

Registered pharmacy inspection report

Pharmacy Name: Neath Pharmacy, 32 Orchard Street, NEATH, West Glamorgan, SA11 1HA

Pharmacy reference: 1043794

Type of pharmacy: Community

Date of inspection: 29/04/2019

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. The pharmacy provides 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. The pharmacy changed ownership on 1 February 2019.

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
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. And they take action to help stop some mistakes from happening again. But they do not review all 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 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. However, records were not reviewed by the pharmacy team. The pharmacist said that they were sent to Head Office at the end of each month for review, but there was no evidence that any feedback had been received.

Some action had been taken to reduce risk: staff demonstrated that amlodipine 10mg tablets and amitriptyline 10mg tablets had been separated on dispensary shelves following a dispensing error. Different pack sizes of amoxicillin 500mg capsules had also been separated to avoid picking errors.

A range of written Standard Operating Procedures (SOPs) underpinned the services provided; these were regularly reviewed. Most staff had signed the SOPs to show they had read and understood these, apart from the trainee medicines counter assistant (MCA), who was absent. The pharmacist said that the MCA had been trained in the procedures but there was no evidence available and there was a risk he might not fully understand his role or responsibilities.

The pharmacy received regular customer feedback from annual patient satisfaction surveys. The results of the most recent survey displayed at the dispensary entrance showed that this was mostly positive, although the pharmacist said that some customers had made negative comments about the lack of wheelchair access. 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.

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. However, two veterinary prescriptions did not include a statement to show the items prescribed were for administration under the cascade. CD running balances were typically checked once a fortnight, except for methadone running balances, which were checked weekly.

Signed confidentiality agreements were available for all staff apart from the absent trainee MCA. The pharmacist said that he had signed a confidentiality clause as part of his contract, although this was not available to view. Staff present were aware of the need to protect confidential information, for example by being able to identify confidential waste and dispose of it appropriately. A leaflet displayed in the retail area gave a comprehensive summary of the ways in which patient information was managed and safeguarded.

The pharmacist had undertaken formal safeguarding training and had access to guidance and local

contact details via the internet. Some staff members had received in-house training or had been trained by their previous employers. Staff who had not received training were able to identify different types of safeguarding concerns. They said that they would refer these to the pharmacist, who confirmed that she would report them via the appropriate channels. The pharmacy's chaperone policy was available in the SOP file.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough staff to manage the workload safely. Its team members are properly trained for the jobs they do. They can speak up about the way the pharmacy works.

Inspector's evidence

Two pharmacists oversaw all professional activities as part of a job-share. 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; two trainee technicians and a trainee medicines counter assistant worked under the pharmacist's supervision.

Targets were set for MURs but these were managed appropriately and the pharmacist said they did not affect her professional judgement or patient care. Staff worked well together and had an obvious rapport with customers. They said they were happy to make suggestions within the team and felt comfortable raising concerns with the pharmacists and Area Manager. There was no formal whistleblowing policy in place, but on discussion the team understood that if they needed to report any concerns outside the organisation they could contact the GPhC or the Local Health Board.

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 and information about new products from manufacturers. They said that much of their learning was via informal discussions with the pharmacist. 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.

A number of staff had been trained to provide the blood pressure, blood glucose and cholesterol measurement services. The registered technicians said that they understood the revalidation process and based their continuing professional development entries on situations they came across in their day-to-day working environment.

All staff were subject to annual performance and development reviews and could discuss issues informally with the pharmacists 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 had been refitted to a high standard about two years previously. It was clean, well-organised and fairly tidy, with sufficient space to allow safe working. The sinks had hot and cold running water and soap and cleaning materials were available.

A lockable consultation room was available for private consultations and counselling and its availability was clearly advertised. A semi-private screened area of the medicines counter was used for quiet conversations and counselling. The lighting and temperature in the pharmacy were appropriate.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy's services are accessible to most people. But it isn't easy to access in a wheelchair so some people may not be able to use all its services. If the pharmacy can't provide a service it directs people to somewhere that can help. The pharmacy's working practices are safe and it generally manages medicines well. But it does not always keep prescriptions for dispensed medicines that are waiting to be collected. So there is a risk that the pharmacy's team members will not always have the information they need to resolve queries.

