it needs to provide services. 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 and a Dispensette pump were used for measuring CDs. 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 clean and in good working order, although there was no evidence 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.

### 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.