Inspector's evidence

The pharmacy offered a range of services that were appropriately advertised. There was flat access into the pharmacy but the main retail area, medicines counter and consultation room could only be accessed via a set of steps with a handrail. Staff said that wheelchair users were subsequently unable to access most services. They said they would provide help with transactions and prescriptions for these patients, offering the delivery service where appropriate. The pharmacist said that she could have telephone conversations with patients who could not access the consultation room but wanted to speak to her in private.

Staff said that they would signpost patients who could not access their services to other nearby pharmacies. A list in the dispensary recorded instances of signposting by staff: customers had recently been signposted to a local optician and their GP surgery. The pharmacy had some health promotional material on display in the retail area.

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. Prescriptions were not always retained for dispensed items owed to patients and there was a risk that prescriptions for some Schedule 3 CDs might not be marked with the date of supply at the time the supply was made, as required by legislation.

Stickers were used on prescriptions awaiting collection to identify patients eligible for an MUR and to alert staff to the fact that a CD or fridge item was outstanding. Prescriptions for Schedule 3 and 4 CDs awaiting collection were highlighted in yellow to alert staff to the fact that they should not be supplied to the patient or their representative more than 28 days after the date on the prescription. Patients prescribed warfarin were not routinely identified and there was a risk that opportunities for counselling might be missed.

However, staff said that they asked walk-in patients for their INR monitoring booklet and asked other patients for their most recent INR result when taking their repeat prescription order over the telephone. Evidence showed that this information was recorded on the patient medication record (PMR). Prescriptions for lithium and methotrexate were identified using 'Pharmacist Advice' stickers. A high-risk medicines audit had been carried out in March and results showed that the pharmacy had one patient prescribed valproate who met the eligibility criteria for risk. The pharmacist said that she was a delivery patient who had been provided with information explaining the risks of use during pregnancy. The information pack for valproate patients was available in the dispensary.

Signatures were obtained for prescription deliveries. 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 MDS trays were used to supply medicines to a number of patients. Trays were labelled with descriptions to enable identification of individual medicines. Staff said that patient information leaflets were routinely supplied, although there was no evidence of this available. A list of patients was displayed in the dispensary for reference. Each patient had a section in a dedicated file that included their personal details, medication details, collection or delivery arrangements and details of any messages or queries.

A labelled basket for each patient included their stock medicines and a card which was marked to show who had been involved in dispensing and checking each tray.

Medicines were obtained from licensed wholesalers and generally stored appropriately, including those requiring cold storage. However, some tablets that had been removed from their original packaging were not adequately labelled either as stock or as named-patient medication. This practice did not comply with legislative requirements and increased the risk of errors.

Some P medicines were stored in Perspex boxes marked 'Please ask for Assistance' that were accessible from the retail area. The cabinets were not locked, but a member of staff working on the medicines counter said that customers rarely attempted to self-select medicines and if this happened they would intervene and refuse the sale if they felt that it was inappropriate.

CDs were stored appropriately in two tidy, well-organised CD cabinets. Obsolete CDs were segregated from usable stock in a CD cabinet on the first floor. A third CD cabinet on the first floor was inaccessible at the time of the inspection. The pharmacist said that she did not know the whereabouts of the key, and as far as she knew the cabinet was empty.

Stock was regularly checked and date-expired medicines were disposed of appropriately, as were patient returns and waste sharps. The pharmacist was able to describe how she had dealt with a drug recall for valsartan by quarantining affected stock and sending this to Head Office for return to the relevant supplier. The pharmacy had the necessary software to work in accordance with the Falsified Medicines Directive but the pharmacist said that the correct scanners had not been installed and so the pharmacy was not yet in a position to comply with legal requirements.

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. One measure was not validated, but 10ml water measured in this also measured 10ml in a validated measure. 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 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.